NINR History Project
Telephone Interview #2 with Dr. Ada Sue Hinshaw
Conducted on August 28, 2008, by Philip Cantelon

PC: I'm speaking with Ada Sue Hinshaw on August 28th, 2008. I have your permission to record the call?

AH: Yes.

PC: Thank you. When we finished last time, we were talking about the interview process, the pool of applicants for the job of director of NINR, and you mentioned to me your interview with Jim Wyngaarden. I wonder if I could go back a little bit on that and ask you to describe that for me—where it took place, what the room was like and such?

AH: Let's see. It was in his office. I had not met him before, so I did not know him that well. He had been very low keyed and laid very low during the time that we were trying to get the legislation passed for the NINR at that time, and that was reasonable because he was a federal employee, and so it was the lobbying groups for the ANA that were primarily speaking to people for him, and he was very quiet about it, appropriately so as I said. So it was in his office, I had not met him, I knew who he was, I had obviously Googled him and gotten some sense of his research area and the things he was interested in. It was a very cool kind of interview. I'm not used to that. I'm the kind of person that talks fairly easy, likes to warm up in an interaction in the sense of making eye contact, feeling comfortable with the person I'm talking with, trying to show interest in them even as they

are interviewing me, etcetera. And Jim was very stilted, would probably be a good word. Very formal. How much of it was me—although later we developed a very good relationship. He was very helpful to me and very nice, very useful during the setup. And by the time that he left before I did, we were on very good terms, very collegial. So whether that's his usual style of early interaction with someone, whether it was tempered by his dislike of having to take on this center that he didn't want, and I was obviously a symbol of that, I don't know.

PC: In his office, this was in Building 1?

AH: Yes.

PC: A corner office? Can you describe it for me?

AH: Corner office, very formally provided for. The décor was very formal, it was very dark, not a lot of sense of either warmth or style. A very interesting place. It never was one of my favorite places, to be honest, and probably because of that.

PC: If GSA had furnished it, it would be the ideal GSA furnishings, huh?

AH: Yes, it would be very different, believe me. [Laughs] So the atmosphere was not good in that sense. It was cool, formal. The lighting was very low—it wasn't high. At least it wasn't glaring. He didn't do that kind of thing in that office. It was just very interesting.

PC: Describe him for me. Was he a large man? Short man? Medium?

AH: He's probably about six foot. He at that point had to be in his fifties somewhere. A nice-looking man, well dressed, always very elegantly dressed—dark suits, white shirts, that kind of thing. Very formally dressed. So that wasn't unusual for Jim in that sense. He always looked like that.

PC: Four-in-hand or bow tie?

AH: Formal tie, not a bow tie. Now I will tell you that on the day that he swore me in, and we had invited a large number of people from the community, particularly the nursing community to that, he wore a blue and white striped serge suit with a white shirt, and I don't remember the tie at that point. I have a picture of it. But people commented on how informal it was, and it was not like Jim at all as I came to know him and as I knew him in that interview time.

PC: The swearing in was in his office as well?

AH: No. The swearing in was in a small auditorium that was in Building 1.

PC: Okay.

AH: So very interesting. I think there were ways that he probably acted out for a while about not really wanting to have this institute or this center in place. He never said so; I never asked him. We simply were there and we had to be good. Because we were there he assumed he had to help make us good because it's very much, particularly in those days, more like a family, very much an academic atmosphere, very collegial in many ways, except very formal for us in the beginning. Just very different.

PC: Different from what?

AH: From the academic environment where people are much more open, much more collegial. They warm up pretty fast. You can talk about scholarly issues. You may not even have the same body of expertise. I can remember I was trying to talk to him about his research, and his research at that point was on some of the biological mechanisms of gout, and I asked him a question about it only to get a very sharp answer as if I shouldn't have asked. I dropped that one.

PC: This was during the interview.

AH: This was during the interview.

PC: Maybe the gout hurt at that point.

AH: [Laughs] It could have.

PC: Did you check to see if his ankles were swollen?

AH: No, I did not. [Laughs] I should have. You're right.

PC: What kind of nurse are you?

AH: I know. That's the truth. At that point I was a little nervous, to say the least.

PC: Do you remember what you wore to the interview?

AH: I'm trying to remember. No, I don't.

PC: Would you have dressed for Washington or the academy?

AH: I would have dressed more for Washington. I had done a lot of work in Washington so I did know you wore dark navy blue, you know, the power colors kind of thing.

PC: And a yellow scarf or something.

AH: Oh yes, or red. For me it was always red that I livened it up with. Funny though.

PC: The swearing in, you say, is a small ceremony or in the small auditorium in Building 1. Tell me how that works. What I'm trying to do is look for an opening vignette to the chapter.

AH: Okay. It's very interesting because it's primarily a professional ceremony. It's done very visibly. It's one in which you invite your professional friends and your family. Most people have their family there with them. The swearing in itself is Jim with a Bible actually in which one of your family members holds the Bible, and that was my twelve-year-old son who held the Bible. I'll never forget looking at him because he just stared at that Bible the whole way through, he was so scared he'd have it tipped the wrong way or drop it or something else. [Laughs] We laughed about that for many years.

PC: His name is Scott?

AH: His name is Scott. Many people remember that photograph because he's staring so intently at that Bible while I'm being sworn in. And Wyngaarden of course reads the swearing in oath that you take when you join the government.

PC: I'm sorry. Who does?

AH: Wyngaarden did. Yes, the director of the NIH does for the institutes, so they were very true to how you would have the swearing in ceremony for any other institute or any other center. To their credit, they were very careful about protocol and being sure that we weren't in some way shorted in terms of protocol, which was very good.

PC: Is this up on a stage before people sitting in the auditorium?

AH: There is a small one-step-up stage that was behind us with a podium, and that ceremony they had down in front of the podium and with people then sitting in chairs that were lined up in front of them. I suppose that area holds around 150. It's not that small, but it's a good size. They had planned it deliberately so it would be at the same time that our review panel was here to review nursing research grants for NIH. So we had our entire scientific review panel there, and all of the staff were there, a number of the institute directors from other institutes came, particularly those that were very supportive for us. So Ruth Kirschstein was there, Tony Fauci was there—he was always very supportive for nursing—Frank Williams, another familiar name to you, and I think Murray Goldstein from the neuroscience institute. So there were a number of the people who were there who directed the other institutes and were showing support.

PC: Anyone there from aging?

AH: Aging was Frank, and he became one of our really strong supporters. The other thing is that AIDS became more and more of an issue over those first years. Tony was a great support. We did a lot of co-investigative things, co-calls for proposals, etcetera with Tony and the NIAID. He was always very supportive. You know his wife is a nurse.

