Arizona State University

College of Nursing
Tempe, Arizona 85287

ORAL HISTORY PROJECT

INTERVIEW AGREEMENT*

The purpose of the contributions of Cadet Nurses Project is to gather and preserve historical information by means of the tape-recorded interview. Tape recordings and transcripts resulting from such interviews will become part of the University Archives, Arizona State University as The Joyce Finch Collection. This material will be available for historical and other academic research by scholars, students and members of the family of the interviewee, regulated according to the restrictions placed on its use by the interviewee. Arizona State University, College of Nursing is assigned rights, title, and interest to the interviews unless otherwise specified below.

I have read the above and voluntarily offer the information contained in these oral history research interviews. In view of the scholarly value of this research material, I hereby permit Arizona State University, College of Nursing to retain it, with any restrictions named below placed on its use.

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Joan S. Douglas
Interviewee (signature)

05/19/97
Date

JOAN S. DOUGLAS
Name of Interviewee

*Modified from: Charlton, T. L. (1981). Oral History for Texans. Austin: Texas Historical Commission. p. 64.

This is Joyce A. Finch, Ph.D. Today is May 19, 1987. I'm interviewing for the first time Ms. Joan Douglas. This interview is taking place at her home at 1619 East Logan, Tempe, Arizona.

This interview is sponsored by the Arizona State University College of Nursing and the Arts, Social Sciences, and Humanities Council. It is part of the Contributions of Cadet Nurses Project.

JF Now, what I usually do is to just go through the laundry list that I sent you.

JD Okay.

JF So, we'll begin with your nursing education. What year did you graduate?

JD 1945, and my school of nursing was -- do you want me to do it?

JF Sure, go ahead.

JD Stanford University School of Nursing.

JF Now that's in Connecticut?

JD No, Stanford University School of Nursing is in Palo Alto. But at that time the Medical School and School of Nursing were in San Francisco -- they have since rebuilt down in Palo Alto. They no longer have a School of Nursing, but we have a nursing organization of Stanford graduates and we gather there. One day we hope to have a Graduate School of Nursing -- we're working on it.

JF Okay, so this was a university program?

JD Yes.

JF Did you get a degree?

JD Yes.

JF But the hospital was in San Francisco?

JD Yes, it was a five-year program.

JF It was?

JD But I'd had two and a half years of pre-med. before I went into nursing.

JF So you'd had a good background for the sciences and everything.

JD Yes.

JF Okay, and how large was the hospital?

JD About 200 beds -- private and public beds, it was a combination.

JF Now, if you graduated in 1945 you were not in the Cadet Corps for the entire period.

JD Oh no, I think I was there about a year or less -- maybe nine months.

JF Okay. Do you remember about how large your class was?

JD About sixty.

JF About sixty. And do you remember when you graduated about how large your class was?

JD Well, I think it kept pretty well together. There weren't more than three lost and I think it was more like two.

JF Okay, now since you did get a degree then you had, I am assuming, college classes for part of your nursing. And that was through Stanford?

JD Stanford, and I took one summer course. I had to take a couple of courses to have enough social studies to get into Stanford, so I took a summer course at the University of California at Berkley.

JF Did you have any hospital affiliations away from your home hospital?

JD Yes, we had just one and that was in communicable disease -- prevention, control and care and all that kind of thing. It was at Highland Alameda County Hospital in Oakland.

JF Now, it was a bit unusual for nurses to go into a university school in the 40's. How did you happen to go to Stanford as opposed to some of the hospital schools?

JD Well, I think my family was interested that I receive a college education, and my family doctor and his nurse helped me to look around. This family physician, his nurse was a graduate of Stanford. So that was one of the ones I looked at. I chose it because it was small and it wasn't such a large institution like University of California School of Nursing would have been.

JF The first groups of Cadet Nurses enrolled in 1943, late in 1943. Does that seem about right for you?

JD I think I must have gotten in there about 1944. I'm sure it was a year or less that I was in it.

JF How did you happen to make that decision to go into the Cadet Corps?

JD Well, the Dean of the School of Nursing was Minnie Poe, and Minnie Poe was a friend of Lucille Leone Petrie or Petrie Leone, whichever way it was.

JF Petrie Leone.

JD Petrie Leone -- I remember her. She was small and Minnie Poe was a big, rawboned lady. In our senior year the funds became available to Stanford and they offered them to us. We had certain opportunities and so I thought well, this would help me and my family. So I went ahead and did that.

JF But it sounds like the Dean, the Director of the Program, was very supportive to the Cadet Corps.

JD Oh, yes. In fact, I guess about a couple of years after I graduated she was back -- I think she worked in the Nursing Division. I don't know if it was the Nursing Division of the U.S. Public Health Service then, but she went back and joined Mrs. Leone and worked for the Federal Government.

JF Okay. One of the features of the Cadet Corps ... Well, before I get into that let me ask one other question. Some of the former Cadet Nurses have said that when they went into the Cadet Corps they had a kind of formal swearing-in ceremony, like "I swear to uphold the honor", that kind of thing. Did you do anything like that when you first joined?

JD You know, I can't recall ever doing that. I remember receiving uniforms. They were gray I remember.

JF Well, it seems quite variable. I'm not sure what made the difference, but quite a few people have said that they just signed their name on a piece of paper and that was it.

JD I don't recall any special ceremony.

JF Okay, then one of the features of the Cadet Corps was the final six months of the experience. The Bill did read that people could go away from their home school depending on need -- some military bases or VA or Public Health Department. Did you do anything like that?

