**NINR History Project**
**Telephone Interview with Dr. Doris Merritt**
**Conducted on April 28, 2008, by Philip Cantelon**

**PC:** I'm speaking this morning with Dr. Doris Merritt, that's M-E-R-R-I-T-T, on April 28, 2008. Dr. Merritt, may I have your permission to record the call?

**DM:** Indeed you may.

**PC:** Thank you very much. What I'd like to start with is some background about you.

**DM:** All right.

**PC:** We can start where you grew up and education.

**DM:** I grew up in New York City. My education was Hunter High School, going on to Hunter College when it was still an all-women's school.

**PC:** And you majored in . . . ?

**DM:** English literature and philosophy.

**PC:** There's a pause at this end of the line.

**DM:** [Laughs] I know. My life history does not hang together in the usual way.

**PC:** Could you explain that for me?

**DM:** Well, at the time—we're talking in the 1940s—there wasn't much for a young woman to do except education, sales maybe, secretarial work, and as an only child I wanted to leave home as fast as I could, so I took the easiest courses for me. I love to read and that's what I did. Toward the end of that, it was 1944—I've had a cold so I sound kind of stopped up, as you can hear—toward the end of that time, we were in the midst of World War II, and they were recruiting rather heavily in the colleges for graduates in the upper ten percent of their class, that they could enlist in officers' training school. So my parents did not object to my doing that. I was not quite twenty-one, and I became an officer in the U.S. Navy and was stationed in Washington, DC, in the code room.

**PC:** When you say code room . . . .

**DM:** Code room—it was the office that received incoming radio transmissions in code. There were machines to decipher them, you read them, and eventually distributed them to the people that they were addressed and also to those who you thought needed the information. I did that for two-and-a-half years.

**PC:** Was this in Arlington Hall?

**DM:** This was in the days when they had temporary buildings between the Washington Monument and Lincoln Memorial over the Reflecting Pool. There were two long parallel buildings, temporary buildings, that were connected by bridges over the pool.

**PC:** Were these built from World War I? Were these the temporary buildings?

**DM:** Probably. They seemed older than that.

**PC:** [Laughs] So there was a bridge pathway?

**DM:** Two bridge pathways from one building to the other, across the Reflecting Pool, between the Lincoln Memorial and the Washington Monument. Anyway, the war was about to be over, and I had to do something, and by that time I knew I wanted neither to teach nor to do sales work. So I had the good fortune to be rooming with a pre-med major, and I thought, well hey, it's either medicine or law. I have to say I was determined not to be married by that time, so I wanted to be independent, and it was either medicine or law, which I thought would be interesting and also support me properly. Rather naively, I got the catalogs from George Washington University, since I was in Washington, DC, and was slightly appalled to see what the prerequisites were, since my science in college had been astronomy and photography. Anyway, I went down to see the admissions chairman. Now that I know something about medical admissions, I realize he must have been just

completely entertained by this creature who came in there and said she wanted to go to medical school. Did she really have to take all that physics and chemistry and stuff? In any event, he was very courteous, and having assured me that they did take one or two women in school, that I should go away and try and take some of the prerequisites and see him in six months. To make a long story short, I kept seeing him every six months and I was admitted. I was one of two to graduate.

**PC:** One of two women?

**DM:** Yes. After that, I went to Duke University for an internship in pediatrics, got married the following year, spent a year in Washington as a fellow for a faculty member at the School of Medicine, and then my husband and I went back to Duke where we finished our training. I got my boards and I had my first child. My husband wanted to be an investigator by that time, he was an internist, and we went to the National Institutes of Health. I thought I was going to stay home and take care of my baby. That lasted about a month and I was climbing the walls. Oh my. I mean I was thirty-five and I had never not worked from the time I was sixteen. In any event, because this was now about August—as you well know, in the medical field, positions start July 1 to July 1. I interviewed at the National Heart Institute, and they told me they would take me on the next July in the intramural program, but I didn't think I could last that long. And it was suggested that maybe in the interim I move over to the Division of Research Grants where they had need for people with medical degrees to be executive secretaries. So I did that, and—

**PC:** So you were a secretary?

**DM:** They call it executive secretary. What it means is that you are responsible for selecting the group that reviews the applications for support at the NIH. They call them something else now because secretary is a frowned-on word. I was hooked. The study section that I inherited had Andre Cournand on it, who was its chair and a Nobel laureate, it had Homer Smith on it, who was the dean of renal physiology, and I was just stunned to think that I was in that group of people working with them and supporting them.

**PC:** Would you spell Andre—

**DM:** Cournand. C-O-U-R-N-A-N-D.

**PC:** Thank you. And you were working with them at . . . ?

**DM:** At the National Institutes of Health. Do you know anything about the study section process?

**PC:** Yes I do. A friend of mine now heads it actually.

**DM:** Okay. It hasn't changed very much. At the time they only had about fourteen—remember, this is before NIH had even a billion dollars in its budget, and we were located in a building called T-6, which is where the parking lot of 31 now is. And the entire extramural program of all the institutes was in T-6, so that you knew everybody working in the review process and you were pretty well acquainted with the associate directors for extramural programs in the institutes. It was a very tight-knit group.

**PC:** And you said it was 26 or T-6?

**DM:** T as in temporary. It was temporary for about twenty years, I think.

**PC:** That's all in the definition, isn't it?

**DM:** It sure is, and I'm sure it's well documented in NIH history, pictures and all. I did that for two years. I also picked up another study section because frankly, at the time, the executive secretary was very, very busy. I mean intensely busy three times a year at review times, and it was kind of lax in between, so I asked for another study section so I could handle two. That's neither here nor there, I just did it. But in the course of doing all of that, the cardiovascular study section was kind of a captive of the heart institute because obviously cardio reviewed for heart. The general medical sciences study section reviewed for all of the institutes because it was the miscellaneous category where they sent applications for review that had some clinical application and couldn't go anywhere

else. I mention that because I met a lot of people who were later in the various institutes who were very helpful when it came time to start a new national center. Two-and-a-half years later, my husband was recruited to Indiana University School of Medicine in the department of medicine. He later started the third department of medical genetics in the country, and I was recruited into the dean's office as the director for grants and contracts, or some such thing, and a year later made me an assistant dean.

**PC:** And this is what year, Doris?

**DM:** That would have been 1962 I was made assistant dean for research. And also of course I had an appointment in pediatrics and did some teaching in pediatrics, because you have to build the academic credentials while you build the administrative credentials if you want to be regarded with any kind of respect by your colleagues in academia. I think you know that. That's not why I did it. I liked pediatrics; I liked teaching it. All right. Where are we? Sixty-two. It was an absolutely blooming time for medical research. The money was pouring in; people got grants hand over fist. Pretty nearly all you had to do was be approved to get funded. Priority scores were, well they were important, but it didn't matter if it was four hundred or more, you got funded. So it was a great time to be involved in a growing university.