PC: No, actually I didn't know that.

AH: Yes. Chris Grady. She's still over at the medical—

PC: Oh. Chris Grady is his wife.

AH: Yes.

PC: Okay. Well there's a name I do come across because she was involved in a major nursing study. But no relation to Pat Grady?

AH: No. None whatsoever.

PC: All right. Things now become even more clear to old Phil.

AH: As you talk to more of us, more of this kind of falls into place.

PC: Oh yes. So true.

AH: Chris was always a great supporter. For a while, she worked for us in the intramural program and has just been very active with the NINR. And Tony's always been supportive with her.

PC: Okay. In this ceremony in the swearing in, you say he wore this blue and white, was it—

AH: Blue and white summer seersucker suit. Now remember, I got there in July, I believe, because I left university on its usual closing date of June 30th and started over there in July in 1987. So it makes very good sense that he did, but I know a friend of mine was insulted. He said that that was a very dress-down suit. Now you have to understand this friend was the salesperson with suits, so [laughs] this all became very complicated, so I always laughed about that. It didn't bother me.

PC: But was it a hot day?

AH: You know, I can't remember. I was in a new black suit with a white blouse, all very tailored, except that the skirt was pleated because I wanted a little bit of sauciness. [Laughs] I didn't want to be too tailored about this.

PC: If it's like most Julys in Washington, it was at least humid.

AH: Yes, exactly. It was bad I'm sure.

PC: When you came in, what was your vision for NCNR?

AH: Well, there were several issues for me. One was how to integrate the community and pull it together behind NCNR. There was never any doubt in my mind that organizationally my allegiance was to nursing.

PC: Now when you say the community, you mean the nursing community or NIH community?

AH: Nursing, and that we really had to help move that community of people who were now well educated and prepared but had relatively very little experience. We at the same time had to focus our endeavors. You'll find that now it's not necessary to do that to the same degree, although there is the strategic plan that Pat keeps clearly in front of people. But at that time, nursing was doing research wherever it hit the individual PI they wanted to do research, and you can't build science over time with studies that never touch each other, substantiate each other, build on each other. All you've got are individual studies. Now NIH with all of its billions of dollars and over a hundred years at that point in time

had of course come to some very good areas of research that were well substantiated, but nursing didn't have any of that. We just had a well-prepared cadre of people. So my very first initiative and work with the community was to literally bring together I believe it was fifty of our top researchers at that time, the people who had the most experience with research, representing as many of the different fields of nursing as I could represent and the different kind of methodology, and help those people in three days to come to a series of priorities of what needed to be funded and where we needed to do our opening areas of research. Now I'm also very much committed to the individual investigator's right to choose, so the R1, which is sacred in the academic world because the investigator gets to decide what they want to study and therefore send in and get a grant in that particular area, that was always part of the portfolio. I never focused all the resources, but I did focus for the first seven years while I was there at least thirty percent of the resources a year into a particular targeted focal area of study. Later that paid off, because what I didn't understand until Frank Williams and I had a couple of meetings was that I had nothing to show the Congress for what we had done and probably wouldn't have for at least three years. So here they are putting money into something that they built, for which they don't understand what it was to start with, i.e., nursing research, and they're not going to see any outcome for at least three years. And I've got to be careful that I give them some sense of what we think the promise and the contributions can be but not over-promise, and that was something we worked very hard on. The priority-setting endeavor that we led the community through, to come up with these seven early priorities, allowed us essentially to begin to amass enough studies in those particular

priority areas that we could talk to the Congress about what was coming, and then had enough focused research in those areas that we could within about four years begin to talk of results. But thank goodness we did that early. Now I did it for not the right reason, i.e., the Congress, but it worked out to have multiple outcomes. I did it for the science.

PC: I'm sorry?

AH: I came through with the priorities and the vision for the priorities in order to build the science. And it was very important for the Congress as well.

PC: When you did this, when you say you called the fifty leading nurse researchers together to do this, this was in 1988?

AH: Yes.

PC: So the input came from—the nursing community wasn't simply a diktat from NCNR but rather a collaborative agreement that was reached and shaken around and filtered out, you said the seven or eight topics that were considered to be the most important in nursing research and that would provide a good body of information.

AH: Yes. And there were very definitive criteria for those. They had to be—in fact Doris Bloch writes about this in one of the articles. I think I co-authored one with her. We wrote about the criteria for setting these priorities. The first one was that it had to be a critical public health problem for our people in this country. Secondly, it had to be one nursing could do something about. You have to understand that early in our career, nursing studied a lot of things that were kind of wouldn't it be interesting to know, which sometimes did or didn't pay off for practice or for policy. And because of our commitment to the research really making a difference in the long run, and we coined that term way back early in the career with NINR, the research had to make a difference. That was the major criteria that we started with, major first two. The third criteria was that we had to have the investigators to be able to study it, because remember we were small and a little thin in places. A lot thin in some places. So it had to be one in which we could in fact have the investigators who could conduct those studies. So the criteria were pretty straightforward. They were pretty simple. But the community took to it very well and literally joined us, and we talked about the priorities, we talked about the need for priorities, the priority-setting process, what this would mean, and then we broke this group of fifty into small groups. And for about three days, they worked together either in groups in which they were within their own specialty areas and defining priorities, or we then deliberately broke them into groups which crossed specialty areas.

PC: And this was held in downtown Washington or on campus?

AH: The Hyatt in Bethesda. I remember it very clearly. We used the basement of the Hyatt in Bethesda for this one. People will still talk to me about that. It's one of the highlights of the nursing research.

PC: And this was the first time that a group of nurses had ever been called together to really help set an agenda?

AH: To really set the priorities. We'd worked a lot with a particular program that HRSA wanted to put on, we'd come together in groups before to report research and to talk about the issues for research, but we had never really met to define the science for nursing, and that was a new and different agenda and very important to us. It was also at that same meeting that we started the orientation towards all methodologies are good methodologies. We used diverse methodologies, did not get hung up on which methodology. It has to fit the question and the stated science, because up to that time, nursing was spending a lot of time in its literature as well as in conferences arguing with each other over whether qualitative or quantitative research was better. And we essentially said to everyone, and this was done deliberately, this is not an argument we can afford to have. We have got to focus on the science, not on this argument. So forget it, get over it, move on. And people did it beautifully. Now every so often you'll hear a tinge of it around the edges of the nursing research community, but not much.

PC: As these ideas evolved, was there—I take it then the opposition within the community sort of melted away?

AH: It did. It honestly did. Once we were there, once we had people involved with this, once we had money we could give out, people got onboard. They were so excited about just having the institute and being involved in it.

PC: Was the pattern of doing this, Ada Sue, something that was more in the NIH tradition than in the HRSA tradition?