JD Oh yes, I did.

JF What did you do?

JD I was a pioneer. My roommate, a classmate of mine at Stanford, and I chose to go with I believe it was the Bureau

of Indian Affairs at that time. They were really hard pressed for nurses and we always wanted to pioneer in the wide open spaces. So, we chose that and were accepted. They were desperate for nurses because most of their staff had gone into the armed services. So, I came to Fort Defiance, Arizona at Window Rock, and that was my first experience away from Stanford. It was an experience you couldn't buy any place in the world, outside of India.

JF What was it like, your experience at Window Rock?

JD Well I tell you, there were maybe a dozen Cadet Corps nurses there from all over the country. It was a brand new hospital at Fort Defiance at that time. I remember it was made of stone and it was two or three stories and very remote. Our nearest big city was Gallup, New Mexico, and I think it must have been about a 100-bed hospital. It had out-patient clinics. They called them Dispensaries. And Medical, Surgical and OB. They had Communicable Disease; you know, everybody had TB, of the Native Americans who came there as patients. I think outstanding in my memory was the fact that most of the things we saw didn't need to happen. And right then and there, I was very sure I wanted to go into public health. Both my classmate, or roommate, and I saw things that we knew didn't need to happen. For instance, we would have children born at the hospital -- not many of them were -- but those that were would go home. They were breastfed and they would be beautiful babies. As soon as they were weaned, which was two years of age, as soon as they were weaned, I would say that over 50% of them came back to die of infantile staph. diarrhea. We had wards of little kittens mewing, as I called it. They were dying, no matter what we did. And naturally, it was the sanitation and all this kind of thing because this was Navajo. And though we saw other tribes at the hospital, Utes and Zunis, so on -- the Navajo's were the predominant and their economic conditions were tragic. They were very poor, the sheep they had overgrazed and things were really bad for the people. But after we became acquainted with them there were many things that we shared and we enjoyed each other. We learned about another culture. At first it was culture shock, professional culture shock, but we learned a lot. One of the other things that I saw was, for instance, a little child who came in [who] was 17 months old and he had GI TB. It was nothing at all to see huge TB abscesses. We did a lot of surgery for bone tuberculosis. Everyone that came to the hospital had an X-ray and without fail, we always saw some tuberculosis. So there was TB, the little ones were coming back in to die of infantile staph. diarrhea. Then we would have outbreaks of diphtheria in adults as well as children. The Navajo, many of them, would have a sing because this is what they knew how to do -- they didn't know what else to do. By the time they would get to the hospital or somebody found them they would be almost dead. So, we had about seven cases -- three adults and

about four children -- and we weren't making any difference because they were too far gone when we received them. But one night, I have to tell this story. Do you mind if I tell this story?

JF Sure, go ahead.

JD We had a little boy brought in by the name of Bonnie Navajo, and he was five years old. I remember the doctor we had was a young physician from the University of California. His name was Doctor Neal, I never forgot him -- a wonderful person. He'd called on the telephone and he said, "We're admitting this boy and I'll be right over." He said, "Please give him so many units of toxin/antitoxin." That's what we had to do then -- remember this was about '45. And so I remember seeing this little boy and for just a brief fleeting moment he had been sung over and he was pine tar and ashes, he was just covered. I didn't know whether to give him a bath or give him the toxin/antitoxin. I remember thinking, "My gosh, what am I going to do?" But I came to and we gave the toxin/antitoxin, put him to bed and the doctor came. I was on duty that night and we had a trach. set by him and Doctor Neal was called away. I was watching this little boy very carefully and I had a couple of Aides with me. He just began to go sour -- he was getting purple around the mouth and he was struggling. So the doctor had told me, "Let me know, I'll be at so and so, but I may not get back in time." So he had instructed me about the trach. and so we put in a call for the doctor who was then thirty miles away and the orders were go ahead and get a clamp in there -- make the cut and put a clamp in and keep him breathing. So I did and what a terrible night. But, that was the first one we saved in that whole group. And see, that didn't need to happen. We had typhoid, lots of typhoid. We had lots of gonorrhea and syphilis. Another tragedy was the fact that women received very little prenatal care, if any, and we would have diabetic women that most always would lose the baby. And you only have to experience that once to remember how important the prenatal care is. We had abundant alcoholism. When I left I could no longer stand the smell of lemon or vanilla extract. You see, they didn't sell alcohol to the Indians. So what they did was drink the lemon and vanilla extract, little things like that. And burns -- the little children had so many burns because of the outside fires and little children catching on fire stepping in the coals. We had a lot of surgery to repair burns -- just tragic things. So all of this, you see, didn't need to happen. I could tell a lot of tales.

JF Sure, but you saw a lot in six months.

JD Oh hey, I was in charge. It was a good thing -- I knew what to do because I was a five-year person, I had had every kind

of experience at Stanford. I'd been Charge Nurse, I'd been Night Supervisor, I knew how to do the report. I was a great Surgical Nurse at that time and I can remember setting up for surgeries there at the hospital in Window Rock at Fort Defiance and doing all those things. But I knew how to do it because I'd done more than I ever needed to do as a student. During the War we had to do many things.

JF Well, I'm just thinking then on the basis of what you're saying that you didn't have any additional classes for this experience. How were you supervised?

JD Well, by Doctor Neal. We had continuing education. We would bring questions and we would request certain continuing education, we did a lot of the lab work, we did the X-rays. So he was always updating us and when we'd have typhoid and diphtheria we'd sit around and have a conference with him. He was really excellent. That sort of thing.