**PC:** This was federal money?

**DM:** Federal money.

**PC:** Okay, that came into IU.

**DM:** Yes, into the School of Medicine. There was construction money. You could almost—I say this with a grin because I could have been an imbecile and done wonderfully well. I mean it was just the right place, the right time, the right people. It was exciting. Well, in the meantime, Indiana University was changing. The medical school, as you know, is in Indianapolis. Bloomington is what they still call the flagship campus, God bless them. I'm probably telling you more than you need to know.

**PC:** Go on.

**DM:** But the politics in Indianapolis were such that they wanted a university in the city itself. Purdue had an extension center for engineering, IU had an extension center for liberal arts and science, and then there was the medical center which consisted of dentistry, nursing, allied health, and medicine, which was the tail that wagged the dog. In about 1968, '69, there was a real push to establish a university in Indianapolis, and Purdue and IU presidents got together and decided they didn't want to split the budget with a fifth university because they were Ball State men and also [inaudible] something else.

**PC:** Indiana State.

**DM:** Indiana State. So they joined forces, and they created something which was called IUPUI, Indiana University-Purdue University Indianapolis. And the people had a great deal of fun trying to pronounce that. I think ooey-pooey was the one that got floated around most.

**PC:** That's the one I use. Yooey-pyooey.

**DM:** Good lord, that was dreadful. So that came into being with a chancellor, and the chancellor asked me to leave the School of Medicine, or to work with the School of Medicine, but come to him to run their grants and contracts office for the IUPUI. So I entered the center administration at that time, though I was still very much connected to the School of Medicine, and then grew up as the campus grew over the years until . . . when did we leave, 1978 or so when my husband had enough of being chairman of the department, and we went back to NIH. By the time we left IU, I was dean for research and sponsored programs for the entire campus and responsible for, oh heavens, all of the numerous, numerous . . . what do I want to call them? I'll call them strictures, whatever you like, but I was responsible for animals, human subjects, patents, you name it, anything that had to do with research, and it was for the whole campus. At that point, when Don wanted to leave, he went back to the National Institutes of Health as the medical officer for the National Library of Medicine because they were developing a genetics database, and he had been instrumental in starting this in the country, along with

one or two other people. I asked Don Fredrickson, whom I knew, if he could use me at all, and he said, "Certainly," and I said "As what?" and he said, "Well, I want you to do something about training." That was my job description, I can tell you.

**PC:** Something about training?

**DM:** Do something about training. Well, the training program was . . .what's a good word? It wasn't tight at the time, and there were some things that needed to be done and I thought that would be fun. So we went back for a year. Don went back as an expert consultant, and I went back under an IPA. At the end of the year, of course, they asked us to stay and we decided we would. So until the national center was started, I was the research training officer and research resources officer for the NIH and special assistant to the director, so I always reported to the director in/and extramural training programs. I think I was probably the first woman on his staff, at most the second, on the director's staff.

**PC:** Who was the director then? Was it Fredrickson?

**DM:** The director then was Don Fredrickson. The first time I was there, the director was Shannon, and they weren't kindly disposed toward women.

**PC:** Neither?

**DM:** Oh, Jim was fine. Shannon, I learned this long after it, I didn't care, I was leaving anyway, but at the time I had been proposed for one of the directorships, and he said over his dead body would a woman be a director, or that's what was reported back to me anyway at the time. Eventually I hope he was turning in his grave because Ruth Kirschstein has been such a marvelous director in our GMS. However, that's neither here nor there.

**PC:** Somewhat it is.

**DM:** Where are we? We're back with Fredrickson. Fredrickson left, Tom Malone became acting, I stayed on doing my thing. Jim Wyngaarden, whom I had known from years past at Duke, came in as director.

**PC:** He was at Duke?

**DM:** Yes, back in the sixties. He came from Duke actually. He was chair of the department of internal medicine at Duke when he came to NIH.

**PC:** So your husband knew him as well?

**DM:** Yes indeed. Again, as I say, it's a very tight community. We knew each other pretty well. Time passed, and then the NINCR legislation came in. You have the dates on this I know.

**PC:** Yes.

**DM:** As you know, for about six years the national nurses organizations had fought for and sought political support to force the legislation through the Congress to move nursing research from the Division of Nursing in HRSA, Health Resources and Services Administration. Anyway, it was HRSA, H-R-S-A, to the NIH because HRSA was more involved in training, and they wanted research support. But in 1985, it was passed over the president's veto. I think it had been vetoed again. You're doing this. You know the bill had been vetoed before.

**PC:** Yes.

**DM:** So when it was finally passed over the president's veto, the people at NIH were just absolutely flummoxed that they were going to get this thing called nursing research, which every doctor knows is an oxymoron, and it was going to be foisted on this absolute pinnacle of research in the nation, and they were going to have to absorb nurses. They were not happy.

**PC:** And this went across the board, from Wyngaarden on down?

**DM:** I think so. It turned out that there were a lot of closet sympathizers and I was glad to [inaudible]. Anyway, Jim Wyngaarden asked me, and I said no, I wouldn't do it, and then he told me I was to get it launched without bothering him. He said he would give me all the support that I asked for, what I needed, and just to stay out of—literally just to get it done and don't bother him with it.

**PC:** Was this in his office?

**DM:** Oh yes. I mean just between him and me and I suppose—oh, I'm sure he would say the same thing. "I just want you to get this started, I want you to do a good job of it, and just don't bother me with it." So I said, "Hey, these nurses are not going to be happy if you put a physician in charge of them when they have been spending the last thirty years trying to get out from under this, really this yoke," and he said, "Do it please." Well, I respected nurses in general. Frankly as a pediatrician I had learned a great deal from nurses, and I was absolutely free to admit my ignorance about nursing research, in fact, my own prejudice about it. But I can tell you neither states lasted very long. I was really generously received by a community that had every reason to resent my being put there to direct them. Obviously I was open to learning. I had to. Again, let me set the scene for you here. There had not been an institute or a center established at NIH in ten years prior to the—I think aging was the last institute that had been started. Nobody knew,

literally there was no template for how you create one of these things. Arthritis had just been split into rheumatism and whatever else they did, metabolic diseases. Again, you know the history here. They had just been split, and in this split they had a staff that went in each direction, so they were equipped to do what needed to be done. The National Center for Nursing Research had nothing, absolutely nothing, I guess except me and my secretary and a group of women in the Division of Nursing on Rockville Pike.