AH: Yes. Very much so. NIH was much more like an academic environment. They were used to building science. I talked to Frank and to Doris Merritt and to Ruth about how they went about setting agenda, etcetera, so this was not unusual for them. And it was very important for us because one, we had to focus to both build science and have something to talk about to people, but also in focusing and beginning to define these areas of research, it told NIH who we were and what nursing research was. And they too had not had a clue. They didn't know. They had only seen individual studies with nurses as investigators, so they didn't really understand as a whole how do you define the science here. What all does it include? Where's the beginnings of it? So it really served to educate as well, and I think make people feel much more comfortable.

PC: And when you say served to educate, both the nursing community and the NIH community?

AH: NIH community primarily and the Congress. Nurses still at that point were having trouble saying what is nursing research, and particularly how is it different from medical research. I think you raised that question with me last time.

PC: I did.

AH: Yes. We had a lot of trouble with those definitions, because we hadn't done enough of it to really begin to understand what it was going to look like when we began to build the science of it, a body of science.

PC: So this science advisory committee, or what was it? The NCNR advisory council? Is that what we're talking about here?

AH: No. That group was a group that knew about the plans. Some of those members were there—you never left your advisory council members out—and they were working hard with us so they needed to be there. But we had the scientists themselves, because not all the advisory council members were scientists, and it was a group of scientists conducting research who really defined the science base in those early days to get it started. And

then of course the whole process and all the definitions went back to the advisory council for here's what came out of this, this is the direction we're going to go, etcetera.

PC: And this took place over how many years?

AH: The priority-setting process was only about three to five months. It moved pretty fast. And then we started with the call for proposals around those areas of science, and we took two a year for about the next, oh I think we were still finishing some of those up when I left at the end of seven years.

PC: When you say you accepted two, or you funded two of the proposals or you did two calls a year?

AH: We funded two of the priority areas—

PC: Two priority areas a year.

AH: With about thirty percent of our funds. In the beginning it was probably closer to thirty-five. Later when we had more money, it was closer to thirty or twenty-five percent that we would put into those priority areas.

PC: When we talked the last time, you mentioned something about the cloisters. Do you remember what that was?

AH: It's a funny story about NIH and the Cabinet for Nursing Research.

PC: Ah, it was the cabinet. Okay.

AH: The Cabinet on Nursing Research as you know, when it came to the city and had its meeting, part of what we did was to come out and interview people or talk with people at NIH and people on the Congress. But this was the trip that Nancy Woods and I made out to NIH to have breakfast with Tom Malone, who was the deputy director of NIH—this was before the passage of the legislation—and this was to help him understand what nursing research was, bring him a copy of our policy paper—have you gotten a copy of that, the ANA policy paper about directions toward the 21st century?

PC: Somewhere I do, I'm pretty sure. If I don't, I'll let you know.

AH: Okay, because that's a critical paper. And it was so funny. We were bringing one out for Tom to see—he's a delightful person and was very helpful to us, but obviously nobody was really cheering us on at this point because they were kind of hoping we'd go away. And we came out to have breakfast with him, and he took Nancy and I into the cafeteria, sat down, we were talking. NIH had just recently bought this beautiful what had been a

nuns' cloister area that's on the corner of the NIH property on Cedar Lane. It is a gorgeous building—beautiful. And of course they had big plans for it and later it became the Howard Hughes Medical Scholars place. Well during the conversation, Tom says to us, "We've just recently bought this cloister property," and Nancy Woods with a perfectly straight face said, "Oh yes, we're very excited. We're assuming you bought that for us."

[Laughter]

AH: I thought—he was an African-American—he turned white. [Laughs] And I'm trying not to laugh knowing that Nancy is just being cruel and nasty. So that's our joke about the cloisters, that they bought it for the nursing [inaudible].

PC: I guess I could write that he blanched.

AH: Yes, he did. He blanched.

[Laughter]

AH: It was funny. But he recovered quickly. Tom was always a good guy. She did stop him in his tracks.

PC: When you came in, there was an advisory council that Doris had sort of cobbled together from HRSA and then some appointments that were finally made, oh maybe three or four months before you came?

AH: Yes.

PC: Is it a director's prerogative to change that, or how does that work?

AH: No. They have specific terms that they serve, and that's all very laid out, it's all very contracted. When I first came, there were not as many nurse researchers on it as I wanted—more political people, more deans, more educators—and I really wanted the nurse researchers on it, and that just took me a while to do because the first ones had to start turning over so that I could start replacing them with that. But it was always a very supportive council and always very helpful. That was a group that was very much committed.

PC: You talk about deans, I tend to think that most of the deans are nurse researchers themselves.

AH: No, not in that day and age.

PC: You were an exception?

AH: When I went to Michigan you mean? Or when I came in from Arizona?

PC: When you came in from Arizona.

AH: Yes, I was an exception in that sense, because I had not been a dean out there. I was an associate dean for research, but I was essentially a scientist working on my own programs or research. But most deans frankly don't have time to do that. But now we've got a couple who do and do it well. We've learned.

PC: Was Gerry Felton a dean at that time?

AH: Yes, she was.

PC: And she was on that?

AH: She was on that, and she had been a researcher in the army, but she was not at that time a researcher.

PC: Okay. And Rhetaugh?

AH: Rhetaugh had been a researcher early in her days when she did those early Yale studies.

PC: And then at NIH but not when she was at Michigan?

AH: Yes.

PC: Okay. And that would be true with Ruby Wilson and the others as well?

AH: Yes.

PC: Okay. So what you're saying here is the key time is this conference of nurse researchers in 1988.

AH: It was critical. It really was a key time. It's what many people look back and call the Camelot days, when we were very active in setting nurse priorities, had good resources at that point, frankly could move the systems a lot easier because we were a new institute and they were giving us a lot of latitude for moving things. So it was very much a time when you—we had a lot more than we'd ever had and we probably had 16 million, okay? [Laughs]

PC: It seems like a big number.

AH: Well it was. Over 3.5? Absolutely. I look back now and just have to chuckle. We had huge dreams for that amount of money.

PC: If one of the provisions was to integrate the nursing community and bring it closer to—and you correct me here if I'm leading you astray from what you really mean, is to connect them and bring them closer to the NIH scientific model than from the shall I say nursing education model?

AH: Yes.

PC: Would that be accurate?

AH: Yes. We had to make that shift from what had been a HRSA model, and rightly so because that's HRSA's mission, to what is the more NIH research model.

PC: Had Doris Merritt begun that process?

AH: She had. She had begun that. She was able to help set up many of those structures for the scientific review committee and things like that. She had not at all involved the community in it yet. She was speaking at the community, but she wasn't actually bringing them in except in the sense of the advisory council, and so you'll notice the first advisory council are a lot of the old educators.

