

Arizona State University

College of Nursing
Tempe, Arizona 85287

ORAL HISTORY PROJECT

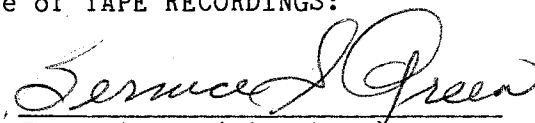
INTERVIEW AGREEMENT*

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.

Nature of restrictions on use of TRANSCRIPTS:

Nature of restrictions on use of TAPE RECORDINGS:


Interviewee (signature)

7-15-87

Date

Name of Interviewee

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

This is Joyce Finch, Ph.D. Today is July 15, 1987. I'm interviewing for the first time Ms. Bernice Green. This interview is taking place in her home located at 3218 South Albert in Tempe, Arizona.

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

JF As I said, we just follow [the topic list] along in a somewhat sequential fashion. So, you graduated from nursing school in what year?

BG 1947.

JF So you were in the Cadet Corps the entire three years?

BG Yes.

JF What was your school of nursing?

BG It was the Presbyterian School of Nursing in Chicago.

JF That's now called Rush Presbyterian-St. Luke's?

BG They joined with St. Luke's in the 1960's, and now it's Rush Presbyterian-St. Lukes' Medical College.

JF At the time that you were in nursing school, about how big was the hospital?

BG Four hundred seventy-five beds, that included the bassinets and the "preemie" unit.

JF Was that a teaching hospital where you had not only nursing students, but medical students and residents?

BG Interns and residents, yes.

JF When you went in nursing about how large was your class?

BG Eighty-four in the starting class.

JF That's a good sized class.

BG That was the Fall class. There was also a Spring class.

JF About how many of the 84 graduated?

BG Sixty.

JF Sixty. So some attrition, but not too bad.

BG Yes.

JF When you were there did you have any affiliations with a college or university?

BG No. We had a psychiatric affiliation with University of Illinois, but that was a routine three-month affiliation.

JF Any other affiliations?

BG There were others offered, but we were only allowed to take one because we were staffing the hospital.

JF Okay, so you had to make a choice then.

BG The choice was pretty much made for us. The Chicago Children's Hospital affiliated with Cook County, Communicable Disease. Some of the girls went there, and also to the University of Illinois Orthopedic Hospital. But, one of the things I was told at our reunion this past month was that we were one of three schools of nursing that had a psychiatric affiliation as we had. Others went to the state hospitals, but ours was really excellent training. We were in classes with the interns and residents who were a great part of it.

JF The University of Illinois Psychiatric Hospital would have been a teaching hospital.

BG Yes.

JF So whatever was new and on board you would hear about or see.

BG Yes.

JF So some people did go to other affiliations, but not everybody?

BG Yes. Everybody had an affiliation of some kind.

JF And as far as you were concerned, you had no particular choice what your affiliation was?

BG No, I don't remember that I did.

JF One of the provisions of the Cadet Corps legislation, the Bolton Act, was that Seniors would have an experience away from the hospital the last six months of their education. It might be that they would go to the VA or a military installation of some kind, or a local public health department. Did you do anything like that?

BG No. Quite a few of the girls did, but we were also offered the choice of staying at our own hospital, at a unit of our choice, for the full six months.

JF And so you chose to stay?

BG Yes.

JF Why did you make that choice, do you remember?

BG No I don't.

JF What did you choose to do?

BG I worked on a Men's Surgical Unit. They were quite innovative there. There were a lot of good things that came out of Presbyterian Rush. They were starting to do Heart Surgery — the first hospital in the Midwest to do repair of the Patent Duct of the heart on adults. There were just some really fabulous doctors to work with there.

JF So you enjoyed your six months experience?

BG Very much so. You know, we were in charge on the Head Nurse's day off and given a lot of responsibility.

JF That was one of the questions I was going to ask you. What was your role during that six months? Now, you did do charge part of the time, but what did you do at other times?

BG When we were in charge, we were supervising the students -- pre-clinical freshmen, sophomores, so on. I don't remember too much else about it. We rotated nights and evenings. We just got a real good background in what it was to be a nurse.

JF Did you have any additional classes during that period?

BG The only thing I remember were case studies, where the interns, residents, staff doctors, social services, graduate nurses and the senior students who were involved.

JF Is that something we would call grand rounds today?

BG I guess so.

JF And then how were you supervised during that period?

BG By the Head Nurse and by the Nursing Supervisors. We had a Medical Nursing Supervisor and Surgical Nursing Supervisor, and they worked with us.