**PC:** These are the HRSA people who just lost something.

**DM:** The HRSA people who lost something who were bewildered that they were coming to an environment they knew nothing about, were a little bit intimidated. I think in the group of seven or eight who came, only two of them may have had a doctorate, and without a doctorate at NIH, I mean you were nothing. I really felt for them. I truly did. And they had to learn an entirely new way of operating, and here they were on Rockville Pike and here I was down at NIH. Quite frankly, all I could do was sit down, which I did, and read the legislation, read the discussions about the legislation, everything I could on the report language, and put together from that what I thought were the three main areas of research that they wanted pursued. I knew what I had to end up with, or I thought I did, but I didn't know if I was right. And within about the first three weeks of my appointment, I can tell you I was visited by a delegation who came in, not too sure of themselves, to see me from each of the four major organizations responsible for nursing in the country. There was the ANA—I can't tell you the names of the women. The only one I remember

as a name was Jan Heinrich. But it was the ANA, the AACN, the NLN, and Sigma Theta Tau International. These four women came to my office rather apologetically for disturbing me, and I tell you I was never so glad to see a group of people as I was then and it showed. I mean far from being met with reservations, I all but hugged them. And I laid out before them what I had done and asked them [inaudible]. I was so naïve, I didn't even know to approach them. I didn't know what the major nursing organizations were. You can't imagine how ignorant I was. Well anyway, they were delightful. They seemed very pleased with what I had done mirroring the act's language, and they gave me some very good advice as to which of the old staff, the seven people that were at HRSA, should head each section. I can't tell you how generous they were with their time and their information, supplying lists of names from around the country that I could try to appoint for reviewers, because you see, we had to create a study section in the council. They didn't have a study section so to speak at HRSA. It didn't exist. They had a council, and of course the climate was so different. The philosophy was so different. Their worlds were different. The cultures were different. At NIH we had the complete separation of review and award and the managing of grants. At HRSA these four or five women, plus their helpful staff secretary and what have you, they sought the grants, they advised the people on how to write them, they ran the reviews, and then they managed them after they were awarded, and you can imagine this was a very narrow world. So the idea of having a separate group review them, and they had to stay out of the hair of the people who were reviewing them, it was just so foreign to them. In any event, the nurses who were from those four organizations helped me very, very much in getting my act

together. Now back at the NIH, I told Jim that I couldn't possibly work with this split location. It was just ridiculous.

**PC:** And the Division of Nursing, when you say on the Rockville Pike, where up here was it?

**DM:** It was in that huge building . . . oh, I'm sorry. There are so many now. With the original huge Parklawn . . . .

**PC:** Yes, Parklawn Building over on Wilkins Avenue.

**DM:** This is twenty years ago.

**PC:** Well, the building's still there.

**DM:** I'm glad you gave me a little time to think about it beforehand. I made some notes. But my first visit to the Rockville building where the staff was housed convinced me that unless I got them out of there, we'd never do anything. There were seven of them crammed into two rooms, if you believe it, large rooms, but they had three, I think, telephone lines and instructions to use long distance primarily for emergencies. Now this is dealing with a nationwide program, for example. The furniture would have made the Lot 6 look luxurious. I mean it must've come from the discards from God knows what. The file cabinets [inaudible] partitioned. They had three or four desks in the room, and if

they really got busy, they had to go out in the hall and use a pay phone. I mean [laughs] I just groaned. I had to get them out of there. Well fortunately, I had been at NIH long enough to make a lot of good friends, and I'm sure it's no different now, space is at a premium. You just don't get space. If one office moved out, it was immediately filled by something else. But I got to talk with the man who was manager, and I said I just had to have housing for them, and he said he didn't have any, and I said I've got to. And I finally persuaded him to come up with me to the Rockville building.

[Laughter]

**DM:** Once he got over his horror—he really didn't believe me that any branch of the NIH would be made to live like that. He admitted that there was one small suite in the second basement of the National Library of Medicine that had been a photography installation, and it was available if I could persuade the National Library of Medicine director to lend it to nursing. Well, Don Lindberg, who was the director at that time, was sympathetic. He was a little bit cautious because he didn't want an invasion there that he couldn't get out, but he sort of collected a pint of blood as collateral, and I pledged that I would move out as soon as he really had to have it. And he turned this tiny rabbit hole in the first basement—it was the first basement, not the second one. Anyway, he turned it over to us. So they moved in and the NLM computer folk, we were in the middle of their sort of territory. They had a huge banner printed on perforated papers strewn across the

downstairs hallway—they were dear—and it was a welcoming gesture, it truly was, to a group of women who were really intimidated by moving [inaudible].

**PC:** Do you remember any of the women who were—

**DM:** I remember Doris Bloch particularly. That's a name you'll know. There were three others who ran the programs, the three programs, and you'll have their names. You'd have to remind me. I don't remember them.

**PC:** I'm not necessarily sure I do have them because—

**DM:** You're just starting on this?

**PC:** Yes I am, but I know Doris Bloch's name. Bonnie Carroll?

**DM:** Bonnie! God bless her! Now let me tell you, if it weren't for her, we never would have gotten grants reviewed. Bonnie volunteered not only to come to the NIH, but to take the step of acting as executive secretary and moving into the Division of Research Grants to do the one med study section. She was the only one who had the real courage—I mean it was bad enough to come down in the center to NIH, but to leave at least even that small support group and move into another one, to DRG, and take on a totally new role, that I

just—I adored Bonnie. I think a part of that was because her husband worked at NIH too, and she had some feeling for it.

**PC:** Okay.

**DM:** But Bonnie did that.

**PC:** And who was your secretary you mentioned?

**DM:** A wonderful lady named Connie . . . good lord, how could I balk on her name?

**PC:** You'll remember it.

**DM:** It's ridiculous. No, it isn't. I'm old. I will be eighty-five in a couple of months so I can be forgiven.

**PC:** That's the new sixty-five, isn't it?

**DM:** Well, for me it's about I think twelve.

**PC:** [Laughs]

**DM:** Anyway, she was marvelous. She really was. Okay. So I had the three women. I had Bonnie over doing the review process. But then, you see, I had nobody, absolutely nobody who knew the financial structure of the NIH and the budgeting and how to make awards. I mean literally. They didn't do that at HRSA. They hadn't made an award in HRSA in eighteen months for a variety of reasons I can go into. They just hadn't. And here they were now at NIH, I didn't have a budget officer, I didn't have a finance officer, I didn't have a PR person, I didn't have a grants manager. And what I did—there is no way I can possibly give credit for the incredible cooperation I got from the closet admirers of nursing at NIH. I mean just think about it. There were about two million nurses then in the United States, and everybody had one in the family, and most of them liked them. Anyway, I went around the NIH to the directors with whom I was friends, and I asked if they could possibly lend me any personnel on a short-term assignment to help me get this off the ground. And God bless them, Betty Pickett, who's been the director of DRR loaned to me an executive officer, Mike Mansfield from the central budget office gave me a legislative assistant, Ruth Kirschstein from NIGMS gave me a grants officer on full-time leave, all on full-time leave, a grants officer who could run the award process until we got up and running and I could get some personnel. And the one thing Jim had told me—there was a personnel hiring freeze on—that I could not have any more people. So I had to beg, borrow, and steal. And these directors gave me full-time people to run this thing.