JF But it does sound as if when they got you they put you right to work.

JD Oh listen, my first morning I went on duty I looked at my rand and I had thirty patients. Now, I came from Stanford and thirty patients meant heavy work. We probably never had more than eight, and a couple of them were heavy and the others, you know ... I looked at that rand and didn't know my patients, and I thought, "My goodness!" I said something to the Charge Nurse, I said, "My goodness, I have to get acquainted with my patients." She laughed, she said, "Well, Joan you have thirty patients but you'll find that this is not really that bad. They get out of bed, for the most part all of them will get up and make their beds. They help each other, they wash each other's hair -- they just do a lot of things. What you do is the treatments and the medications and check everybody and etc." So I had thirty patients and she was right.

JF It kind of makes me think about the stories that we used to hear about Albert Sweitzer's Hospital, where the families would come in with the patients from the villages and they would cook the patient's meal and help them with their personal care. So the doctors and the nurses did treatments and medications and diagnostic kinds of things.

JD Yes, that's true. The families came and all they had were horses, poor horses and rickety wagons. They would come to the compound if they heard that the patient lived, because see, many times we would have little children there for a year or more -- they'd been in the hospital for two years because the families thought they had died. They left them there, and then the word would get out to them. Finally the families would come -- they would camp in the compound and then eventually they would take the child and go. You always counted patients after some wagons had come, because

in the morning you were missing patients. I don't care how closely you counted and supervised.

JF That's a different kind of way of handling the census.

JD Oh, I used to think "My goodness."

JF Let me clarify something, you said that you looked at the rand?

JD Yes.

JF What was that?

JD Oh, well it was something I was used to because we'd used it at Stanford. There patients were all on a rand, there'd be Jones and Smith, on down. You could see the bed number, the name, the age or the room number. You'd open it up and you'd see the orders and you'd see any special treatments. So it was kind of a handy, quick, jim-dandy way of checking your patient list.

JF So it was sort of like a Kardex in a way?

JD Oh, I suppose that's what you might call it now. We called it the rand, we checked the rand.

JF R-A-N-D?

JD Yes, it was a rand of patients, and you would have that one or half of this one, or whatever.

JF Yes, I kind of remember that as tearing the diet list in half. It was how you got your patients. Okay, so you did say that the Cadet Corps and this experience helped you to make a career decision for public health?

JD Oh, absolutely.

JF Had you had any public health before you went to Fort Defiance?

JD Yes, all the way along at Stanford we had kind of an interesting way. We would have experience in the hospital, then we'd have experience in the out-patient clinics. Then we would go to the homes; if it was maternity service we did this. We would follow those back in maybe for the delivery of their baby. In those days sometimes the med. students and the nursing students would go with the teacher and we would deliver a baby in the home. So, on every service -- Psych., Medical, Surgical, Urology, whatever, we followed patients either from the clinic to the home to the hospital, or whatever. Whatever we saw we would follow them. So yes, I had had, and in addition to that I had had four months with the Visiting Nurse Service in San Francisco as part of

my senior or junior experience, I forget which it was. So we had a lot of it.

JF Did the Cadet Corps make any other differences in your nursing education?

JD Well I think it gave me a lot of hands on experience in a short time. I guess I think this is outstanding in my mind, that I was performing just like any Staff Nurse, and a lot of times as Charge Nurse or in charge of Surgery, or on call, what have you -- whatever was expected of anybody that worked there. We had very few other staff. Like I told you, the experience made it very sure in my mind that I was going into public health, and it never varied -- for 41 years I have not changed my mind, Joyce.

JF Okay, then you did graduate it 1945?

JD Yes.

JF So we'll talk then about your career as a Public Health Nurse. What did you do when you finished nursing school?

JD Well, my parents were on a ranch in Oregon, and so first I went home. I knew I wanted to go into public health, so I looked into it. They had stipends and you could work part-time at the University of Oregon Medical School. Associated with that was a College of Nursing, so they shared -- the Medical School and College of Nursing -- post-graduate [classes]. They had a public health course, so I right away signed up for this year of public health. There were other students -- there were social workers, physicians, nurses, lab people, and what have you. So I had, I think, it was nine months plus three months field experience, at least three. I had my field experience in Marion County Oregon, which was Salem, Oregon, but I was way out in the very rural area. I was given my own little community to practice in. I had a staff nurse who helped me, and then the teachers or the professors from the Medical School, the University of Oregon Medical School and College of Nursing, would come down and visit us every once in awhile. But we stayed right there and we worked just like anybody else, you know. We had our own little community, did community organization and got to know it, assessed needs, and did all that.

JF And you did that for three months?

JD No, I did that for nine months, plus three months field experience -- that was a whole year.

JF Oh, well that sounds like a field experience.

JD Well, the nine months was classes. I took epidemiology, statistics, communicable disease prevention and control, public health methods, philosophy, and teaching methods. We

just did everything, and we would have some field experience. We had classes at Multnomah County Health Department or in the clinics of the Medical School at the University. But then at the end of that, we had to teach a class all on our own and we had to have, it was a whole summer -- three months anyway -- of field experience where you actually went out to a very rural health department and practiced what you were taught. So, I don't know, am I clarifying that alright? It was a whole year of post-graduate and public health.

JF So did you have a certificate or degree?

JD Yes, I had what they called a public health certificate.

JF And what did that prepare you to do then after you had received your certificate?

JD I was asked if I wanted a position there with the Marion County Health Department, and my first job was running the TB, VD, and a little of everything, clinic at the main clinic in Salem, Oregon. That was my first job as a Public Health Nurse. Then I graduated from the clinic out into the field and had lots of rare experiences. I did that for seven years.

