

**National Institute of Nursing Research
Oral History Project
Telephone Interview with Patricia Moritz
Conducted on March 13, 2008, by Philip Cantelon**

PC: I'm speaking with Patricia?

PM: Yes.

PC: Moritz, M-O-R-I-T-Z, on March 13, 2008. And may I have your permission to record the call?

PM: Yes.

PC: Thank you. What I would like, briefly, to start out is just a bit of background on your being at – in Washington in the early 80's and the development of the National Center for Nursing Research.

PM: At the time that it was – the legislation was going through, which was more than one year, and the Council for Nursing Research was organizing to enable a center or, preferably at that time, an institute at NIH, I was at the Health Resources and Services Administration as a nurse consultant, focused on the program that was developing graduate education program capacity in the U.S., and that was master's level nurse specialist and nurse practitioner and midwifery as well as other forms of advanced practice, and doctoral education, particularly but not exclusively doctoral education in

nursing to prepare research scientists. And at the same time, in the beginning of the 80's, I was in my own doctoral education, and I had completed my doctorate, a Ph.D. from the University of Maryland in 1986.

PC: And in that regard – so you'd come out and were in graduate school when the Institute of Medicine report came out?

PM: Well, there was more than one Institute of Medicine report, but the one most significant that called for an entity at NIH, and at the same time, I believe there was the Lewin Report and a couple others. I gave my historic documents to the Center for Nursing History. And so, unfortunately, I didn't have them here to check, but there were several reports on research that included the capacity building in all of the disciplines that prepared health research scientists. And there was, over several years, reports on NIH's not annual reports, but every-so-many year reports on NIH's funding of nurse scientists and research focused on nursing. And I was aware of those, but I wasn't involved in developing them.

PC: Would this be through the Division of Nursing, or through other specific –

PM: No. These reports, these reports were actually NIH reports to – I think to Congress.

PC: Giving what the individual institutes were doing –

PM: Were funding, correct. And that was because Congress was querying it because there was great interest in having an entity or – a freestanding entity, or you know, part of an existing institute. Because the, you know, the policy makers versus the nurse scientists who were working on this versus others had a whole lot of interest in different ways of how this may be accomplished if something was going to be accomplished. It was, you know, not by any means was everyone in favor of this who were outside of nursing.

PC: You mean outside or inside of nursing?

PM: There was great interest in an entity within nursing itself. But outside of nursing, there was a lot of concern, and it got voiced in a number of different ways. Does NIH need another institute? And at the same time, the original discussion of the nursing institute was going on, there was also an emphasis on possibly having other institutes, including the Arthritis and Metabolic Disease Institute and I think a third one, I can't remember at that point if the Human Genome Center had been set up. But there's a lot of different interest groups interested in increasing the organizational entities within NIH that would focus on various specific areas of science, nursing being one of them. And there were those who believed NIH didn't need any more institutes. There were those who thought that these various areas of science, including nursing, were already well-funded by NIH. And that's what resulted in these reports of what NIH was doing. The ones I remember were specifically focused on nursing.

PC: And the reports were put out in an attempt to –

PM: By NIH.

PC: Right, in an attempt to block?

PM: Nope. They were put out secondary to a congressional inquiry to explain what in nursing research they were funding.

PC: So in response to the Congressional inquiry.

PM: Correct.

PC: Okay. And who was lobbying most heavily on behalf of the nurses?

PM: It was several nursing organizations. One, the lead group was the Council of Nurse Researchers, but also the American Nurses Association, the American Association of Colleges of Nursing, and probably other nursing organizations like the National League for Nursing, and the American Organization of Nurse Executives. They're called as the Tri-Council, those four organizations, starting with the American Nurses Association, are called the Tri-Council, and that's because originally there were just three member – three member organizations. And when the fourth joined, they did not change their name because they were known as the Tri-Council.

PC: And what were the – what were the position of the traditional sources of nursing education, for example, in terms of the hospitals themselves and community colleges?