PC: This is the 1987 one?

AH: Yes, exactly.

PC: The one that met in October of ’87 was largely hers?

AH: Yes.

PC: Okay. And that’s the first picture I have of an advisory council. They all seemed to be all proud and standing there about forty of them, forty-five? Does that sound about right?

AH: That would’ve been staff and everyone else.

PC: Okay. A second part of the vision, and this is from what I’ve been reading, may well have been also more of an integration of the nursing community within NIH, and you talked somewhat about that earlier in going out to explain to the people at NIH. But in 1989 there’s this NIH task force that is looking to integrate biological and nursing science. Does that ring any bells?

AH: Yes, but just barely. We were doing a lot of work—in fact Jan Heinrich, who you’ve talked to I’m sure a lot, I just saw her the other day, Jan was brought on deliberately by

Doris Merritt and with my agreement as the extramural officer because Jan's real talent is building bridges and interdisciplinary contacts. Her own background is in public health, so she sees things from a very interdisciplinary viewpoint. We needed that because we were really in the process of trying to strengthen our own science. I mean many of us have always believed that nursing science is much better when it's enriched by everyone else's science as well, and we had to get more money from other institutes, we had to get more ideas from other institutes, we had to get their okay, and the only way we were going to do that was for them to see our investigators and what kind of science they do, and it would enrich our science if we had the other disciplines involved at the same time.

PC: So that was something that Doris and you had agreed upon? This would have been in the spring of '87?

AH: Yes, and for several reasons because we needed to enrich the science, but we also needed to get more money. We only had $60 million. The way you can up your portfolio fast is to integrate with another institute, send out a call for proposals for nursing research, they fund half of them and you fund half of them. You can make your money go to $30 million real fast, which is exactly what we were after. So it was both a political move and a scientific move at the same time.

PC: Political, scientific, and financial, huh?

AH: Yes. And do you know that move to make nursing research much more interdisciplinary in nature has held all the way through to today. Just a year ago I did a study with twenty-one of our most senior nurse researchers in the country for health policy questions, and one of the big issues that came through consistently is the degree of interdisciplinary work in nurse science, and it's still there. Personally I think it does enrich the science greatly.

PC: Is this a standard format between all the institutes at NIH or less so some and more others?

AH: Less so some, more with others. Many of the institutes will stay very isolated, more like silos, because they're concerned that they're able to take credit for their science, and only they can take credit for it. For us it was not an issue of credit. It was an issue of becoming integrated, an issue of becoming known. It was an issue of making our money spread further, an issue of enriching our science. One of the things that really helped I think with that interdisciplinary move was that people at NIH thought we were like M.D.'s because they thought of us as RNs, and they were worried about what kind of science we would do as RNs. Well imagine their surprise when they find out we're far better educated than M.D.'s, and we do research as Ph.D.s and RNs, so we're well educated to do research, where their own health professionals are not. I mean M.D.'s have a real tough time of it because in fact they're being asked to apply for grants and do research; they've never had training in being a researcher. So unless they had an M.D.

Ph.D., they didn't have that background. So people relaxed a lot as they began to see the level of scientific preparation that nurses had.

PC: The other thing that comes up here is a series of workshops sponsored by NCNR. What was the thinking behind those?

AH: The workshops, some of them were in science and methodologies and that kind of thing. Most of them were a follow-up on the priority conference. Each one of the priorities had an expert panel that was a set of expert scientists in that area, both nursing and interdisciplinary, chaired by one of our nurse researchers, to develop that priority idea, so we could then take that idea and be at the cutting edge of the call that we made for the research that we wanted to fund. And we did that with all seven of those priorities.

PC: These are the priorities for the 21st century?

AH: Twenty-first century, that was the ANA policy document. These were the nursing research priorities.

PC: I'm sorry. This came out of the 1988 nursing research conference?

AH: Yes, agenda-setting process.

PC: This continued through as I recall to about 1993 when there was a second conference and another set of agendas issued?

AH: Yes. There was a second set of priorities.

PC: For the next six years or something like that?

AH: Yes, that's correct.

PC: How did they decide on a six-year program? Was that the grant cycle from award to outcome?

AH: I'm trying to think about that. How did we decide? The first one was about—I think if you subtract the amount of time that we spent in concocting the agenda and getting the center up and moving, it was probably about a six-year cycle the first time, so that was simply an extension of that I think. I don't remember any big reasons that we had for doing it differently.

PC: Inertia.

AH: I think so. [Laughs] Come on now, Phil. I wouldn't have done anything by inertia.

PC: Well, the decision gets made, well we did it six years this time, it seemed to work, why change it? You mentioned getting the center back up and running. What did you have to do to do that? I know Doris built a certain base for it, but—

AH: She built a very good structure base for it, but the heart of it wasn't there and the content of it wasn't there. She got all the processes in place, but we didn't have any direction for where's the science in this, where are the priorities, do we put more money in the science or do we put it in the preparation of nurse researchers, all the priority things and content things that had to be decided. She had definitively left until the director came because she didn't see herself as a nurse researcher, and she wasn't, so she did what she did best which were getting that structure in place and getting the politics smoothed out for us, which was very valuable. But then we did have to start with all the agenda setting and the priorities and making the contacts with the Hill and all those kinds of things, being sure the nursing community was behind us and having all of those contacts in place.

PC: Now of course as a public employee, you can't lobby the Hill, but you do talk a lot to the ANA—

AH: And the AACN.

PC: —and the AACN, and—

AH: They carry a lot of messages. They're really good about that.

PC: And then you also will give an annual report to Congress, or were you up there twice a year?

AH: We were up there once a year.

PC: Mostly to the House or also Senate?

AH: Mostly to the House. The Senate tended to be more global, taking NIH as a whole. We actually testified. I think the first four or five years I was there, four years I was there, we actually testified individually for each institute so that every year we had to go up and testify for I think it was about twenty minutes on each of our institutes and what our major areas and avenues were for science, the biggest contributions we had made, etcetera.

PC: This is Waxman's committee?

AH: No. It's the appropriations committee, so it was Natcher's committee at that time. Natcher had a terrible time, particularly with Ruth and I, because the whole idea there is that he asks you to speak and then he turns away and talks to his aides, makes some telephone calls, cleans his fingernails, whatever else they're doing when their back was to

you. And Natcher had a horrible time because he was a southern gentleman, so he couldn't turn away from the women. He had to listen to us, so we got asked lots of questions, and he always listened himself with his staffer because you don't turn your back on women in the South. Ruth and I used to laugh about that. But it worked to our advantage. We had some fun. Fun, fun stories out of this as you can tell.