JF How did the Cadet Corps make a difference in your nursing education?

BG I would not have been a nurse if it weren't for that because we did not have the funds. My folks didn't have the money to send us. There was a report at the time that we were not getting the training that they normally gave Presbyterian nurses, because at that time, before the Cadet program, I believe most of the nurses had to have degrees to enter nursing there.

JF So did you see any difference between the training you got and what non-Cadets were getting?

BG We only had one non-Cadet in our group.

JF Did she do pretty much what you did?

BG The only other thing that she did get was a Public Health rotation.

JF So the actual program itself helped you get the funding?

BG Yes.

JF And there was at least a rumor that you were getting a shortened education?

BG I don't know that it was shortened. No, I don't think it was shortened. Perhaps we didn't have as many classes or as much detail in some of them. We were such a large group, and they normally had not had as many. In my association with other nurses of the time I think we got as much as anybody else had.

JF Well, you finished up then, and you graduated and began your nursing career?

BG Yes.

JF What did you do after you graduated?

BG I continued as an RN on that same unit for 2-1/2 years.

JF Now, were you a Staff Nurse?

BG Yes. Then when the Head Nurse retired, I was given the position of Head Nurse.

JF Did you feel ready for that position when you got it?

BG No I didn't. Well, I shouldn't say that -- I think I was more upset because they didn't ask me, they just assumed I would take it. It was the Friday afternoon during her going away party that someone congratulated me about being the new Head Nurse. I said that I did not know I was going to be the new Head Nurse -- no one had said anything to me about it.

JF So you didn't ask for the position?

BG No.

JF So you had been there about 2-1/2 years, and you became Head Nurse on, let's see, this was a Surgical unit?

BG Yes.

JF When you became Head Nurse, I presume you also supervised students, as well as the other Staff Nurses and whatever auxiliary people were around?

BG Yes.

JF How long did you do that?

BG I was there 2-1/2 years.

JF As the Head Nurse?

BG Yes.

JF So what happened then at the end of 2-1/2 years?

BG I thought I could not take another July 1st of all the new interns and residents coming in, because we were given a lot of responsibility in seeing that they did their jobs right. Of course, many of them knew that they knew it all. It was just a very difficult time. Even though you were only there supposedly eight hours a day, if the intern wrote orders at 10:00 at night on a patient admitted after you had gone home for the day, and your students carried them out, but the intern failed to include an order for a specific treatment or medication that the surgeon wanted on all his pre-op. patients for a specific procedure, you were responsible for it. That type of thing. It just seemed to be out of control as far as I was concerned, and I didn't want all that responsibility.

JF Well, now when you were Head Nurse did you work evenings?

BG No, but anything that happened within 24 hours was your responsibility.

JF So they could call you in the evening or night?

BG Yes.

JF What kinds of things did they call you for?

BG If the night nurse wasn't going to show up, you'd get a call at 11:00 at night by the evening Nurse Supervisor asking, "Who do you want me to call?" I don't think I ever had more

than one RN working with me, it was always students. I remember coming back from a three-week vacation and some orderly who was hired after I left that I never saw, and left before I came back, was accused of stealing a watch. I was expected to write a report of it. This kind of thing -- it was rather outlandish.

JF It does seem strange. You had the responsibility for things that just didn't seem reasonable.

BG Right. Shortly after that they did get someone in charge of personnel that was responsible for the auxiliary personnel. For the training, hiring and firing of them.

JF But it seems to me that; now, we're talking about 1950 when you were Head Nurse?

BG 1952; 1950 through 52, I think.

JF That seems early for the Head Nurse to be responsible on a 24 hour basis.

BG Well, I think perhaps they were a little ahead in a lot of ways. I just didn't like that much responsibility. I loved the patient contact. Then when it got to the point where there wasn't much of that, I was ready to move on.

JF Well, you moved on and what did you do then?

BG I joined the U.S. Public Health Service, Bureau of Indian Affairs, and was sent to Rosebud, South Dakota.

JF That's a jump from Chicago.

BG Population 600, I think. You could never imagine where those houses were that had those 600 people in them. It was interesting, it was fascinating. The hospital was a two-story, red brick building with those big posts going through two floors. What do they call those?

JF The only thing I can think of is girder.

BG It looked like a southern mansion.

JF Oh, pillars?