**PC:** You said BRR, which is what? I'm sorry. That's one I don't know.

**DM:** What did I say? DRR. Division of Research Resources.

**PC:** Division of Research Resources.

**DM:** They handled all the construction, the formula grants, the minority programs.

**PC:** So all this was while there was a hiring freeze. What did Wyngaarden do for you, because he said he'd help.

**DM:** He approved it. You know, when I came to Indiana University—I'm back-tracking—President Wells, who was—I had gone to him once and said, "Mr. Wells, may I? I can get the money." And he said, "Doris, stop right there. Anything you can finance, I will approve."

**PC:** He was a wonderful guy.

**DM:** Marvelous. Anyway, Jim said essentially the same thing. Anything you can get people to agree to, I will approve. So he approved the space, he approved the transfers, or the temporary assignments. He just approved them. This was not a problem. He never gave me a moment's problem. He wanted to do it right. He just didn't want to think about it. Well, okay. I don't know where we are in the year.

**PC:** Well, this is getting under way, really, and—

**DM:** This is getting under way. It's establishing the space, moving the nurses down there, looking at what was in their portfolio currently active, assigning each of the active grants to one of the three sections where it belonged, either maternal and child health or—there were three of them. Again, you must have those. I don't have them.

**PC:** This is what, eleven million dollars got transferred to begin with?

**DM:** Ha. That was fun. It was supposed to be transferred to begin with. The eleven million dollars was at HRSA. Seven million, I think, was at HRSA, not eleven.

**PC:** Ah, okay.

**DM:** Seven was at HRSA. There was none at NIH, so all of these people ostensibly at NIH, reporting to the director of NIH, were paid out of HRSA. All of the money to make the grants was in HRSA, not at NIH. They couldn't move the money from HRSA—I found this out the hard way—from HRSA to the NIH until the treasury, was it the OMB then, until they assigned what they called a treasury symbol, which is an account number, to the NIH for the NCNR. And believe me, OMB was in no hurry to do this because their tactic was if you don't have the money, you can't spend it. And it doesn't take very long

working in the federal government to know that the OMB's major purpose is not to spend money, particularly that which is appropriated—I can get pretty bitter about this. So in parallel sort of speaking, the nurses at the Division of Nursing in HRSA were told that there was no point in reviewing grants because they had so many approved and unfounded that they weren't going to get the money anyway, they might just as well not review the applications that they had in house. This was when we took over. They were under the assumption that they weren't going to get their research money, so there was no point in doing the work of getting ready to make awards. And this is why no grants had been made for eighteen months. Now I'm not sure what—I just wasn't there. I don't know. I just know it was stagnant, the whole program was stymied, which is part of the reason that the research nurses in the country were so eager to get out from HRSA. In any event, when I got them sorted into the NIH, I insisted that they start grant reviews, and they said, "Well, we're not going to get any money," and I said, "Well if we do, we're going to be ready." They were not very happy with me, I have to tell you.

**PC:** This is the nurses who came down with you?

**DM:** These are the nurses from HRSA. They were not happy with me. I kept saying, "But this is the way we do it at NIH," and they would say, "But we've never done it that way." My husband was dying of cancer at the time, I should tell you.

**PC:** I'm sorry?

**DM:** My husband was ill with terminal cancer at the time, and I didn't have the appropriate hand-holding sympathy for them, believe me. I was pretty hateful and they didn't like me.

**PC:** These are the ones who moved down?

**DM:** Yes. They were trained to be compassionate and they understood that life was difficult, but they didn't like what I was doing. I was much too dictatorial for them. In any event, we did get these things reviewed. And the other thing that was new to them was that when they were reviewed by Bonnie Carroll and DRG, they had priority scores and that we funded not on a first-come first-served who-was-waiting-longest basis, but on a priority basis. And I remember Doris Bloch saying to me, "I can't do this. I cannot disappoint these people out there who think they're in line for grants as soon as we get money." And I said, "Well, the buck stops here. I'll talk to them and explain. It's a new system, and it goes by priority and what they're worth, not by how long they've been waiting."

**PC:** Could you explain a little bit more to me what I think you're describing is sort of a clash of cultures between—

**DM:** Absolutely. That's exactly it.

**PC:** What else was just done differently? At one point there's the level of professionalism that's the expectation of the Ph.D.—

**DM:** Right.

**PC:** —there's the whole way of how grant applications are reviewed—

**DM:** Reviewed and managed.

**PC:** —and managed, yes, and funded I guess as well.

**DM:** And funded as well.

**PC:** What other things?

**DM:** I think very basic to the whole difference between HRSA and NIH was that there was very little social science research at NIH, and at that time there was a great uproar that NIH wasn't doing enough clinical research. So here you have a group of people whose research, which the nurses' research—it's changing somewhat now—but it's still fundamentally research in how people handle things . . . . What am I talking about? There's a word for it. It's social research. It's psychology. It's not bench research. It's

questionnaires, it's data review, it's statistical. It's not bench research, and to the average bench scientist, if it isn't done with a test tube or some kind of computer fancy machine, it's not research. So that was part of the clash, too. Again, remember we're more than twenty-five years ago. So the people coming in felt that they were supporting research which wasn't looked at as research. It's behavioral research, that's what I'm getting at. Behavioral science.

**PC:** So it was trying to find that nexus between behavioral and research?

**DM:** Surely. And now, of course, all the institutes support some kind of behavioral research anyway. But that was then; this is now. The other thing that was difficult—I just have to say that I'm talking about making the grants here because I had a note that the OMB had this nice little trick of not releasing appropriated funds until the very last minute in the hope that the system—and this is what happened at HRSA all the time—they weren't ready, could not react quickly enough to get all the grants awarded. So the [inaudible] funds went back to the treasury. And I never did figure out why HRSA put up with that. I mean it's an absolute cardinal sin at NIH to send money back. You just don't do that. In any event, I was determined not to allow it to happen here, so that first year with my borrowed grants management staff, we did the reviews and we had the paperwork done about three weeks before the end of the fiscal year just in case. Again, the NIH system, you have study section approval, then you have council review and approval, and the director cannot make an award without council approval. I had no council. So I asked

Jo Eleanor Elliott, who was the director of the Division of Nursing, if I might use her council to review the grants, and she said, "Well you're at the NIH." And I said, "Yes, but the money's at HRSA." [Laughs] Anyway, she was very generous. It takes a long time to get a council appointment. Those then were political appointments, and you had to clear it through White House staff. It was a mess. So I had to use her council, and she let me do it. They had reviewed grants before, but they were accustomed to having their staff present staff recommendations, rather than coming through a separate review mechanism, but they caught on and they did a fine job. Anyway, when the funds were released at the end of the fiscal year, my borrowed grants manager had all the paperwork in place, and the Center for Nursing Research made approximately six million dollars worth of awards in two weeks.