PC: Did you enjoy testifying?

AH: I didn't mind it. The anxiety of it was kind of like a dissertation defense.

PC: It's a lot worse before than after.

AH: You got it, or doing to be quite frank, and it was the same concept because you would have books and reams of information that had been put together for you by your staff on every study. We had been through all the studies, we knew which ones we really wanted to talk about and which ones weren't ready yet. In the end we were even making some posters to show results of studies. And then you had two hours in which you sat with your staff around a table, and they fired every possible question they could think of at you to be sure you knew all that information. So you were so well prepared by the time you got in there, it felt like a dissertation. You know better than anybody else what you're about to talk about.

PC: That's true. Let me talk a little about some of the politics because the Reagan administration, you got the tail end of that one, and then the Bush administration. What was the administration's position on NIH and NCNR?

AH: NIH had always been very popular with the administration, and pretty much bipartisan which was always good. It was the one time—I should not say this to you on the phone because you're recording this—at one time I was glad to be a Republican. I usually don't vote that way, because like most nurses I'm much more social in background and values, but that time it worked for me of course because Reagan was in place. In all honesty, the directors are not that much of a political issue. The director of NIH is very much a political appointment, as you know, but the directors of the institute were less so. And the director of NCI is as well because that's a presidential appointment. Otherwise, the directors are secretary of health appointments, so while they're political, there's not a lot of attention paid.

PC: The secretary of HHS in the eighties, well, Bowen and then—

AH: Bowen, yes.

PC: Otis Bowen?

AH: Otis Bowen is who I went in under. He was very kind, very nice.

PC: A doctor from Indiana?

AH: That's right. I think Doris probably had him all lined up.

[Laughter]

AH: Doris knew everyone. She was phenomenal.

PC: And was Wyngaarden still there throughout the Bush . . . ?

AH: Pretty much so. He was there at least I think about four years into my tenure there, because then Bernadine Healy came in.

PC: Right. And she's a Clinton appointee?

AH: Exactly.

PC: Or came in under Shalala.

AH: Yes she did. Shalala and I got to be very good friends. She was always a very good friend of nursing. Just a sparky woman who had a lot of capability.

PC: Women taking over NIH, right?

AH: It was about that time, yes.

PC: That ought to have been a culture shock.

AH: Yes. [Laughs]

PC: Was it?

AH: It was, to some degree. Healy of course was only there about two years, and then Varmus came in after Healy.

PC: Do you know Healy well?

AH: I know her some, not real well.

PC: I've been trying and trying to reach her, and I can't—I talked to her housekeeper but not to her, and she won't call back so I don't know what to do.

AH: Interesting. I don't know. I don't know what her health is like right now.

PC: Well, people said she's in the Ohio state legislature right now.

AH: Well then she ought to be fine. She ought to be good. She had a brain tumor at one time. We all worried about her.

PC: Ah. Her physical health may be all right, but if I'm in the Ohio legislature, I'd check otherwise.

AH: [Laughs] Check to see how your mental status is, huh?

PC: Yes. But now that you said she had a brain tumor, I won't make that joke.

AH: Yes, be careful. She was a very exciting woman, and we would never have gotten the institute status without her.

PC: Let me ask you a bit about that. It seems to me that there are a couple of ways you chase after that—go back for the institute status. One clearly is through Congress. Did the director of NIH have the power to do the same thing?

AH: Yes. They do it through the executive branch.

PC: Healy supported that, correct?

AH: Yes, she did.

PC: Did you talk to her about it?

AH: Oh yes. If there was one lesson we learned from the first time through, that was you don't need to ask permission of the NIH if you're about to do something legislatively, but you do need for them to know about it and why you're doing it. I think we would have had far less trouble moving into NIH if they had been forewarned we were coming or that we were going to move for that. You don't ask their approval, that's for sure, but you pay them the courtesy of letting them know.

PC: This is 1985?

AH: Yes. They were literally blindsided by that move. Of course I think nursing was, too. I think we didn't know until the last minute we were going to get that chance.

PC: Well yes, it all happened very quickly in the space of about six months.

AH: Yes. Exactly. So what we had done was literally build all the programs, we had just gotten the intramural program in place for a year, and that was Dr. Carolyn Murdaugh

who was doing a quality of life project there and in Hawaii with elders as our intramural program, and that was the last chink in having all the programs that every other institute had. Remember I told you way back when when we did the compromise? We only compromised the name, not the legislative language. That was deliberate. So we built every program that every other institute had, just smaller, and then signaled the nursing community that we had all those programs in place. So that's when they moved then to get us redesignated.

PC: And "they moved in" being the nursing community?

AH: Yes.

PC: And they would have started with Pursell or . . . ?

AH: They started with the legislation of the authorizing committees, not the appropriation committees, so they would have started with Waxman's committee. Ways and means appropriates NIH—or authorizes NIH. Now I'm getting my tongue turned around.

PC: Okay. I understand.

AH: It's confusing as heck, isn't it? So they started there.

PC: That's Waxman and Madigan still, right?

AH: Yes. I think Madigan was still alive then. He died later of cancer, and I don't remember just when. But yes, they started then back through to get the redesignation on the center. And of course these guys had wanted that from the very beginning, so they didn't have any trouble with it. I didn't want NIH to get caught by surprise, so I can remember the meeting in which I asked to see Healy, to see Bernadine, and went to talk with her and said to her, "This is what we have underway in the community. I need to know whether we can support that or not." And she had with her Jay Moskowitz, who was her deputy at that time, or was in charge of one of her big Building 1 departments, I can't remember, and she said, "I think that's a good idea. Do you think you're ready for that?" And I gave her all the programs we had in place, etcetera, and she said, "I don't see why we can't do that," and she turned to Jay and said, "Why don't you put in an executive order that we get started through to redesignate the NCNR?" And so it started from that day through the system from the executive side.

PC: So it was on two tracks, in other words.

AH: Got it. Yes. It was always.

PC: Which track got there first?

AH: The legislative track, which frankly I think is the best because it's the hardest to take apart. You can take apart an executive track a lot easier than you can take apart a legislative track in these bureaucracies. But it came through both ways. And the reason that it was probably within two weeks of the legislation being passed, we were all in Shalala's office to sign the redesignation, and that's because we already had it there. It came in through the executive side.

PC: Go over this one again. So it came through the legislation, then it came through as an executive order?

AH: Well, it was going on the parallel tracks as you just commented. The legislation side got there first, but the executive side was already at the secretary's office, the executive request to redesignate. So as soon as the legislative side passed, she already had the request from the executive side to put this in place. Usually when you get legislative action, then they have to go back through and get all the executive things in order.

PC: Oh, okay.