BG Pillars, yes, going the two stories. On the second floor we had two supposedly 12-bed wards -- one for men and one for women. We had a huge room with cribs for children. There was a Delivery Room. There were two, two-bed wards for OB. There was a Nursery. You could always shove beds down the middle of the ward, out in the hall, and so on. Then on the first floor was another large ward, and it was for the overflow -- it might be male or it might be female. And the Isolation Room, because at that time tuberculosis was still

the big thing. And the Kitchen and some offices. In the basement was the Clinic. There would be the Chief Nurse and one RN working during the day and one in the Clinic. Then in the afternoon you were alone with an Aid, and at night you were alone with an Aid. We'd get anything coming in -- you know, gunshot wounds, automobile accidents victims, deliveries, whatever.

JF Now, when you said that Rosebud was 600, is that the total population on the Reservation?

BG No, in the little town.

JF But you would draw from all over that area?

BG Yes. The whole Reservation. I don't know what the acreage of that was, but it was quite a large reservation.

JF I talked to some former Cadets who have worked on reservations here in Arizona, and they reported a lot of infant diarrhea and infant malnutrition, deaths from diarrhea and malnutrition. And a lot of TB. Were those common in Rosebud at that time?

BG Yes. And impetigo.

JF Oh, I don't remember that they mentioned that. But a lot of diseases related to poor nutrition and poor sanitation.

BG Yes. There were two boarding schools there. There was the government school about seven miles away, and there was a Catholic school about six miles away. Those children were brought in by the carloads when there was a problem.

JF Did you give them anything like school health? I'm trying to envision what you would do, but I would think that they might need immunizations for smallpox or diphtheria -- school nurse kinds of things.

BG There were three public health nurses on the reservation, and they took care of that.

JF So they were roaming around the reservation, but you were in the hospital?

BG Yes.

JF How did you happen to go from an urban hospital to an Indian Reservation?

BG I had always been fascinated by Indians and Indian stories. I'd always wanted to get to know the Indians better. This was one of the things offered by the Cadet .pa

Corps in your last six months. I had sort of wanted to go, but my Director of Nurses was very much against it. She didn't want me to go out there.

JF Oh, why not?

BG I don't remember the excuse she gave me, but later I thought it was probably because many of the nurses were marrying the Indians and life was just not very good for them on the Reservations.

JF Oh, I see. Maternal protection.

BG Yes. It was a fabulous 2-1/2 years, I wouldn't change it for anything. It wasn't the hospital work so much, but that was interesting. But, you know, we'd go rabbit hunting. As soon as the snow would fall, here would come somebody in their car with their guns. We'd drive out along the roads and hunt rabbits. I went antelope hunting, horseback riding, fishing, square dancing. Just something going on all the time. It was a real nice community place to be.

JF We don't think of the rural areas as having lots of things to do.

BG One of the Indian girls -- she was the medical records clerk there I think. She and her husband were very good to me, and his family was too. She said that there was something going on all the time, and everybody went because they were so afraid they would get bored. So they took in everything. I went to PTA meetings. I didn't have any children, but I knew the children that went to school there.

JF Well, that's really quite interesting, because sometimes I've said... Students will be thinking about a job, and there are a lot of jobs in the rural areas. But I've said you have to be able to entertain yourself.

BG Yes.

JF But you didn't have to entertain yourself. You had a community to partake of.

BG One day it started snowing and this friend sent her husband over to pick me up. There was a young male Indian who was a sanitation aid who lived there in a residence quarters. So the two of us went to their home. We put together jigsaw puzzles for 24 straight hours. We had to wait for the snow plows to get us out.

JF Actually, it sounds like fun.

BG There were many things that went on there. It was real interesting. One time we had a gunshot wound, who was in serious condition. We didn't have blood to give him. We'd

had a blizzard, the roads were all snowed in. The nearest hospital that had blood services was 60 miles away. Our ambulance was a Ford station wagon where we put a mattress in the back. So, the chief doctor called out the snow plow. It was still snowing. We loaded the patient in the ambulance. The doctor was along. There were two nurses and the driver. We followed the snow plow 60 miles at 6 to 10 miles per hour into town to get that man to care. I hadn't been there too long when the federal government decided we should hook up to rural electricity instead of having our own plant. Well, that first winter, it was not unusual for the electricity to go out whenever we had a storm. We did have the gas cook stove. So the cook would put on huge pots of boiling water. We'd fill all the hot water bottles to put in the beds of the patients. We moved all the patients into the halls so they'd be away from the windows. To go to work we'd put on a sweater, wool pants, our coat, gloves, boots, a wool hat, and our scarf and work that way for eight hours.