**PC:** Wow.

**DM:** Let me tell you, the staff may have been unhappy with me, but the community loved me.

**PC:** In two weeks, huh?

**DM:** Two weeks we got those awards out. They were electronically ready to go. And they went. And that's thanks to my borrowed staff, because there was nobody else knew how to do it coming from the Division of Nursing.

**PC:** Let me ask you a little bit about the relationship with Jo Eleanor.

**DM:** Jo Eleanor was a dear. She hated the NCNR idea, and she told me that she was just really opposed to it. She hated getting the national—she hated giving up the Center for Nursing Research because her Center for Nursing Research was in research and education. And she was very open about this. And we were good friends. No problem about this.

**PC:** Were you good friends before this?

**DM:** No. We met and became very friendly. I understood where she was coming from; she knew where I was coming from. It was never personal. I remember very clearly at one of the nurses meetings when Jo got up to speak just before I did, and she said she had been opposed to it, she was still opposed to it because she felt that the more money there was for nursing research, the less there would be for nurse training. And then I said afterward, which turned out to be the truth and which I had always found to be the truth, that the more money for nursing research, the more money overall there would be. This was not [inaudible] some game, and it wasn't. I mean they got more money and we got more money. But she was one of the people who just didn't see that. But as I say, she was generous with the use of her council. She let me do that; she didn't have to.

**PC:** What would it have meant to the Division of Nursing if she hadn't?

**DM:** It wouldn't have meant anything to her. It would have simply meant to us that we couldn't make grants.

**PC:** So neither group would have gotten anything—

**DM:** Right.

**PC:** —in a sense because you had the legislative support—

**DM:** And she had the money.

**PC:** But you had the legislative support.

**DM:** Right. And she had the administrative structure to do it. Again, the difference in NIH and HRSA and philosophy, NIH in those days, and probably still is, was people primarily with Ph.D.'s or M.D.'s and the intramural program was very strongly extramural program was just getting started. But those of us who were responsible for even in the extramural program, all came with academic backgrounds because there was no internal cadre of people to do this. The Public Health Service hadn't made very many grants up until that time, until the fifties, I don't think they made very many. We came from a background which said, well, if it isn't working, let's fix it and make it work. If the method is in the way of product, then let's change the method. The people who came up in the

bureaucracy, which was strictly HRSA, was well, we can't do anything about it because this is the way it's always been done and this is the way they tell us we have to do it. At NIH, if they told us this is the way we had to do it, we said why.

**PC:** Again a difference in culture.

**DM:** Absolutely different culture.

**PC:** Academic versus bureaucratic?

**DM:** Yes. And I think it's probably still a little that way.

**PC:** Did you ever have any dealings with Jessie Scott?

**DM:** Only peripherally and they were good. I mean they were cordial.

**PC:** She has been largely out of the picture by then?

**DM:** Yes.

**PC:** May I go back a little bit to your first meeting with Jim Wyngaarden?

**DM:** Mm-hmm.

**PC:** I'm trying to set a picture here, because this strikes me as a very important meeting for a lot of reasons, so I'd like to sort of get a vignette of that meeting if I could. It was in the director's office?

**DM:** In the director's office, a big corner office. His secretary called one day and said, "Doris, can you get down here? Jim needs to see you." And I said, "Sure."

**PC:** Did you have any idea why?

**DM:** No. I went in and he said, "You probably know they passed the Center for Nursing Research over the president's veto," and I said, "Yes, I think I did." [Laughs] He said, "Well, I want you to be its director." We had our conversation in which I said I didn't think they'd like that and he said there was nobody else at the NIH that he thought could do it. [Inaudible] would or what have you. Anyway, he said, "I want you to do this." He and Tom, who was his deputy director, talked about this and they decided, I guess, if anybody could do it, they'd ask me to do it.

**PC:** Tom?

**DM:** Malone.

**PC:** Spell that for me.

**DM:** M-A-L-O-N-E. He was the acting before Wyngaarden, after Fredrickson.

**PC:** So the appointment was—

**DM:** So the appointment was a local one on his part at that time. I was the acting director. I think I was the acting director all the time, wasn't I? Bowen finally appointed me acting director officially. But heck, this was before Christmas, I remember. This was in the fall before the wheels of government had started to implement the legislation.

**PC:** So this was in the winter of '85?

**DM:** Yes.

**PC:** So he was already planning to get this one.

**DM:** Well, he said he knew he had to do it, and we might as well get on top of it, was more or less it. "I want you to get started."

**PC:** Okay. And was Malone in the meeting as well?

**DM:** No, he wasn't there. This was just Jim and me.

**PC:** Okay. And you say you had known him well from Duke.

**DM:** We'd been on faculty.

**PC:** Could you describe the man for me?

**DM:** Oh dear. He was a fine scientist, okay? He had been chairman of the department at Duke, and I remember when he was appointed director of NIH, the NIH staff at that time was terribly concerned because while he had managed a million dollar budget at Duke—more than that, I'm sure it was in the teens—they were afraid that he would, very frankly, they expressed some doubt that he would be able to grasp the complexity of this by then billion dollar budget plus. I say this because it describes the man. When he came to NIH and he looked at the budgeting, I mean he had said to me sometime we were chit-chatting on our way someplace, he said, "You know, budgeting is budgeting," which I had already discovered, too. I was a little bit flummoxed when I saw my training budget was two hundred million dollars, and I had at the most handled a hundred thousand dollar grant. But it was the same thing that frankly I had thought tongue in cheek—budgeting is budgeting. It's just a matter of zeroes. And you know this is the truth.

**PC:** Oh yes.

**DM:** This is typical of the man, that he wasn't bothered by this. The other thing that was typical of him was that he was going to tell it the way it was. He was not going to be gagged by the general feeling that if you're employed by the federal government, you don't talk to the Congress unless I talk to you first. And you're aware of this I'm sure. And that the only way you could get anything to the ears of the Congress—as I learned in the training program and I did quite a bit in that like getting stipends raised one year over the OMB's dead body—you didn't talk to the Congress unless the staff called you and asked you questions, then you had to respond. But anything you responded to had to go through channels so that they "knew what you were telling them," so to speak. Any mail that came in from a congressional office was not opened in your office, it was opened in the mailroom and read by the people at the NIH legislative office before they sent it to you for an answer, and then they wanted to see your response. It's a funny kind of censorship, which Jim paid no attention to. He had friends in the community he talked to. He was an independent thinker. And he was not . . . what's the word I want . . . intimidated by "what will people think." I don't know how many times sitting in other meetings I have heard somebody say, "But if you do this, what will so-and-so think." Jim's comments were usually, "I don't really care what they think. This is the right thing to do," which was, believe it or not, rather strong for a director to say. But he didn't care whether he was hired or fired, frankly. It was a presidential appointment, and he said, "If they don't like it, they can remove me."