PM: I don't – I can't speak for the community colleges at all. Usually, their faculty are not involved in research, but the – like the AACN and others were interested in having a focused area of support, specific – specifically calling for nursing research and the support of training or educating nurse scientists. And I think that was pretty universal. In the nursing literature, there was articles at the time asking questions about, you know, how important it could be and what – and whether or not another entity was actually needed. And I was personally part of the group that thought that having something that was very focused – having a focused program, having a – let me get my grammar correct. Having a focused program of nursing research with specific funding, I believed at the time and I still believe and it's borne out, that there would be more growth in the funding for nursing education – I'm sorry, nursing research. The nursing research program did not just start magically the day the NCNR was authorized and appropriated. There was already a program of nursing research. It was part of the Division of Nursing. It was a branch at the Division of Nursing. It was one of several entities within the division, and it was a piece of their budget.

But it had had limited growth for quite a while. And I – there was a lot of wisdom at the time that said if there was a focused program in nursing research, and if it was at NIH, the funding would increase. And that – there were many of us who felt strongly that there

was a lot of solid nursing research to fund. And that is exactly what has happened over the years.

PC: I get a little confused. The Division of Nursing itself was part of what?

PM: The Health Resources and Services Administration.

PC: Which was part of HHS?

PM: It was part of – let me go from HHS down.

PC: Okay.

PM: It was HHS, Health Services – Health Resources and Services Administration, commonly called HRSA, H-R-S-A. Within that was the Bureau of Health Professions. Within that were divisions, one of which was the Division of Nursing. There was a Division of Medicine and so on.

PC: Okay.

PM: And I don't know what the divisions are now because, you know, they've merged and been changed in various ways over the years.

PC: And this had nothing to do with the public health or the Public Health Service or anything, this was just a –

PM: The Public Health Service was the Public Health Service of Health and Human Services.

PC: Right.

PM: And the U.S. Public Health Service, many of the leaders and professional staff of the Health Resources Administration, and other entities, like CDC and all, were officers of the Commission Corps.

PC: Okay, all right.

PM: In fact, at the earlier time in the late 70's or so, maybe 1980, when the first effort to try and do something at Nursing Research, Jessie Scott was the director of the Division of Nursing, and she was a two star admiral in the Commission Corps of the U.S. Public Health Service.

PC: And was she for it or not?

PM: I guess you need to ask her. There was a lot of reason in those early days to doubt that it could be successful if separated out from HRSA. But HRSA became – I mean not HRSA, but the Bureau of Health Professions became much more focused because of

legislative changes and other reasons, much more focused on education and supporting the capacity of the health profession's education than it was actually focused on research. And probably the Division of Nursing may have been the only one that actually had or was a division with also a program of research. Because the other research was already being done at NIH. There is a dental institute, and there was very many other institutes that focused on various diseases and health problems that supported research done by physicians and others.

PC: One of the interesting aspects of this is there are but two, I believe, institutes at NIH which carry the research in their name –

PM: Right.

PC: Nursing and dental.

PM: That's correct.

PC: Why is that?

PM: I think that's because – well, let's start with the Dental Institute. And I had absolutely nothing to do with the initiation or knowledge of the initiation of the Dental Institute, but at the time it was set up, it was focused on research that only dentists did, you know, putting metals in the human body. And they had been doing it a lot longer than we've

had hip replacements and those types of things. And how to prevent dental carries. You know, that work was supported – you know dental carries are cavities –

PC: Uh-huh.

PM: Fluoride research was supported by NIH, from what I've been told. And so there was a lot of reasons why it should be focused on teeth. But, you know, I don't think we would ever have an Institute of Gum and Teeth. I mean be realistic. What is the name for that? Now they have –

PC: Gerontology.

PM: Right. Well, that is a big problem with elders, particularly those that are in long-term care, but think about it for a minute. There wasn't an alternative name for dentistry. Now I think they refer to it as oral cranial something health. And they deal with everything from the neck up, if you will, but not the brain. That's the neuroscience. So, you know, the parts – they're really focused on the parts of the body.

PC: The reason I wondered is because what I've – there's been in an undercurrent in the people I've spoken with that both dental and nursing research were sort of stepchildren to the microbiologists at NIH.

PM: The basic sciences.

PC: Basic science. Yes.

PM: That's a better way of putting it because microbiology is just one subfield.