AH: And we didn't have to.

PC: I like meetings, okay? Let's see what we can remember. Let's go back and remember the meeting with Healy and Moskowitz and you and anyone else?

AH: No, just the three of us.

PC: Okay. And that was in Healy's office?

AH: Yes, it was in Healy's office.

PC: Same as Wyngaarden's?

AH: A different office. She had taken one across from where Jim was.

PC: What was that like?

AH: Not a corner office, much lighter, much more feminine as you might expect, much brighter with more color in it. But it still had that same big table that we always sat around. We always chuckled around that big table.

PC: And Wyngaarden had that, too, huh?

AH: Yes, same thing.

PC: And she was very supportive of this, and she'd worked with nurses as well?

AH: The story behind Bernadine, thank goodness, is that she was president or wanted to be president of the American Heart Association and was. But in her drive for the presidency, the group that supported her big-time was the Council of Cardiovascular Nurses, and there's a lot of them. So getting one of her major dreams, she credits the nurses. And she was also big on women's health and women's issues. Nursing tends to study a lot of women's health. We have the same problem the guys do. We study ourselves. [Laughs] I shouldn't say that, but it's true in that sense. So she was always very supportive for nurses, and she saw the NIH tenure in time as a time when she could be even more supportive because she could do things for us. In fact, she and I went to a HRSA dinner one night, and there was a reception line with Louis Sullivan, who was then secretary of health, and Jim Mason, who was assistant secretary of health. This is the guy I planted tulips with I told you about. Bernadine and I went through the line together. She had come to get me and she said, "Come on, come with me, we're going to ask them about this institute." So we went through this line together, and as we got to Sullivan, she said to Sullivan and to Jim Mason, "We have an opportunity at the NIH that I am very interested in," and told them about the legislation that was coming through for redesignating NINR. Jim Mason, whose job it was, it was not the secretary's job, it was Jim Mason's, he said to her, "Well, what do you think? Are they ready for it?" And he looked at me and grinned. And Bernadine said, "Absolutely. It's time to go for it." And Jim said, "Okay." He turned to his aide and said, "Note that down." And when we got to

our seats, I had behind me the gentleman then who was the director of HRSA, and I don't remember his name to be quite honest, and he said to me, "What a coup."

[Laughter]

AH: All in a reception line at a cocktail party. You know Washington cocktail parties.

PC: Not well enough apparently. And this was where?

AH: The cocktail party? In one of the big hotels in the area. I can't even remember. Isn't that funny? And it was a major night for us, because that was essentially the night that the administration said yes. And at that point, it was very important because remember, our big, big problem in the first drive for the center was medicine. Well we had the administration behind us and we had Bernadine Healy, director of the NIH, who allocates all of their research monies saying this is a good thing—lay off guys.

PC: AMA will be quiet.

AH: It neutralized medicine so quickly, we never heard from them.

PC: When you say medicine, is that another word for AMA?

AH: Yes.

PC: Okay. Describe Healy for me.

AH: From a physical standpoint, a very attractive woman. About five foot six or seven, blonde, thin, good dresser, very feminine. On the other side of this, Bernadine was known to be sharp, difficult to work with, and especially if you were a man. She had fought clearly some really nasty battles in her early years as a woman in medicine, and she had gotten all the way up the ranks for the things she wanted to do, i.e., president of American Heart and NIH director, but not easily. And she didn't always use good political judgment. She tended usually at some point to shoot herself in the foot and lose those positions. She did that at NIH, and she did it at Red Cross. It was always such a sad picture. Now nursing has always made a lot of her because she was certainly very important to our history in science. But in medicine, she's always had some trouble. Now I don't know how you represent that nicely, but . . . .

PC: Did she get edged out at NIH?

AH: Yes, she did. Ultimately she got edged out. She surrounded herself by a couple of people that the medical community didn't like, and ultimately I think some of the big deans in medicine edged her out with Congress and the assistant secretary and secretary of health office.

PC: So they got Varmus instead.

AH: Yes, they did.

PC: And Sullivan was still there?

AH: Sullivan, I can't remember if he turned over by then or not or whether Shalala was in by that time. Shalala was in by the time we signed the redesignation. I think Bernadine was gone at that point.

PC: I think she must've left in '93?

AH: Yes, I think so, just before we signed in June.

PC: And you left as well.

AH: I left in '94. I stayed a year to help stabilize the organization.

PC: Why did you decide to leave then?

AH: What had been a really fun adventure was turning in more to a maintenance of a bureaucracy. I'm a person who likes to build, so I figured I probably had done what I could do. In all honesty, what was I going to do beyond helping it get to institute status, right? Now the science had to build, and that's a job of many, many years. I didn't want to be a federal bureaucrat, I knew that, so I didn't want to stay there for years and years. So I had been watching to see where the major deanships were. I had some opportunities to go and be vice president of research in some different universities; didn't want to do that. Nursing is my world. It's my love. So I wanted to stay in nursing and so I figured my next best bet was a big deanship in one of the research-intensive universities.

PC: And Michigan opened up?

AH: Michigan opened up about that time, and I had been at Michigan for a short sabbatical just before I went to NINR, or NCNR at that point, and really liked Michigan. I liked it a lot. It's a strong school, still a lot of growth to be done, a lot of openness, good faculty. So I was always very interested.

PC: And going from Washington to Ann Arbor, the prices of things didn't change a bit.

AH: You're right. Not a bit. [Laughs]

PC: I also went to the University of Michigan.

AH: Right, then you—

PC: A long time ago, but I thought it was expensive then.

AH: And it hasn't changed.

PC: And Scott was also out of high school by then.

AH: He was University of Maryland. It's a family joke, I have to tell you Phil, because I left my daughter with her fiancé in Arizona when I left Arizona to go to NINR, and I left Scott in the University of Maryland when I went to Michigan, so they've always given me lots of trouble because kids are supposed to move away from their parents, not their parents away from the kids.

PC: Well actually you were ahead of your time. Usually they move back in these days.

[Laughter]

AH: I know.

PC: Well, you've moved back.

AH: So I'm back here for a short time anyway.

PC: You mentioned Chris Grady and the intramural research. It seems to me that that's a pretty important element in the development of NCNR. Can you talk a little about the decision-making that went into starting that and why at a certain time and not before kind of thing?