JF All around in Marion County?

JD Yes, which included areas where the nearest physician was sixty miles away. We worked a lot with the private physicians and with communities, because the public health nurses were the only ones bringing health care out to those lumber camps. I helped build the Detroit Dam and provided public health nursing services to all those men that came in there to be housed, and to their families.

JF Do you mean you lugged concrete yourself, or you were like the industrial nurse?

JD Well, I was their health care, I was their health care as a county public health nurse. I was it -- school nurse, occupational health nurse, worked with private physicians, did the schools, the mothers, the babies. You know, you'd travel fifty miles before you got to the area that you were going to work in that week or three days. You'd come into the office once at the end of the week and you'd phone in.

JF So you traveled and kind of slept around the county?

JD Yes, you'd get home every two or three days, but what you did was you stayed with the school board members -- there was always a place -- or a volunteer chairman. In fact, it was just this Christmas that my last volunteer chairman died and her husband wrote me a letter and told how she had

enjoyed my letters all these years. But, I had lots of great volunteer chairmen.

JF Oh, I bet; that sounds wonderful. If you did that for seven years, you must have found that fairly rewarding.

JD Oh yes, I did. I was very fortunate in that my first health officer was a physician that was prepared in public health and my nursing supervisor had a BSN. That was pretty good for those days. She maintained standards and then she got a nursing supervisor from Minnesota. She had her Bachelor's, and later went back for her Master's. So we always had good opportunities, I was just fortunate that I had that as my first experience in rural public health.

JF Well, it sounds as if you went out and got your certificate straight away after you graduated from the five- year program that the idea of a degree in the public health field was already kind of accepted. Is that correct?

JD Yes, I'd say so. Let me see -- seven years, you want ten years.

JF Well that's okay, we can just plug along, it's alright. But you said you stayed there for seven years, and that would be about 1953 perhaps?

JD About '52 I guess, somewhere in '52.

JF And then you made a change of position.

JD Yes, then I got the wonderlust and I'd been active in the Oregon State Public Health Association, things like that. Our health department encouraged that and so I was reading ads. I was born and raised in California and always wanted to go back to Northern California, because I had lots of family and relatives there. I found this ad in a professional journal; they wanted a public health nurse to work with the Kellogg Foundation and health departments in the state of California to do accident prevention, injury prevention, research, and demonstration programs. So I applied at San Jose City Health Department at San Jose, California and I was accepted. There was an environmental health person, a health educator and myself. We were one of the eight original Kellogg accident prevention research projects in the United States. There were eight of them established across the country. The idea was to really identify injury prevention as a public health problem. Up until 1951 it hadn't been really thought of in that way. So Kellogg had funds and we did this -- set up a research program, did a demonstration, staff education, training.

JF What kinds of things did you come up with in your research?

JD Well, one of the things -- we did research with collecting information from hospitals' emergency rooms, and we in San Jose ran the first aid stations, so we did a lot of work with poison prevention. I did a pamphlet looking at accident prevention according to the child's developmental cycle. Like now it's well known, but at a certain age -- eighteen months to two years -- kids will most often be poisoned. When they're four they set fires; when they're three they throw rocks, that kind of thing. We knew this just from all of our looking at death certificates and then doing all this research on injuries that weren't fatal. And we wrote, the health educator and I did, this pamphlet that was later produced nationally by the Prudential Life Insurance Company and then adapted by the Metropolitan Life Insurance Company. So those kinds of things.

JF So you had an early publication then.

JD Right, that's right.

JF Well, that sounds like that was very interesting and it certainly was innovative. How long were you involved with that project?

JD I was there about three years, then Kellogg decided they wanted to do it at a state level. So I worked for them and the California State Health Department for four years. Then we were really into high level research with the Statistical Department of the University of California-Berkley, because we had the School of Public Health right there on campus, and the State Health Department. So we worked with people like Dr. Lester Breslow and did a lot. We did demonstration programs in San Francisco, and Santa Barbara, some in the Los Angeles area.

JF So you would set up a program, like for accident prevention, in a place like Los Angeles?

JD Right, we had to do two things; one we were committed to describing the accident or injury problem in the state of California. It was an epidemiological kind of approach to it -- to whom does it happen, you know, a chain of events and circumstances leading to injury and/or death. We did death certificate investigation, but we also set up research/administation programs, say for instance in San Francisco. The San Francisco City-County Health Department was in charge of all of the first aid stations in the whole city and we designed a survey tool, we taught the staff, we collected the information, we computerized it, we analyzed it, we prepared reports. We went to Washington, D.C. and Michigan and all around presenting papers, this kind of thing. And we did demonstration programs to show that, yes, this could be prevented. Right now you have -- children can

drown and whether they got waterproofed, or something like this. We did things on poisoning and falls for older people -- cuts and this kind of thing.

JF Oh, so you would identify a particular accident and then circumstances and how to prevent that particular accident?

JD Yes, chain of events, circumstances and how to prevent it.

JF Oh, I was thinking of just accidents in general, but that's not what you did.

JD Well, we would set priorities, you know. For one reason or another the health department might decide to maybe deal with the elderly and falls. We were doing research on why did they fall -- what were the chain of events and circumstances. We would do that and then we did some with children. I think we determined that younger adults had other kinds [of accidents] -- we had a lot of motor vehicle accidents and recreational accidents, this kind of thing. There was no taxonomy or nomenclature. We were instrumental in California in helping to develop this. We were working with other state programs across the United State, too. It was very interesting.