PC: Yeah. But the basic science, yes. Thank you.

PM: I think, historically, that was true. And that's why, in the early days, NIH, when they began to do those reports on nursing research, were hard pressed to identify research in this area. Is it research done on areas of concern to the discipline of nurses, nursing, or is it research done by nurses? And our point of view was that it was not exclusively nurse – research done by nurses, but that it was research conducted in the area, focus and purview of nursing. You know, the amelioration of some of the symptomatology that occurs with disease, nurses are the ones that deal with it, like nausea and vomiting after chemotherapy. And there's been a lot of work. Pain management, for example. There's a number of areas that are principally the focus of both nursing practice as well as the purview of nurses, and they're the principal health professions that manage it. Not the exclusive one. It's very hard today for any health profession to focus absolutely 100 percent exclusive of anybody else. We all do a lot of inter-professional work. And depending upon what the issue is that you're focusing on or the activity, it may be more or less independent.

PC: So I'm trying to sort of recreate an atmosphere here of what it was like 25 years ago when all this was going around. I understand that when the Institute of Medicine was doing its report, while nursing research came out as one of the recommendations, it was really looking at the shortage of nurses at the time, and how to respond to that as well.

PM: There was some of that. In fact, some of the early directives to the institute – I'm sorry, the center –

PC: Yeah.

PM: Initially the center, then the institute – was to focus our call or, if you will, our funding on projects that would help to solve parts of the nursing shortage. Not manpower, you know, because that was the purview of the Division of Nursing, but what are factors and all that should be considered in understanding why there's a shortage of nurses. And I – I was recruited by Doris Merit as they were – the NIH was making a decision on the first permanent director, who was Ada Sue Henshaw, and I was recruited to the center and NIH to focus on initiating one of the three branches. It was the nursing assistance branch. And it was that branch that would do several things, but in the early stages, it would focus on the health services research, and the health systems aspects that could look at some of the issues related to work force.

PC: Okay.

PM: And we put out a report – I can't remember what we called it. I'm going to have to see if I can find a copy, but we brought in a group of experts, interdisciplinary experts and nurses, to look at the shortage and the issues, to try and understand what was going on in the practice environment, what was going on in the education environment to prepare nurses for practice. And where was the research? What did we know? And out of that came a framework for our first initiative to actually fund research.

PC: Is this the first five-year plan, or was that part of it?

PM: No, no. This was a State of the Science report. Hold on a minute. I've got a cupboard here. Let me see if I can see it. I found it. It's good that I remembered it was gray. It was called State of the Science Invitational Conference, so it's a report of the State of the Science on Nursing Resources and the Delivery of Patient Care.

PC: Okay.

PM: And it –

PC: The date on that is what?

PM: The date on it is February 18, 19, 1988.

PC: Okay. So you – that was – well, the first year of Ada Sue being there.

PM: Yes.

PC: And you say Doris Merit recruited you?

PM: Yes.

PC: From where?

PM: From the Division of Nursing at HRSA. See, I'm a health service researcher. I'm a nurse, obviously. But within the areas of nursing, I do health services and outcomes research. And I had just funded a study of – this is a term, inter-organizational relationships and hospital system. You know, hospitals run as businesses where there's more than one hospital. And part of that, my background and my knowledge in health services was why she and Ada Sue who, as we talked before I joined the institute, was going to be the first director – had been announced as the first director.

PC: Why did – or what was the reaction when Doris Merit was appointed the first acting – yeah, acting director of the center?

PM: Well I think there was the informed reaction, and what I will call the uninformed reaction. The reality was there was no one in place who was a scientist ready to take over the NCNR right away the day it became real. And so NIH put Doris Merit in place as the

first director to give it stature within NIH, to help those who will be coming in to set up and to bring the center to its full potential, you know, the early staff and leaders of it, and to help them to be involved with the NIH, and to understand the NIH mores and processes. And the realities of being in a federal agency, it's a house of science that's also a federal agency. And it has different requirements than those of us who came from backgrounds in universities and elsewhere. And she brought, I think – brought an internal and external credibility that was very crucial at the beginning of – I'm sorry, I keep saying institute, the center. You know, I think about if 10 new people came to set up the new center and none of them came from NIH, and you wouldn't even know who to call.