**PC:** Do you remember whether the meeting was in the morning or afternoon?

**DM:** No, I don't.

**PC:** Was he a tall man?

**DM:** No, maybe about five-ten, five-eleven, sandy-colored hair, nice looking. Patricia Harris was the bane of his existence, though he never said so. She was HEW secretary for a while in there, and she would always cling to him and refer to "my handsome director." I thought boy, talk about the tables being turned. But you could just see him—I mean you could sort of see the cells tighten every time she did that.

**PC:** [Laughs] Was he from the South?

**DM:** Sort of. I don't know where he was from. Now am I saying—Patricia Harris. Who was the black secretary?

**PC:** You got her.

**DM:** No, this was not the black secretary. This was not she.

**PC:** Heckler?

**DM:** Thank you. Margaret Heckler. Good lord. Don't let me malign Patricia Harris. That was Heckler.

**PC:** [Laughs] Well, it would have been a little out of context for a lawyer, but not for Heckler, I think.

**DM:** Not for Heckler. No, not for Heckler. As a matter of fact, the funny thing about Jim was is Jim hated the bureaucracy. He hated the meetings. He liked being out in the academic world, and he never changed his license plate on his car, which was North Carolina, which the people, tongue in cheek, used to look at. The motto on the license plate that year was "First in Flight," and they said it was entirely appropriate.

**PC:** In case he'd go, huh?

**DM:** Mm-hmm.

**PC:** Which reminds me, did he say how long you would be in the job?

**DM:** Oh no. No no no. As soon as I was appointed, I asked that they start a search and screen committee for a real director. I mean that was also one of the first things I did. It took about eight months to do that, so that was appointed fairly early on.

**PC:** Did Wyngaarden wear bow ties or four-in-hands?

**DM:** He was a four-in-hander. Who was the bow-tier? That was Shannon. Shannon always wore bow ties.

**PC:** Oh, okay. And did you deal with Carl Pursell?

**DM:** Why do I know that name? The congressman.

**PC:** Yes.

**DM:** The nurses dealt with him, and I met him once when they were—I think it was Carl Pursell—when they were giving him a thank-you something. What did he call them? Tongue in cheek, we were waiting for the—now, please, this one if you could turn the machine off a minute please.

**PC:** I can't, but I won't use it.

**DM:** I thought of the nurses in two categories. There was the sort of great bosomy bastion. Now these are the women who just had huge bosoms, and they were heavy, and they sort of came down the hall that way. And then the younger group, who were svelte.

Jo Eleanor, for example, was a heavy woman. Not all the people who came from HRSA, they were not, but all that crew of nurses, the deans of the schools of nursing, I mean they were formidable women. They were like a battalion. When I was standing with Pursell waiting with him to come into this luncheon or something, he said something which was something, "Oh my lord, here come the brigade." I had to laugh, because four of them were coming down abreast, and that's just what they looked like. That was my only dealing with Pursell. He was very much in favor of them; he was very much supportive of them, obviously. He practically pushed the legislation through, I think, or one of them.

**PC:** Oh yes.

**DM:** He really did, and that's of course why I know the name. You see, I didn't come into the picture until after it was established, not during the establishment of it.

**PC:** Did the legislation transfer the money from HRSA to NIH? Is that how that worked?

**DM:** I think when the legislation transferred the Division of Nursing to the NIH, it transferred their budget with it. So it transferred the seven million dollars. The next year, I think,

the appropriation was eleven, but the first year I only had seven to transfer with me, and then a little bit more. I'm hazy on that. Sorry.

**PC:** I can look that up. Did you ever read a paper that the ANA cabinet had done called "Directions of Nursing Research Toward the Twenty-First Century"?

**DM:** Not then, no.

**PC:** Later.

**DM:** No. One of the things Ada Sue Hinshaw did as soon as she came, and she was a breath of fresh air, when she came in was establish a committee to do a five-year research training process that was across the country.

**PC:** You mean to set an agenda?

**DM:** Yes, to set an agenda for research for the center for the next five years.

**PC:** How would you describe your role for the period you were there, till about 1987, I guess?

**DM:** How would I describe it? I'm thinking a moment here. The role was midwife, to produce the best possible foundation I could, and I was determined to do that to allow

nursing research to become what its supporters so desperately wanted it to become. Let me see something here. I told you in one of the e-mails that Angela McBride, who was then dean of the School of Nursing at Indiana University, asked me . . . I'd probably like to send you this. I'll send you a copy of this.

**PC:** Thank you. I will be sending you a deed of gift form. I didn't send that to you yet, did I?

**DM:** No. This is just two pages, and the questions that she asked is what was it like to be the first director? Were there any surprises? What's the biggest challenge for the development of nursing research? These kinds of questions.

**PC:** Okay. And these are your answers?

**DM:** And these are my answers. I read them last night and you know, I'm surprised at how intelligent I was.

**PC:** One of the things that in talking to Jan she mentioned is that you were able to bring in—you talked about borrowing staff, but she talked about the collaborative effort that she believes you started. I wonder if you might explain that to me.

**DM:** I have a head that pulls in disparate facts and activities and links them. I've always done that. It's fun for me. And when I saw the nurses coming to NIH, I thought of many ways

that their activities could be supportive of activities—I'm talking about extramural programs now at the NIH—and I saw how . . . by this time I was learning a bit about behavioral sciences. How the effects of nursing research could expand or add to the effects of clinical research in cancer, for example, where you had things of patient compliance. Why don't patients do what they're supposed to, taking their drugs, going to their therapy, things like this. That was so obvious. It was obvious to me, too, in the heart institute where you were dealing with patients with hypertension and screening. Why don't people go and get screening? This kind of thing. Child health and human development, obviously maternal and child health. Why do some women breastfeed and some women not? It just seemed to me that there were so many ways that nurses could interject in this, and so I asked around in the institutes. I asked how my nurses could help serve on their committees, and would they make room for a nurse here, can you let me put somebody there so that she can tell the nurses back home what you're doing? You know, never can they help you but can you help us. And they were very good at it. And so after a while, since at least three of those women were excellent themselves, the word got around that hey, these people were pretty good. A certain amount of collegiality began to form where there was none before, or where they would have been actually ostracized or ignored. They were too polite to be nasty.

**PC:** So there began to get a better understanding of what nursing research could do on the other side, too.

**DM:** Exactly. And the nurses were getting a much better idea of how they could fit into NIH. Yes, I did that.

**PC:** Were you still the acting director when Wyngaarden left?

**DM:** Yes.

**PC:** So you were still heading the center.

**DM:** Right. And Malone was fine.

**PC:** But not by the time Fredrickson came?

**DM:** No, Fredrickson was first. It was Fredrickson, Wyngaarden, Malone. I'm sorry. Fredrickson, Malone, Wyngaarden, then Raub was acting for a while. But this was still when Wyngaarden was there. I think Jim was still there when I left. I'm sure he was.