JF It sounds really rewarding.

JD Yes, I had a wonderful boss who was an engineer. Then I was his assistant. We had a public health analyst and later a health educator. So we did all these things with the research and programs, working with the state and local health departments.

JF Did you feel prepared for all that research?

JD Well, I at first raised that question and my boss who had done some of this ... We had this wonderful public health analyst and sometimes two of them, and he said to me, "Your job is to ask the right questions." So that's what I concentrated on -- asking the right questions and does this make sense, and so on. They did the designing. I can remember we hired coders; we would design an instrument -- I had to help ask the questions, the boss and I -- and we would use people in the State Health Department and local health departments to build this. Our public health analyst would design the survey forms. We would pilot them and then we would do it. He was a public health analyst. You don't see those around much anymore. Mostly you have statisticians, but this is a person who has an MPH -- he's a public health person, but he's also a statistician and an analyst, he or she. We had two of them -- a man and a woman -- and then we borrowed others. So we sort of got what we needed to do the job. Then we wrote reports, I wrote a lot of reports and Kellogg kept funding us. It was our life every year -- we had to accomplish what we set out to

accomplish. So I did a lot of things -- I was a health educator, I was into statistics, I was also a supervisor and educator. You got a little bit of everything which was good for me, because then I knew I wanted to go back for my Masters in Public Health, that's how I got back there.

JF Okay, did you leave this position with Kellogg and the State Health Department?

JD Yes, then our demonstration program was done in about four years, and we were done. I went back to San Jose City Health Department and worked just a few months to get my act together so I'd have enough money to go to, I went to Chapel Hill, North Carolina in '58 or '59.

JF Was that a one-year program?

JD Yes.

JF And that was also a School of Public Health in Chapel Hill?

JD Right.

JF Was that repetitious of the certification program you'd had?

JD Yes, some of it was. But, of course, you see it had been ten years or twelve years. So it was repetitious in some respects, but a lot had happened. Again I made a good choice in going to Chapel Hill, because I got a lot of mileage out of that. I worked with Margaret Dolan and Dr. John Castle, and John Porterfield. You know, it was rich because they would come from Washington, D.C. and from all the other universities around. We had tremendous experience, really, and we would go out and do field experience, too, while we were there. It was a team, public health team. I was majoring in public health administration and nursing supervision, but I had a minor in epidemiology. We did core courses all together -- the docs., the lab people, the social workers, the nutritionists, the whole public health team was straining and sweating together. Everything we did was in the team concept. Then we would have our special courses for epidemiology, or supervision, or administration, whatever; and health education and nutrition. But we did most of our work in core courses together. That's why I don't feel negative toward social workers or health educators, I think.

JF Well, as I understand it, the theory is that when you have these mixed groups it does lay the groundwork for more harmonious relationships later on in the career.

JD Well, it certainly did in our cases, you know. In order to survive they had to -- we had to do it, that's all. That's how we learned.

JF Okay, so you did finish that program in 1959?

JD Yes.

JF What did you do then?

JD Well, San Jose wanted me to come back. I was always going back to San Jose -- it was neat. There were some good people there, too. So I went back as the nursing supervisor. I took on a special project of developing a school health program in a school district. San Jose in 1951 was 50,000 people. When I left there in '65 it was over 300,000. We had a lot of challenges. One of them was to develop a demonstration school health program whereby the health department nurses worked in the school district and provided all the services to the schools and to the community. That was sort of unique at that time. So that was one of the things that I worked on.

JF Now, did these school nurses when they did this, did they work in the schools along with a lot of other public health nursing activities?

JD They carried the schools and had some of the district around there, but after awhile the population grew so rapidly we had to hire more nurses in the community. Then we would meet together and refer, and have continuing education together, this kind of thing. So we were trying to keep community health and the school health together in the community.

JF When you were working on setting up this program in San Jose, were you able to maintain some of the team concepts that you had?

JD Absolutely, that was one of the strengths, one of the things that served me well then and in the future -- the ability to appreciate a multi-disciplinary kind of approach to doing things, because in the schools we had to work with social workers, dietitians, teachers, administrators, school psychologists, the whole schmo. It was kind of putting that working as a team and doing it together that was successful.

JF One of the things that I've heard is that school nurses were very reluctant to do anything -- they couldn't give a child an aspirin without the doctor's permission. Were your school nurses like that?

JD Well, we developed a faculty-administrator committee. We didn't go in there as nurses, but we went in there to be a part of the school system and the community. So we had a community group and faculty group, and we worked together in that respect. Now we had a physician which was our health officer, so we developed policies and procedures for emergencies and how to handle these. So, we had a policy

and procedure for medicine. You have to have the permission, you have to know what is going on. So we didn't pop pills, so to speak. Many times if the kid came in and complained of a headache we gave him the full treatment. We went over him, we took his temperature, we talked to him, we got to know these kids. After awhile, you know, yes, the kid had a problem -- it probably wasn't a headache, it was probably something else. So we didn't just pass out aspirin, because that was giving the wrong message, I think, to the kids. So this is just an example.

JF So the school nurse's role wasn't a pill popping experience, but it does sound as if there was some decision making and judgments being made, taking place.

JD Well, we were responsible for health care, but we were responsible for a safe environment, we were responsible for health education, we worked with the teachers, we taught, we collected data, we evaluated what was going on, we reported to the teachers and to administration, to the school board, etc. We had great community involvement in all of the screening programs and the follow-up. We almost had a 100% follow-up with every child referred. So it was a community organization type of approach to developing the school health program.