PC: Right.

PM: And in this case, she knew it all. And it wasn't the only center that was set up that way. The National Genome Center's initial first director was also someone from within NIH.

PC: And why was Doris selected?

PM: That part I can't tell you. I really don't know that, and I don't even know hearsay about it. I'm assuming she was a leader at NIH, and someone willing and interested in doing it.

PC: She was from Indiana.

PM: Uh-huh.

PC: And so was Secretary Bowen.

PM: That's true.

PC: Ever hear that they worked together?

PM: If I did, I don't remember. It's been too long.

PC: Okay.

PM: That would be a good question for **Jan Heinrich**, though, if you haven't spoken to her yet.

PC: Okay, good.

PM: Because she knew all the political side.

PC: From – is that the ANA side?

PM: Yes.

PC: Yeah.

PM: But she was very involved in helping to get it set up, and she was the first deputy director after Ada Sue came.

PC: Right. Did Merit have an assistant?

PM: Not that I remember.

PC: Okay. So she was on her own. And then it was – part of the job was to give credibility, and part of the job was to find –

PM: To get it set up and functioning within the NIH. I mean NIH –

PC: — and find someone then?

PM: I'm sorry?

PC: Go ahead. I'll come back to that.

PM: What I was going to say is NIH has, then and now, has very longstanding deeply rooted processes. And so a newly-formed center or institute isn't going to set up its own grant call processes and rules and all that kind of stuff. So it all had to function from within the way it was set up within NIH with the content of the science and the focus of the science being unique to the center itself.

PC: One of the other things she did is to encourage work with other institutes. That is from what I read, where nursing research could touch on other institutes. She would form alliances or – is that – do you recall that?

PM: Say that again. I heard you, but I didn't get a clear picture.

PC: Okay. Well, what I understand is that one of the things she attempted to do was to form research alliances or some arrangement with the other institutes.

PM: I think I understand what you're saying. We did collaborative work.

PC: All right.

PM: And, in fact, I did some with the Human Genome Institute in the area of clinical genetics with the ELSI program. That's the Ethical Legal and Social Implications program of what was then the National Genome Institute. And Doris understood that science is a collaboration. And we were able to leverage our funding by working with other – the amount of – by funding, I meant the amount of money we had to fund research, by working with other institutes that might have companion-type interest in an area of science. Let's use pain as an example. There's been a many-year set of initiatives around pain and understanding pain, diagnosing pain, assessing pain and managing pain. And the – working together across the institutes, we were able to get a broader focus on the

research, and to get more depth, and also to fund more projects in this area called pain. I'm using that only as an example, because there were a number of different areas we worked in in the early stages. But you're right. She did understand the importance of doing that and how to do it at NIH.

PC: And in so doing that, would it also alert the other institutes for the kind of work that NINR would – or the center, I should say. I'm falling into the same thing.

PM: Right, we're falling – yeah, you're right. It would have helped them to understand who we were. But it also helped us to make links with others that we may or may not have found on our own.

PC: And was that also a way to overcome some of the basic science attitude toward the new center?

PM: Well, part of the basic science interest at NIH in general was very much on new discoveries, and there was much less interest on what we call – not just we in nursing, but clinical researchers call clinical research. And that got less interest. So – and we, the nursing institute at the time was very focused on clinical research. It has expanded into both some of the basic science areas that relate to nursing in the last decade or more. But at the time, the emphasis of the nursing institute was very much focused on clinical research, as opposed to the basic, more basic component of research that leads to clinical

research in the other institutes. NINR is there now. They fund both basic work as well as clinical work, and they also fund translational research, which –

PC: I'm sorry –

PM: Translational research?

PC: Yeah.

PM: Bridges research finding into direct clinical practice.

PC: Ah, okay.

PM: And then studies it in clinical practice.

PC: Okay. And you stayed with the center –

PM: And the institute.

PC: — and through the institute.

PM: I left in July of 1996.

PC: Okay. And was the transfer to Ada Sue from Doris Merit an easy one?

PM: It was seamless.

PC: Seamless.