AH: Yes. We knew it would probably be the very last program that we instituted, and most of that was money because I didn't want to pull money from the extramural community who needed it so badly as we were starting to get our science underway to put it into an intramural world. I also knew that would be a political hassle with the nursing community, and I didn't want to enter into that hassle until we were strong enough to do it and had enough money to do both. I also didn't want to enter into the intramural community—I'm going to be very candid but you have to soften this language somehow. Jan Heinrich and I for years wondered where the snake pits were at NIH. We kept watching for them. Never found them until we opened the intramural program, and the scientific directors, the group who worked to administer those programs, are probably some of the most traditional people I've ever met. And that doesn't say anything about the science that gets done under them. Obviously NIH does superb science. But the people themselves were very closed in the sense of women, they certainly didn't approve of nurses, and nurse researchers were just for them not two words that went together.

PC: And you didn't discover this when you tried to integrate things?

AH: Early? No, because we were working with all the extramural people.

PC: Of course. That's right.

AH: Two totally different worlds. So we didn't learn it until we got into the intramural program. I can remember coming back from my first meeting with the scientific directors because I was acting scientific director until we brought someone on, that was Carolyn Murdaugh the first time, and going into Jan's office and said, "Well, I found it. I know what the snake pit is." Jan just cracking up.

PC: What was the evidence of the snake pit?

AH: We were watching for people who were closed, who didn't believe nurses could be researchers, who would never collaborate with us or help us or we couldn't even be involved in their programs because we were so far outside of their perspective of what science was. We never found it. The extramural world was marvelous to work with. I'm sure there were times when there were people who wished we weren't around there. We kind of ignored them, Philip. We just had to keep moving. We had to assume we were okay and keep moving. But the scientific directors, I have never seen a more closed

group of people in my life. The whole concept of nurse and researcher just didn't go together.

PC: And this was across the board in all the institutes?

AH: Well, in most of them. We were doing better in Fauci's institute and we did better in Williams's institute, places where we had our friends.

PC: And you were better known and perhaps better understood?

AH: Yes, I think that would be fair to say. The places where we weren't as well known, they really had all the old stereotypes of what a nurse is and does, and it isn't research. They can't be scientists.

PC: How were you able to get the money for it in, what was this, 1992 or '93?

AH: Between about one and two that we started for that. I pulled money, reallocated it out of the budget to an intramural program. I think it was something like $300,000. I mean this is a big amount. [Laughs] We didn't put a lot in there to start with until we got a scientific director in there, and then of course we allocated more because then she could tell us how much was needed for the studies, or he could. But it was Carolyn Murdaugh, and we chose Carolyn because she was a good friend, she had a good sense of adventure,

she was willing to try this. I mean this was not an easy job to take on. She was living in Arizona, so she rented a house here and came here just to do this with us.

PC: And you knew her from Arizona?

AH: Yes, I knew her from Arizona. She's one of my doctoral students. Today she's the acting dean out in Arizona again. Carolyn had a marvelous program on health promotion and quality of life with smoking and was just a smashing scientist. Very good, both quantitative and use of qualitative work. She was really good. Very careful, very systematic. We knew we had to have someone like that because they were going to be under the microscope, and Carolyn did well.

PC: And the decision was to bring her in to do it, not to fund it extramurally?

AH: No. Since we funded it extramurally, it wasn't an intramural program. Remember, we had to have that intramural program in place.

PC: And this was the guinea pig to do that with.

AH: Yes. This was the guinea pig. In the meantime, Pat DeLeon on Senator Inouye's staff was a big help to us. There was a major NIH-funded project done through aging that was being funded out in Hawaii with quality of life as one of the major issues with geriatric

individuals, and Pat got us involved with that project as well. So Carolyn went to Hawaii a number of times and ran an entire other quality of life project out there in conjunction with that one. So we really were able to get the quality of life programs of research up and moving, so it was on a science by the time we took it in for redesignation. But Carolyn knew that's what she was doing was building that piece so we could get an institute.

PC: Now did Jan stick with you the whole time you were there?

AH: No. Jan left, oh, I suppose about a year-and-a-half before I did. She had a great opportunity. She was such a good colleague. She and I have many times laughed together over all the adventures we had. Thank goodness for someone like that when you're building something so new. But Jan left to be the executive director for the American Academy; did a phenomenal job with that. She's really excellent in health policy. But she and I still stay close, stay in touch, talk.

PC: I've got people looking for something. Maybe you would know where it is. There was a, depending on your literary style, a limerick or a bit of doggerel—

AH: Yes.

PC: —called Ode to Madigan.

AH: Yes. [Laughs] Nancy Woods constructed it.

PC: Yes. Well, we're having trouble reconstructing it.

AH: I know. I think Nancy's hoping it's going to stay buried.

[Laughter]

PC: Okay. Well, she's made up a new one, but I don't—would you know anyplace where that might be available?

AH: I honestly don't. She brought it in that day. It was kind of a spur of the moment thing that we did.

PC: Do you call it a limerick or doggerel?

AH: I don't know. [Laughs] But it was delightful, and Madigan loved it. He was just delighted. And do you know, to this day I don't think I ever held a copy in my hand.

PC: Okay. Between Nancy and Jan, we may reconstruct it, but I'm not sure. Jan says she's still looking for it.

AH: Is she? Good. She has a lot of that.

PC: That's what she says but . . . .

AH: I recently went through most of my papers, etcetera, because I was tossing a lot of things out and stored a lot of things at my home in Ann Arbor that didn't come with me, but that was not part of them. Sorry.

PC: Do you have pictures or anything like that?

AH: Yes, I have the picture of the swearing in.

PC: Okay. Is that something we might borrow and scan and give it back to you?

AH: Sure. I'm writing myself a note here.

PC: When I talked to Gail, who is my secretary, she said that she had sent a form to, is it Ticia?

AH: Yes, Ticia.

PC: Ticia, so she may have that form. If not, because when we talked the last time, I suggested sending it to your house and she said, "Well I've already sent one over there." Have you seen it?

AH: I can't remember if I've got it here or my home, I thought it was my home. I've already signed it.

PC: Oh, okay. All right.

AH: So wherever it is, I think I sent it back so you ought to be getting it.

PC: Okay. She may have it and not have told me. She's been awfully busy recently.

AH: I can imagine.

PC: Mostly since I got back, though not with things for me. [Laughs]

AH: Oh dear.

PC: Well, it's all right. That's why my mother said you'd better learn to type.

AH: Yes I know. Isn't that the truth, thank goodness. [Inaudible] the piano and type, so that means I can type fast.

PC: I do both equally well.

AH: Which is hunt-and-peck method for me.

PC: I haven't played it much recently. Let me just go back and look at sort of a final question. If we were writing up an ode to Hinshaw, what kinds of things would you like people to remember about what you accomplished at NINR?

AH: The excitement of building the science, a science that has both a strong clinical and a strong scholarly orientation. The redesignation of course because I think all of us worked hard on that. The involvement of the community in what we did, so we were able to keep the flavor and the commitment of nursing to the science. Everybody had a part in it. That I think was important. The other piece was the early involvement and consistent involvement of the other disciplines through the other institutes.