**PC:** I'm sorry. Who?

**DM:** Wyngaarden was still there when I left.

**PC:** Okay. When you said he was the head of a department at Duke, a chair of the department, which—

**DM:** Internal medicine, which is the department that runs most medical schools.

**PC:** And that was what your husband was in as well?

**DM:** At Duke, yes. He was chief resident.

**PC:** Okay.

**DM:** Years ago. That was in ’57?

**PC:** The rest of it works out, yes. In the late fifties. What would you say was the most rewarding part of this job . . . after turning it down once?

**DM:** How much I learned and how infinitely kind those women were, how supportive, how generous with their time and their understanding. I mean across the country, it was phenomenal. I just got a lot more than I gave, I can tell you. See, I say that here.

**PC:** But they got a good deal in return, too.

**DM:** I think they did, in the sense that I was groomed for that job, if I'm making sense. I had the academic background, I had the NIH background, and I was, I suppose, mentally open, and I've always loved to start things. I've always hated running them, but I've loved to get things started.

**PC:** And the ANA, what? Jan joined you as well?

**DM:** Yes, later. That was after Ada Sue was there.

**PC:** Ah, okay.

**DM:** Much later.

**PC:** So none of the nursing organizations came in to help you? The only people you had were the HRSA folks, the Division of Nursing?

**DM:** On staff, yes, but they were constantly consulted later, and the nurses have been wonderful to me, I have to tell you. Sigma Theta Tau made me the first physician ever as an honorary member. That's Sigma Theta Tau International. FAAN made me an honorary member. They were just grand.

**PC:** Tell me a little about the search process for a successor.

**DM:** Yes. The director appointed the research committee. One of the directors of NIH, I don't know who, chaired it. One of the directors of one of the institutes chaired it. It was a nationwide search—

**PC:** Was that a secret which director?

**DM:** No. I just don't remember.

**PC:** Okay.

**DM:** But anyway, well published, it was open. I think it may have even had—I know it had members from outside the NIH, probably from ANA, et cetera. Jan will probably remember that. If she doesn't, I'll bet somebody will, and I'm sure it's a matter of record. They interviewed all over the United States. Ada Sue was head and shoulders above anybody else. She was just wonderful. And we were all delighted when she accepted the appointment.

**PC:** Were most of the candidates that they would have had come out of the—

**DM:** Nursing profession.

**PC:** Nursing schools?

**DM:** Yes. You have to again understand nursing then, as I learned. Now you have doctor of nursing science and you have Ph.D.'s in nursing. At that time, I'm not sure there were any Ph.D. in nursing programs. I think there were doctor of nursing science programs. A nurse prior to the fifties was strictly a clinical training, and the RN didn't mean a degree, it meant simply a license to practice in the state. I'm sure you know that. So that the nurses who grew up in administration, if they had master's degrees, usually had a master in education or in some kind of psychology, some few of them did if they got a Ph.D. So it was usually an EED or sometimes a doctor of education. You're a Ph.D. are you not?

**PC:** Yes I am . . . from Indiana.

**DM:** Yes, that's what you told me. As you well know, most professors and academicians look down entirely on the DDE. You know, it's not a research degree. It's education, whatever the heck that is. So that the nurses coming up who were available for the position, most of them were Ed.D.'s. Now I don't remember if Ada Sue was or not. I have a feeling she was not. I think she was a Ph.D.

**PC:** Yes, she is a Ph.D.

**DM:** So that was another plus as far as we were concerned, because by that time I was convinced if nursing was to ever attain its stature with other research, it had to have the recognized research degree, because that's just the way people are.

**PC:** Given what your response when I asked about how much you knew about this before Wyngaarden approached you, I take it that there was not a great deal about nursing or nursing research?

**DM:** Absolutely nothing at NIH. I mean zero.

**PC:** You personally?

**DM:** Personally, of course I came from IU where I had worked with Emily Holmquist, who was then the dean of nursing here, primarily because at the time I was [laughs] . . . I had to laugh. The dean of the School of Nursing reported to the dean of the School of Medicine at that time. Emily reported to my boss, who was John Van Nuys.

**PC:** Van Nuys?

**DM:** Van Nuys, yes, N-U-Y-S. And John was a tender-hearted man, and he couldn't bear dealing with Emily because she always got kind of teary eyed. So anytime Emily came to see John for something, he would duck into my office and say, "I'm out. You have to

see Emily." And there was nothing teary eyed about Emily, believe me. She was a very good, excellent educator and nurse, and she got emotional sometimes as it happens. But Emily and I became fast friends, and I worked with her on getting a grant for construction for the new School of Nursing, so I got to know the nurses because in writing the construction grant, I had to describe the program. And I realized then she had just appointed a . . . she had appointed somebody to do research in nursing, but it wasn't very much. So in the back of my mind, I knew that nursing schools did some nursing, and fortunately for me, because the nursing grapevine is very, very tight, when people called Emily to find out if I would be sympathetic, she said absolutely.

**PC:** So people did call her.

**DM:** After I was appointed. Afterwards. Not before. They had really done their homework to find out what I was like. Well, you know Jan Heinrich if you met her, she probably knew what I ate for breakfast.

**PC:** [Laughs] Well, she didn't tell me that.

**DM:** Jan was great fun.

**PC:** Were you aware of the Institute of Medicine report from '83 that recommended the—

**DM:** Do you know, I wasn't?

**PC:** Okay. In fact, almost no one at NIH was aware of this until it got there.

**DM:** I think that's true.

**PC:** Including Wyngaarden.

**DM:** Oh sure.

**PC:** The legislation sort of caught him off guard?

**DM:** Yes, particularly since it had been vetoed before and they thought it would be vetoed again. Whoever dreamed they'd override it?

**PC:** I don't know. Nurses apparently.

**DM:** Nurses and Pursell, yes.

**PC:** What have I left out?

**DM:** Let me see. Let me look at these notes. Some time ago, somebody prevailed upon me to put down my professional thoughts. We got the appointment at the council—oh, and I can tell you this because it's not to my credit, I don't think. The only thing I didn't enjoy at all was testifying before the authorization and budget committees of the House and Senate on behalf of the NCNR. I had done it on behalf of the training programs, but I knew those training programs inside out. I was committed enough to nursing, but sort of unlike the training programs where I knew everything, literally, about nursing research I knew nothing, and I'm sure my voice sounded strained to me, and my own words sounded unconvincing when I asked what I thought nursing research would do for the country. But the results were fine, obviously. The NINCR budget was increased in spite of me, or in spite of that performance. And in due course, after the national advisory council met and a *real* nurse came in, things just bloomed. I must say I was very pleased with my performance as acting director, but I thought I did a lousy job testifying. In retrospect, I still do.