PM: Doris Merit had set the foundation, and Ada Sue came in and providing nursing research direction.

PC: And how did they arrive on her selection?

PM: Don't know that. I know there were people nominated, and there was a search committee and review process, and there was – I believe there was more than one finalist, or at least there was more than one name discussed as possible institute directors in the latter stage.

PC: And in the end, that selection is made by whom?

PM: I believe it was the NIH director.

PC: Director.

PM: And I'm sure that under statute or what have you, or regulations or policy, that is the way it happened. Whether there was any additional influences or not, I don't know, beyond

the search committee. I mean it is a federal organization so that there is a number of people who weigh in on what they think should occur in a number of different ways.

PC: And the same was true, I expect, for the center. My understanding is that Weingarten was not a proponent of the center.

PM: I believe that to be true. And he – well, I don't want to put words in his mouth. There were a number of scientists that were skeptical that nurses could actually do research. And I think it's been proven that that was a question whose answer was yes. Without question, they can conduct research. Very effectively.

PC: Well, would he – but the politics of the day, that is Madigan?

PM: Yes.

PC: Who, and –

PM: And Purcell.

PC: And Purcell.

PM: Right.

PC: Would have been more important to listen to them in terms of where the funding was going and the like.

PM: Uh-huh.

PC: Was there ever a threat that there wouldn't be funding unless this got going?

PM: I don't know that.

PC: And the – you mentioned the – I'm going to switch a little bit here. You mentioned the Tri-Council.

PM: Uh-huh.

PC: And was that tied in with Madigan as well?

PM: I would assume. They were very astute, and they were working both with – I'll call them legislators for want of a better word at the moment, on Capitol Hill –

PC: Uh-huh.

PM: Both the House and the Senate, they were working with their staff and others on the outside. So I believe that they were very influential in making sure it happened.

PC: Was there a particular angel from the outside like some of the institutes had?

PM: I think Purcell and Madigan.

PC: Okay, they were, of course, in Congress, but –

PM: Oh.

PC: You know, some of the institutes had – I've forgotten what the woman's name was, but she always seemed to pop up when – maybe at the National Cancer Institute, pushing for this and that. And I just wondered if there was anyone outside of the nursing community –

PM: Right. I understand exactly what you mean, and I am searching my memory, and there could be, but I don't remember.

PC: Okay.

PM: But that would be a good question for Ada Sue.

PC: All right.

PM: And also for Jan.

PC: Okay. I'm going to talk to Jan – I've talked to her once, and talk to her again next week.
The meeting that you held in February of 1988, there was – I have some notes –

PM: This was around the shortage issue that Congress wanted us to deal with at the center.

PC: A-ha. I have that there was also a meeting, a three-day meeting held in '88 to work on the development of a national –

PM: Nursing research agenda.

PC: Yeah, agenda. Yeah.

PM: That did happen.

PC: Were you involved with that?

PM: I didn't lead it, unfortunately. Doris Block and Ada Sue led it. Doris Block had died about a year or two ago.

PC: Okay.

PM: But she did lead that, and we had two of those meetings at different times, maybe five plus years apart.

PC: That's correct.

PM: And as a result of the first one, a number of areas of science were described as being important, and then were prioritized. And the highest priority ones, meaning in my memory, that there were sufficient initial development in the area, that the area of science could bear fruit if it was a priority area with initiatives focused on it, that it was important to nursing, and that there were nurse scientists and others involved in the area who could initiate the actual research. And some of the early areas were in – oh, health promotion for children and adolescents, symptom management of acute pain. There was one on nursing informatics. I'm sort of blocking on – I think there was five or six priority areas. They're the only ones I'm remembering. I think there was one on long-term care of elders. And there was one on HIV, and there could be others.

PC: Okay.

PM: And then there was the second conference, and they reviewed what had been done and made recommendations for more priority areas, and I can't quite recall details of that.