PC: Was that a collaboration?

AH: Yes. That's enriched our science immeasurably. I'm just convinced. We ask very different questions, we've collected and built different kinds of science, but we've done it

in collaboration with our other colleagues so it's much richer for that. I would like for them to remember the fun times that we had, what some people call the Camelot days, the little vignette times that were so unusual, the times in the basement of the Hyatt putting that agenda together. As I say, people still talk to me about that. The first time that we went to the congressional hearings and had to testify, I think we had most of nursing, it was probably the only people in the room because we had everybody else crowded out.

PC: Was that your first testimony?

AH: Yes, the first testimony. The community was so supportive, and they were so excited about that. I remember particularly the times of turnaround meetings like when Bernadine Healy came on to do the redesignation, the cocktail party and things like that.

PC: Why do you call it a turnaround meeting?

AH: Time when we really no longer had NIH fighting us but with us as we moved for something.

PC: Okay. Who else might I talk to? Who do you think it would be worth my speaking with to talk maybe in additional depth about the Hyatt or the testimony or about—

AH: The testimony would be Polly Bednash because she and the other lobbyists were very much with us during that period of time, and they were the ones through which—there was not one question asked that I didn't know was going to be asked because we planted them and they planted them, so we both knew what questions were coming up. We were very, very strategically planned during that period of time. We had to be careful we didn't get caught unawares or look foolish. I mean you have to remember those early years, you had to be really careful that you weren't failing anyplace because people were watching. So we always had ourselves well prepared that way, and people like Polly were very instrumental in helping to put that together. She I think was in the lobbying area with AACN at that time. So she would be a very good one. I'm trying to think who else. From the Hyatt, Nancy Woods. You've talked to Nancy I'm sure. She was part of that agenda-setting process. Joan Shaver was, if I recall right, she would've been there.

PC: Shaver?

AH: Yes. Another person who was very instrumental in the time that we were leading up to and creating the center, and then instrumental in the agenda-setting process was Ora Strickland.

PC: I'm sorry?

AH: Ora Strickland. O-R-A, S-T-R-I-C-K-L-A-N-D. She's at Emory.

PC: Okay. Not a name that's popped up. Good.

AH: She was very active during that whole time. You've talked to Nola Pender I'm sure.

PC: No I haven't.

AH: Okay. Nola was the one who was chair of the cabinet when we got the call of do we want to go for an institute or not. So she was very active—

PC: That's the first time?

AH: Yes. The first time.

PC: I ran that name by, and I didn't get a very positive reaction. I ran that name by—several months ago I was puzzled, too, because I made a strong case because everything I read about she was very active in that part. And she was part of the cabinet, too, in fact headed it for a while.

AH: She was chair of the cabinet. She was the one who chaired that phone call when we made that decision to go for the institute and center. The other person who was just a step ahead of Nola was Carolyn Williams. Carolyn was one of the people who sat on the

original IOM nursing education committee and was able to help get that recommendation in the IOM report.

PC: She's at Kentucky?

AH: At Kentucky, yes.

PC: That's another name I ran by. All right.

AH: So that gives you some of the lead-in kind of history to what happened—how we got there.

PC: What about on your watch?

AH: On my watch there, the other person that was important was Suzanne Feetham.

PC: Suzanne . . . ?

AH: Feetham. F-E-E-T-H-A-M. She's here in Bethesda. She was my deputy director after Jan left, and she was there for about three years ahead of that as a head of our department of evaluation and communication. So she was key during the time I was there.

PC: And she's still in Bethesda? Or lives here anyway.

AH: Yes. Her husband's name is Terry.

PC: All right. I'll try that one. What about people from outside? You mentioned DeLeon.

AH: Oh yes. Pat was very critical.

PC: Is he still in town?

AH: Yes, he is still the chief of staff for Senator Inouye. Another person who's been with us all the way through this is John Ford, who is the major staff person for John Dingell.

PC: Okay. What about people—people from the ANA and the AACN sort of change it pretty rapidly, right?

AH: They do, with reelections. Eunice Cole was just a major supporter. She was the president at the time we went for the institute.

PC: The first time?

AH: The first time.

PC: Now I'm looking for somebody who could evaluate your tenure. In other words, if you were asking for a recommendation, who might you say well gee—

AH: That would be Bernadine, Polly Bednash, she watched me all the way through that, Suzanne Feetham because she was there during the time I was and past when I left. She stayed about another two years. But Suzanne's a good friend, so careful. There's going to be a bias in that one.

PC: Okay. Bernadine not so much?

AH: No, she would've had more of a collegial rather than a personal.

PC: And Polly?

AH: We've been very good professional colleagues, but I think not personally close enough that she couldn't tell you ups and downs, which would be interesting. I'm trying to think who else would've been in about that time. Donna Shalala, who's the president down at Miami. Frank Williams of course, people actually as colleagues and directors.

PC: Is he . . . ?

AH: He's in New York now, and I don't know what the numbers are. He's a member of the Institute of Medicine, so you could get his phone numbers through that because I don't have it. Sorry, otherwise I'd give it to you.

PC: We can track people down eventually. Okay. This is a good—what I do is go and run some names by. I had a phone meeting yesterday with the review committee, so we were trying to get some names, and I said I would be talking to you today and they said ask her. I said I will do that. I was trying for somebody to intercede with Bernadine Healy for me, but I [inaudible] on that yet. I'll keep trying.

AH: I don't know what it would take to get her on your line. I can try for you, Philip, I just don't know whether she'll listen or not. She's got a whole different world now.

PC: That's what I understand. In fact I found out yesterday about her and the Ohio legislature, which I was not aware of.

AH: No, I wasn't aware of that until you told me, but that's why I'm assuming she's got a whole other world now.

PC: So there we are. I really do appreciate this, and I will be starting to draft this chapter sometime in October I guess, so if I may take the opportunity to give you a call back if I run into any problems or need some further information, I would appreciate that.

AH: No problem. I'll be glad to talk to you. It's always fun to recall fun days like that.

PC: Wonderful. It just makes it a lot of fun for me as well in writing this up, and probably when I get the opening vignette I will call you and beat on you for more details, like the color of the curtains.

AH: [Laughs] Okay. I can't promise you any information, but we'll try.

PC: Nobody else will remember either.

AH: That's very true.

PC: Ada Sue, thanks very, very much, and I hope someday we actually will meet face to face. I'm sure we will sometime not too far down the road. I wish you the best with everything down there.

AH: Thank you.

PC: Thanks again and I'll look forward to talking to you sometime toward the end of October.

AH: Okay. Thank you. Bye.

PC: Bye.

[End of Interview]