JF Okay, so you said that you did this then until about 1965?

JD Well, I did that one and then I would move around in my nursing supervision districts. You know, if you were there a couple of three years then it was probably time to move around somewhere else and try something new. But it was all with the same department. But we always worked as teams; we worked with our environmental health people, our health educators, nurses -- we teamed it.

JF So how long did you stay at San Jose City?

JD I stayed there until 1965, then I went to the Northwest and took a position as a "Director of Nursing" for a Spokane County Health Department. That was a rare experience.

JF Well, I think of Spokane as being out in the middle of the Eastern Washington wheat fields. So it was more rural than what you'd had before.

JD Yes, it's just north of the wheat fields, it borders on the wheat fields. It looks like Flagstaff, Spokane does. When I go to Flagstaff and I see the mountains, that's Mount Spokane. All those pine trees, that's Spokane. But it's close to the wheat fields.

JF I was thinking of it as more rural than San Jose though, more like your first public health experience.

JD Right, absolutely.

JF So you were the Director of Nursing at this health department. Were you expected to bring any particular expertise or change to the department?

JD Well, we had a prepared health officer who got his MPH at University of California-Berkeley, so he and I both had our MPH's. But he had taken the position because he wanted to spend time with his family and that was it. So I was doing a little bit of everything. There were eight nurses and they were rugged individualists and they all had their little territories. They never met together very much. They shared office space. It's a funny story, really. But during that time, we melded together. We took the City of Spokane and the County and made a health district out of it. That was an interesting experience just melding the staff. After I'd got there the State Health Department said, "Now Spokane is going to have to do something, because you do have some people there now that move ahead." So we built a child development center, a multi-disciplinary team for the community. We were ready to go when Medicare became effective July 1, 1966; we were ready and certified. We did school health.

JF Oh, so that you could get Medicare funds?

JD Right, but we were a certified agency. We had a home health agency; we did generalized public health and home health, the whole thing. And we looked at the total health department, we didn't just look at nursing. We looked at the needs of the community, we had a public health nutritionist and I hired a couple of social workers, because we used them in the child demonstration program. We carried the services to the people. We had a nice recreation vehicle that was all fitted up with exam rooms. We instituted community outreach workers [with] the nurses. We went out to the people, and we would drive up to Grange Hall and the community had had the education -- they were ready. We could do anything -- child health, family planning, screening, geriatric assessment. We had nurse practitioners. So we assessed what was needed and wasn't being provided. We had to build the climate with the medical community and then we'd put it together and go out there and do it. It was fascinating. We got a grantsman on board and went out for funds, and by golly we got them. The only family planning program in the state of Washington outside of Seattle-King, which was Planned Parenthood, was developed in Spokane. A lot of interested citizens kept after me. Spokane was a very Catholic community, it was the only county in the state that voted against the right to choose abortion or whatever. But there were many interested citizens so they kept after me. My health officer wouldn't stand in the way, and he'd sort of back me up here. There was no money -- the State Health Department just didn't have

a program, they weren't there. So we went around them down to San Francisco and got the money. We started learning how to write grants, then we hired a grantsman. We got the money and we got a good program going. We saw the need for a public/private mix, so we had the community well involved, medical support too. Then finally, about three years later, the State developed a family planning program at the State level. They used to send people over to us for a little orientation and experience. So that was kind of fun to do that.

JF It does sound fun.

JD So that gives you an idea. We had a great time. I became Administrator of Personal Health Services. I outgrew my one discipline and we became a little differently organized. I was there for eleven years.

JF So it was about 1976 that you left there?

JD Right.

JF One of the things that I was thinking while you were talking -- is it fair, or correct, to infer that you think that people who have degrees in public health view health care somewhat differently than, say, nurses who have degrees in community health nursing?

JD I see a difference because ... Well, it depends; I think students that I worked with ... When we would do the community needs assessment you're focusing on aggregates. I think they are similar, but public health has a ... You kind of rise up a little more. There's a public health philosophy and a community philosophy that prevails. Families are important, people are important. You have to appreciate that, but it's kind of the way they work together to get at what they need. It's how you work with them and the kinds of things you do that I think are maybe a different focus for public health and a philosophy of community health. Public health is not just nursing. Nursing is the most predominant discipline, but because of that nursing can bring a lot of valuable contributions into public health. You know, we're able to fit in there if we let ourselves and do an excellent job. I've just seen it happen so many, many times. That's our strength, being able to develop teams to do community organization, to help the people to help themselves. It's different than a nurse-patient relationship. The patient is the community and you ask it how it feels, and you take its temperature, pulse and respiration. You do all the things in the community which you would do with a family or patient. It's just a little different view.

JF Well, it occurred to me while you were talking -- I thought I would just like to clarify that. But you were there then

at Spokane until about 1976, and then you made another career move?

JD Yes, I started teaching at Intercollegiate Center For Nursing Education.

JF How did you happen to make that jump then?

JD Well, I had done just about everything in public health that I was prepared to do. I had always had students, we always took students. In fact, the head person, the Chief Nutritionist at the State Health Department here in Arizona, was a student. She said, "Joan, I remember you." She came and we gave field experience up at Spokane. So we always took students. We took social workers, we took nutritionists, we took nurses, we took public health educators and administrators. So I was always involved with students. Then I just decided I hadn't done this, there was something there to learn. I had been on the committee that did the feasibility study and pushed for the consortium, which was kind of unique. The Intercollegiate Center for Nursing Education is unique. No school of nursing survived in Eastern Washington, but when we finally got the idea we could put the public and the private colleges and universities together, it went and it's strong. It was time I guess. So I was in on that.