PC: Was there a change in the – I look – I'm not sure how I'm going to phrase this, but as I look over the pattern of what's occurring between, let's say, 1981, and this obviously

occurred before in the nursing professional groups, but when it comes to the surface in 1981 with the Institute of Medicine's Committee to look at this, that Congress wanted to have, and that report comes out in 1983. And by the time we get to certainly setting the first agenda, it seems like the players have switched from largely those involved in nursing education, because the people on that committee were – that is the IOM committee, were often involved in university hospitals in education, and we get – now we're getting people out of that community who are actually at NIH, and I don't know how much of a shift they are. I expect the – what do they – still call them health centers?

PM: Where, at NIH?

PC: No, no. The universities that are getting grants.

PM: Oh, health science centers.

PC: Health science centers. Thank you.

PM: That's where we have a hospital, school of medicine, school of nursing, etcetera.

PC: Right.

PM: Right.

PC: And do they play a larger part in the – oh, I think there were some community college people and hospital people on that first board, and they seem to disappear now.

PM: I think there was emphasis in the early days of having all nursing, all types of nursing, all levels of nursing represented. And as nursing research moved forward, it became clearer and clearer that the representation had to come from scientists themselves, and from the places where science was carried out. The universities of the nation, the health science centers of the nation. And, you know, the reality is scientists are involved in universities, and universities are involved in education. But it's the extent to which you have both research and education, particularly education of graduate students. That is the hallmark of a university that has strong science. And so, what you've seen change over the years is away from an attempt to try and represent everybody to having the principle players there who are actually involved in research.

PC: And what – when the re-designation began in 1992 and completed in '93, what were the, what were the reasons that that was occurring by then, after seven years?

PM: The reasons the advisory council was –

PC: No, the re – I'm sorry. The re-designation from the center to an institute.

PM: Why did that happen?

PC: Yeah. What was the push?

PM: The push was an opportunity. The intent always was that the center would be an institute. In fact, the original legislation went through and was vetoed, and it called for an institute of nursing. After the veto, there was a one-word change in the bill that was submitted or resubmitted the following year, and the word center was substituted for institute. So all the parts of what one would normally have in an institute, both organizationally and substantively from a research and research training perspective were in the legislation. It was called, however, a center rather than an institute. So when the opportunity came, and a discussion with Ada Sue Henshaw, Bernadette Healy and Secretary – who was the secretary at the time?

PC: Sullivan?

PM: Could have been. I'm totally blocking. I was actually present in the room when it happened. The question came up 'When can the center become an institute'? And the response was, and I'm paraphrasing because I can't remember the direct quotes, but Ada Sue will remember the direct quotes because she was standing right there, was 'Let's look into it,' or 'It's about time,' or something like that. And it became – it was multi-stepped. One step was, administratively, the institute was changed – I mean, sorry, the center was changed to an institute within the NIH. And then legislation, authorizing legislation was introduced to make that one word change from center to institute. That's what happened. That's how it happened.

PC: Seems pretty simple after all that.

PM: Right. And the nursing center had achieved so much, and it was so obviously a player at NIH and science that I think there was no question that it should happen. And the NIH at the time, director at the time, was behind it.

PC: So had anything happened in the intervening year when they changed it – and I know when Regan vetoed it, he –

PM: That was way back in the 80's, not the 90's.

PC: Yes. No, that's correct. That's correct. In fact, he vetoed it twice. He vetoed it after the center got in too, and was passed over his veto, as I recall.

PM: Right, right. It was an override.

PC: Yeah. But they were able to get enough votes that next year to do that, that's the late '85, I suspect.

PM: '86.

PC: '86?

PM: Uh-huh.

PC: Was formed in June of '86?

PM: I think so.

PC: And –

PM: Either that or it was June in '85, and it actually became an entity in April of '86. I can't tell you which is correct.

PC: Okay. '86, it became an entity.

PM: Right. That part I know.

PC: Yeah.

PM: Right.

PC: And Merit was there until '87 –

PM: Uh-huh.

PC: — when Ada Sue came in. Is there anything in these – I've missed in this early period that is important that I should – we should talk about and deal with?

PM: No, I think the reality is it became an organized effort within nursing, the whole profession of nursing, to get this done, because it was really important to continue to build nursing science. And I think, generally speaking, all nurses who were involved in understanding actually understood what needed to be done.

PC: Did the nurses ever give Doris Merit an award?

PM: Yes.