**PC:** Well, the proof's in the pudding?

**DM:** Yes, I guess. [Inaudible] do it anyway. Maybe it didn't matter who started the thing. I like to think it did.

**PC:** The national advisory council was something that emerged from ANA or from you or from Ada Sue?

**DM:** It emerged [inaudible] from my recommendations for appointments which came from the suggestions from the ANA and others, and advisory councils have a great deal of actual authority at the NIH because the director can't do anything without their consent. And when they're appointed, the members have to be—this is a political appointment, unlike the study sections which are academic. When you nominate for the advisory council, you have to have at least two nominations for each seat. There are normally twelve of them. And they had to be representative from regions of the country as well as the subject matter, and hopefully many of them are political types, so hopefully you try and get a political type who has some science background. It's a tightrope to walk, and without the help of the ANA—and in those days, I'm sure this may still be true, I don't know if they're still that kind of an appointment, but they had to be sort of of the right political party. So there were stringencies about finding somebody who could actually be useful to you, and at the same time be politically acceptable.

**PC:** So you could use the Division of Nursing's council the first year—

**DM:** Exactly.

**PC:** —and then by the second or third year—

**DM:** By the end of the first year, I had my own council. I chaired the first council meeting, and then Ada Sue picked it up after that, of course, as director.

**PC:** Okay. Did you have trouble? I remember, this is coming on the heels less than ten years after Carter got rid of all—he wanted to get rid of, remember advisory boards?

**DM:** No, I didn't have trouble in that because the advisory council and study section council, the dual review system is written into their legislation of the NIH.

**PC:** Well that makes it easier to keep.

**DM:** This was mandated by law. Before grants could be awarded they had to have a study section and council.

**PC:** Okay. Anything else we missed?

**DM:** You were asking about me earlier, and I have to tell you that in all of the things that I've been asked to do with my background in literature and philosophy, the last historical thing I was asked to do, it was funny to me, it turned out to be a marvelous year. My friends say I flunked retirement three times because I retired from the federal government, and I of course retired from the School of Medicine and volunteered, and then the third time while I was in my second retirement, they had a flap here at IUPUI,

the School of Engineering and Technology, and I was asked to serve as their acting dean for a year. So with my philosophy background and English literature, I became an interim dean in the School of Engineering and Technology.

**PC:** Another natural way—

**DM:** That's why I say I had a very checkered career. When I left that then, and I retired for the third time, the chancellor asked me back to establish the vice chancellorship for research and graduate education.

**PC:** I'm sorry. What was that, Doris? I didn't hear it.

**DM:** Vice chancellor for research and graduate education, and assistant vice president of IU. By that time, I was almost seventy-five and I said no, and he said, "Well, do it for six months," and eighteen months later I said, "I don't care if you have a replacement or not, I've had it."

**PC:** Sounds like IUPUI wouldn't have done as well without you.

**DM:** I like to think not, but a lot of people would disagree.

[Laughter]

**PC:** I need to get your home address so I can send you the release form today.

**DM:** It's 7722 Bay Shore Drive, B-A-Y, Shore is separate, Indianapolis, Indiana 46240. Now you got your degree from IU in [inaudible].

**PC:** Yes.

**DM:** In history.

**PC:** Yes.

**DM:** I wish more people would study history as I watch the world today.

**PC:** I enjoyed IU. It was a time when the department was very, very good, at least I believed it was. I grew up in Fort Wayne, though I had gone away to school and come back to Indiana. I taught for a couple of years at a military school up in northern Indiana.

**DM:** Not Culver?

**PC:** No, not Culver. Howe.

**DM:** Yes. I know Howe.

**PC:** The rival. The poor sister—poor son, I guess. Not sister, but poor son. Then went to IU and then left IU in ’68 and went to teach at Williams College for nine years.

**DM:** Oh, how pretty.

**PC:** Yes. Big difference. And then taught in Japan for a year as a Fulbright professor, and then came back here and did a book on Three Mile Island and haven’t left Washington.

**DM:** Well, you are as diverse as I.

**PC:** I write about things I don’t know anything about, like nursing, but it’s history so it makes it a little—but I’m learning a lot about nursing research, as you did.

**DM:** Yes. There’s a lot to learn.

**PC:** It’s fascinating. I have thoroughly enjoyed our conversation. I’m so glad we caught up with . . . .

**DM:** I am, too. If you’re ever this way, give me a call.

**PC:** I will indeed. I haven't been back to Indiana, either Bloomington or Indianapolis for ages.

**DM:** Indianapolis you won't believe. IUPUI, which started out in a slum, now covers almost two hundred acres, and it has over fourteen schools, I think, and divisions. And it's a beautiful urban campus. The downtown is totally revitalized.

**PC:** I've seen pictures of it. I guess the last time I was out there was for a convention, but I didn't go out to IUPUI, and now I understand there's a University of Indianapolis?

**DM:** Now there's a University of Indianapolis, too.

**PC:** And I think a former friend of mine from graduate school at Michigan was the president there, or at least he was. I don't know whether he still is. A guy named Jerry Israel?

**DM:** I think it's a former president.

**PC:** He's my age and he may be retired.

**DM:** Well, you don't sound retirement age.

**PC:** Well, I'll be sixty-eight this year.

**DM:** Good lord, I've got you beat a little but not all that much. Oh my. I'll tell you what I'll do. When you send me that stuff and I return it, I will send you the notes that I typed up years ago, fortunately, while I still had some memory, plus this interview, and you can use it as you see fit.

**PC:** Okay. I appreciate that very much. All this will go into the NIH history office.

**DM:** Will I see a copy of it before you submit it, at least the part that concerns me?

**PC:** Sure.

**DM:** I would appreciate that.

**PC:** As soon as I get it back, I will send you the transcript.

**DM:** Good lord, I don't need the transcript. Just what you're going to use. You'll give them the transcript, I take it?

**PC:** Yes. What I'll use will be—

**DM:** I assume you're writing some summary or something.

**PC:** I'm going to write a book, and this is part of the first chapter of that book which is legislation and the center, and then the next part will be Ada Sue.

**DM:** Fine. Well, if you will just send me the part of the chapter in the book in which I'm mentioned, that I would appreciate because if I take any issue with it, I'd like to be able to tell you I do.

**PC:** Before it becomes—I'll send it to you in draft. I understand.

**DM:** That's what I meant. I don't care about the transcript. Nobody's going to listen to it or read it anyway except you, I'll bet. By the time somebody else does, I'll be long dead, so okay.

**PC:** I will make a note to myself to send a copy of the draft to you.

**DM:** I would appreciate that. I really would.

**PC:** Okay. You're quite welcome. I have enjoyed it, and I do hope we have a chance to meet sometime.

**DM:** I hope we do. Fair enough.

**PC:** Thank you very much.

**DM:** You're so welcome.

**PC:** Goodbye.

[End of interview]