JF Say a little bit about this consortium.

JD Well, this Eastern Washington/Northern Idaho area had had schools of nursing provide a BSN -- at Gonzaga, and that fizzled out. They had tried it at Washington State University, but it was down at Pullman. They just hadn't worked, but nurses in the area saw the tremendous need. We had to have it there, because the Inland Empire -- Western Montana, Northern Idaho and Eastern Washington -- desperately needed this. We needed to prepare people to work. So, we just kept pushing ahead and with the help of Washington State University. Then we got Eastern Washington University and we had Whitworth College; then we had the Catholic college, Holy Name College. There were four of them that started this, that talked and talked, sought funds and hung together. The Catholic school dropped out after about the first year, but students could still matriculate there and then transfer. They just had too much to do and couldn't keep up the curriculum. So they made that choice, but Whitworth and Eastern Washington State College, University now, and Washington State University -- with Washington State being the main institution -- did that bookkeeping sort of thing. And that did it, that fit together and it's been going strong ever since. A lot of good people hung in there.

JF So you helped get it started?

JD Oh I was in the group, yes.

JF And then you went there to teach?

JD Yes, afterwards. I provided field experience. Our nurses, public health nurses, didn't know how to do physical assessments. You see, early periodic screening, diagnosis and treatment for children, EPSDT, in states with Medicaid was in there a long time ago. So here we had all of this to do, and we didn't know how to do it, so we went after ICNE and said, "You teach. We'll give you the experience at our clinics, our nurses will come in from the hinterlands, you will teach the course." And we got it going and by golly, we taught those nurses. Then we had them monitored and it was great. The doctors worked with us, and ICNE. So that was kind of interesting, too. So you see, I've always been kind of affiliated with an educational institution.

JF Okay, so you taught community health nursing?

JD Yes.

JF Now, we talked a little bit about how community health nursing is a little different than public health. Was that a difficult jump for you to make from working in the County Health Department to teaching in the nursing program?

JD Well, I learned a lot from faculty members. I had a strength, though, because I'd been wheeling and dealing in the Inland Empire, did the SIDS program. You know, I was well known in the Northwest, I knew a lot of people and so it wasn't like I had left home or anything. I learned so much from my faculty friends, and I knew [the area] real well. So we decided, we took students way out. Some nights I'd stay over with them. We worked way out in the boonies. My group, I had to have eight or ten or more, we would go way out into the rural area, but they would have about three months, I guess, experience. It was two days or three days a week, depending on the weather. So I was still doing the same thing -- we were helping local health departments; the local health departments were helping the students. We did community needs assessments, we did screening, we would do lots of interesting community organization things. Of course, we dealt with the families and clinics. So, I don't know, Joyce, I don't think I had trouble. I had a lot to learn.

JF Well yes, teaching is different than service. Okay, how long did you work then at ICNE?

JD Well, I worked there from '76 to '80 when I came down here to ASU.

JF And so then you taught in the College of Nursing at ASU for how long?

JD About, let's see, '83 I left and it was just before summer. I had an opportunity to work with the State Health Department. I didn't have my doctorate, so there was no point at my age -- I was too old to get it. If I had been independently wealthy, I would have gone ahead and done it somewhere. I would have gone back to Chapel Hill because they would let me in.

JF Makes a difference, doesn't it? Okay, so you taught community health nursing here at the College of Nursing.

JD Yes.

JF Was it similar to what you had done in Washington, in teaching?

JD Oh, yes. There were a lot of similarities. You know, there's always a little variance in the kinds of service units that you have, like Maricopa County and the culture. But I, of course, came from California so I had worked in the Santa Clara Valley and could speak Spanish then, but when I went to the Northwest, sixteen years up there, I practically never heard it.

JF Sure. Did it come back to you when you came to Arizona?

JD I took a course at Mesa Community College in conversational Spanish again, just to try to bring it back. Now I'm back where I don't speak it again anymore.

JF So then in 1983 you took a job for the State Health Department?

JD Yes, as a consultant in long term care.

JF And what is your role in that position?

JD Well, when I was with long term care I provided education, technical assistance, consultation. I was a specialist in home health care, but I did go into the skilled nursing facilities and supervisory care, and I could do that. My speciality on the staff -- and again we were developing a team of a social worker, a nutritionist, a nurse, a health educator -- we would provide consultation to nursing homes and home health agencies. A lot of the home health agencies that are in business now, and a lot that are no longer in business, we helped get started. They wanted help and that was my job, helping meet the regulations, staff education, this kind of thing.

JF Now, you speak of that in the past tense, so are you not doing that now?

JD Now, no. Now I'm with the Office of Local Health Services which is under Georgia Macdonough. There are three of us,

under Georgia -- there are two consultants out of the Phoenix office and one out of the Tucson office -- and we each have five counties, plus another special assignment. My special assignment happens to be working with the Indian tribes, health issues.

JF So does that mean that you travel a fair amount?

JD Yes, I travel. I do generalized consultation, I do staff education. For instance we were over in Mohave County, we went as a team -- a health educator, a nutritionist and myself -- and we helped them write a grant to get preventive health block grant funds to develop a program with a nutritionist, and a nurse, and a community nutrition worker, to do community work in high cholesterol prevention in the community. We had to select the target audience and we had to do all of that, but that's an example. And then I was with Betty Denlinger, the school nurse consultant, and we were a whole week up with the Navajo and the Hopi, and some of the local health departments way up north doing workshops on school health, Board of Nursing law and regulations or rules, and helping community health nurses and school nurses to use each other as good resources. So it's a little variety. I like that.