PC: Was that the ANA or –

PM: I think it was the American Academy of Nursing gave her an award. And the ANA might have too.

PC: She never became a fellow, though, I take it.

PM: No, because they didn't have honorary fellows in the early stage, but they do now. She was someone who could very much have been an honorary fellow.

PC: Do you keep contact with Jessie Scott?

PM: A little bit. Jessie Scott is, obviously, still alive.

PC: Yeah.

PM: And she still lives in her home in Annandale. She –

PC: In Annandale?

PM: I'm sorry, Virginia. I thought it was Annandale, but it's McLean.

PC: Oh, okay.

PM: In Northern Virginia, without question.

PC: You wouldn't have a phone number for her by any chance?

PM: I might, but at home.

PC: Okay. Well, that's interesting because NINR thought she was still in Philadelphia, so –

PM: Philadelphia?

PC: Yeah.

PM: No, she's never been in Philadelphia.

PC: Why would they give me a Philadelphia phone number?

PM: I wonder who they were – who were they thinking of?

PC: Well, Jessie Scott, to be honest with you.

PM: Who could – no, I'm just trying to figure out who they were thinking – you sure it was Jessie?

PC: Positive.

PM: Well, she lived in Northern Virginia when she headed up the Division of Nursing, and she retired there.

PC: Well, it has her – the only contact they had was through the – she's on the Nursing Science Board of Overseers at Penn.

PM: Oh, she might very well be.

PC: Yeah, but she's in – well, McLean, I can look that up. That's easy.

PM: Right.

PC: That's wonderful, thank you. Well, I'd like to – you mentioned the Center for Nursing – or the Archives for Nursing History.

PM: Right.

PC: And I've run across that, and that's at –

PM: That's at Penn.

PC: Penn. At Penn. Okay. And you say you gave all your records to them.

PM: I did.

PC: Okay. And I'll go up there and take a look at that collection.

PM: You want to call them ahead of time.

PC: Okay.

PM: It's the Barbara Bates Center. And – hold on. Karen Buhler Wilkerson. Hold on, I think she's in the academy. She's the director.

PC: Okay.

PM: Must be under B. L won't help.

PC: You do the same thing I do.

PM: Yeah. These pages are glued together. I wonder if it's B-R. Hold on while I – I'm in the B's. I'm searching.

PC: Well, I can get it.

PM: The question is, I must be spelling her name wrong.

PC: Is it Wilkinson?

PM: Wilkerson –

PC: Wilkinson or Wilkerson?

PM: Wilkerson. Let me try the W's in case she's back there. I'm in the Academy directory.

Well, maybe she's not a member.

PC: Well, I will check it out, and I will fax you the release form –

PM: Oh, here she is.

PC: Oh, okay.

PM: It's B-U-H-L-E-R.

PC: Okay.

PM: Hyphen, Wilkerson.

PC: Okay, got it. 215 something?

PM: There's no phone number here.

PC: E-mail?

PM: That's not here either. I wonder if she retired. She's still listed as director. I just got something from them not too long ago. All right, wait a minute. Let me look up Linda

Akins, not that you'd call Linda, but it's usually – they have one exchange, at least they used to. 215-898-9759.

PC: Okay. And that's at the Bates Center?

PM: That's at – no, that's at Penn.

PC: At Penn.

PM: And all you need to do is say that you're trying to reach Karen.

PC: Okay.

PM: If I can find the letter, if I still have it, that I got from them, I will be able to call you and give you some more specific contact information.

PC: Terrific. Let me give you my number.

PM: I think I got it.

PC: Oh, okay.

PM: Is it – hold on, I don't have my computer glasses on. Is it 301-279-9697?

PC: That's correct.

PM: Okay.

PC: I appreciate very much, and I'd also like to take the opportunity to ask if I might call back as I get it in writing and have probably some –

PM: Questions? Sure.

PC: — other additional questions.

PM: Sure. I'm happy to talk with you.

PC: Thanks very much.

PM: You're welcome.

PC: And I'll fax that off to you this afternoon.

PM: Great. I wish you well.

PC: Thank you very much.

PM: You're welcome.

PC: Bye-bye.

PM: Bye-bye.

[End of Interview]