JF It does sound like variety, but I was thinking -- you said you were up on the reservation. Do you see a difference over the years in the

[illegible]

the Indians [are] developing the Indian Initiative as they call it where they want to take responsibility for themselves. So they are gradually getting their own people prepared to take over from the Indian Health Service and so on. Instead of poor, poor horses and broken down wagons, they have campers, pickups, they now have public schools for the most part, so the children [aren't] herded up. I tell you I could do a soapbox oration when I was first there at Window Rock; about the tragic, poor educational system. It's better; I think we could improve it a lot. So I see they're taking more initiative and they're doing more for themselves. Their economic situation is still not good, but I think it's better. They're learning how to deal with it. It's better than it was.

JF One of the things that you haven't said too much about -- do you get involved with formal educational activities, continuing education?

JD Yes. For myself?

JF Yes.

JD Yes, I'm very active in Arizona Public Health Association, I've held offices there; I'm on the Board of Arizona Nurses' Association; I go to a lot of workshops and participate in continuing education; and I serve on panels. I do those sorts of things. I don't do this because I have to, but you know, in California you have to have continuing education. So I have no trouble at all, I've always had lots of CEU's.

JF Well, that brings us up to date somewhat on your career activities, so I have some related questions. One of the things I wanted to ask you is have you always wanted to stay in nursing?

JD Have I always wanted to stay in nursing? No. I always wanted to be in public health, but when I went back -- this is kind of interesting. I'm not sorry I stayed in nursing, but I have another side to my coin. I'm very into animals and horses, and all this kind of thing, and I raised horses for -- how many years, Mom? A hunk of years. We bred and raised, trained, and showed in Canada and the United States. So, at one time when I went back for my Master's in Public Health, I also looked into being a veterinarian. I thought I could be a public health veterinarian, too. But it just didn't mesh, I just didn't have the resources to do that. But my brother is a physician, we had great talks. He and I used to run the Spokane County Health District. We had a wonderful time.

JF Okay, now my understanding is that you have not married.

JD Yes, I was married, but I'm divorced. I have no children.

JF But you've always worked.

JD Always worked.

JF When you were married, how did you juggle work and family responsibilities?

JD Well, I worked long hours, but I learned that I needed some help at home so I'd get someone to come in and clean the house, to do the laundry, and that sort of thing. But, I managed to do the entertaining and keep up with all the visitors. That side of it was okay. But you had to be tremendously well organized.

JF Okay, then I wanted to ask you have you ever seen yourself as an innovator in nursing?

JD Well, I think so because we always looked at different ways to do things -- like community outreach workers, how nursing worked with them. We did a lot of demonstrating and when we would develop a program like family planning or child development center, we looked at new and different ways to meet the needs, and how to use ourselves a little bit dif-

ferently. So I think we were innovative and I think I allowed that and encouraged it. The staff always had opportunities, I saw that they had opportunities. If they wanted to try something -- that I encouraged, that was great.

JF Now, I did have a question here on my list of innovation or leadership in the Women's Movement. About the first or second interview that I went on I realized that that was a bad choice of words, because when most people think of the Women's Movement they think of that somewhat rowdy, political activism that emerged in the late 60's and early 70's. But, that isn't exactly what I meant -- I was really thinking of the larger Women's Movement out of the home, into the workforce that's taken place in the last forty years. So I was just wondering if you ever saw yourself as a leader in that movement?

JD Yes, I think we worked together in communities a great deal as women. We tried, I have tried with my colleagues, to develop leadership, to bring opportunities to women in communities that they didn't have otherwise and to listen to them and help them to really do the things they didn't know they could do. In community organization I have done a lot to develop that kind of leadership. I think that's a particular challenge sometimes out in rural areas -- both men and women. But definitely, creating different kinds of jobs. When we had the CETA organization, we took many women that others wouldn't take. Interesting thing -- when we were developing the course and describing how we were going to use community outreach workers, we needed to reach the people that needed to be reached. Our public health nurses were sometimes handicapped. We needed a young man with a beard and a guitar. We needed a young woman who had been on drugs at some time or other, or was a single parent. We needed a black woman. We needed a gypsy woman. We actually advertised, selected, recruited and trained -- and you know, we ended up with five or six of them who had never [worked]; they went on to great jobs or they stayed with us for seven or eight or ten years, and did unique things, and went back to school and worked at the same time. So, it was fascinating. Nobody had ever cared or worked with them before, actually. And they made all the difference in the world. We changed the color and the everything of our clinics, or our programs and so on, because we could really bring the people [in] -- now we could communicate with them. So yes, that was pretty exciting. I think that was kind of helping the Women's Movement, because they later went on and did things -- they held positions in the communities, and so on.

JF Well, this somewhat comes to the end of my laundry list of topics.

JD Listening to me for an evening, my goodness!

JF Oh, it's been wonderful. But, before we do conclude the interview I wanted to ask you if there is something that you think we should have covered but did not.

JD Gee, you've been, I think, pretty thorough. I talked a lot and I think I covered a lot. I do believe that the Cadet Nurse Corps gave me the opportunity for sure. I mean, I really am fascinated now that I think about it -- it started me on my career.

JF Well yes, I think that certainly did have quite an impact. Well, I want to thank you once again for participating in this project. It's been a wonderful opportunity to hear about you and learn to know you better, and this will conclude our interview.

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