JF That's amazing.

BG It is when you think about it now.

JF Even then, you did it because other people were doing it, but if you could have seen yourself doing that when you were still in Chicago you would have probably thought, "I wouldn't do that."

BG You do what you have to do when the time comes.

JF Well, how long did you say that you worked at Rosebud?

BG I was at Rosebud about 2-1/2 years, then I transferred down to Phoenix Indian Medical Center. The nursing supervisor who was at Rosebud when I arrived had been transferred down here. She was having trouble keeping nurses, because if they were given a shift they didn't want, they'd just quit. There were many nursing positions available in the Phoenix area. So her plan was to pull in a few career nurses to stabilize the staff.

JF When you went to Rosebud, now you said that you were with the U.S. Public Health Service?

BG Yes.

JF Did you have to join, or did you have a rank?

BG No. The only difference was I had to wear their cap. Other than that there was nothing.

JF When you said career people, it made me think. Wasn't it for some people kind of a quasi-military thing. Like, you know, there's the Surgeon General at the top, and then I presume he has his assistants and sub-assistants, all the way down the road. And they even wear uniforms for, I'm sure, special occasions. But, you didn't have anything like that?

BG No. It was still Bureau of Indian Affairs. It was separate from the U.S. Public Health Service. The U.S. Public Health Service Bureau of Indian Affairs became the title about the time I joined.

JF So there was some overlap between the two agencies?

BG Yes.

JF When you went to Rosebud it seems as if you might have experienced some culture shock. Not for the rural aspect, but for the Indian and Anglo aspect.

BG Not too much. You know, I grew up on a farm where we had rather primitive conditions. Electricity came to our house when I was in high school — about the time I left home. I think a lot of it reminded me of my childhood. During the Depression years most of us had very little. Except we were fortunate that our folks had gardens and we raised cows and chickens, so on. But it was a lot like home to me. And the people were so friendly. And like every other culture, there was the good and the bad, and the great. I was fascinated by their little communities. You couldn't call them villages, but there would be a group of homes here and there would be a chief in that group. And over the hill would be another group of homes, and there would be the chief there.

JF Okay. So then you got recruited to come to Phoenix to the Indian Hospital?

BG Yes.

JF When was that?

BG That would have been about 1955.

JF And what was your role here at the Indian Hospital?

BG Just a Staff Nurse. I rotated shifts, and clinic, worked in Surgery, whatever had to be done.

JF Did you float?

BG No, it would just be... Usually you'd work a month or two on one unit, then to another, and so on. There were some

nurses who wanted evening or night shifts and they granted that.

JF That seems a bit unusual. I think of nurses as wanting kind of a home base on one unit or another. But that doesn't seem to have been the mode there.

BG No.

JF And that was okay?

BG It was acceptable.

JF To you?

BG Yes.

JF So how long did you do that then?

BG For 7-1/2 years.

JF Did you find it different working for the Indian Health here, as opposed to what it had been in Rosebud?

BG Yes, because this was a medical center. We also had many different tribes; whereas at Rosebud it was just the Sioux. We were also located in Phoenix, so you didn't have the closeness to the Indian people. As a medical center, two or three times a week we would have specialty clinics. I remember one was orthopedic. Another was eye. The ambulances would come from the Reservation with their problems patients. Now, the ambulance might be a nine passenger vehicle with little kids and babies being held by all the adults. So you could get as many as 12 or 14 people coming with one ambulance. And there wasn't just one ambulance coming that day, you know. They would come from each Reservation. They would have started, probably, at midnight, especially those from far away. Or even, late the evening before. All the patients would be dumped in the waiting room. You would be handed this package of information. Maybe some of them would need X-rays before the orthopedic doctor saw them. Usually he operated for an hour or two that morning before he started seeing the clinic patients. He would dictate his notes as he saw the patients, and then the secretary would type them up. Now, some of those patients who came probably had to go down to another specialist in the city, or to be admitted to one of the other hospitals, or be fitted for something special. The ambulance driver was taking them all over town all day. Then, we were supposed to have all the papers ready, all the patients taken care of, and meals ordered for them to take with them by 4:00 that afternoon. Now, can you imagine doing a 50 or 60 patient clinic and having to have all that done? It was really frantic. And so many of those when they arrived wanted to lay on the floor. They didn't like beds

or cots. They'd crawl off the cot and be laying on the floor. Then somebody from Administration would come through, and say we were mistreating them because they were laying on that floor.

JF Yes, it doesn't sound too comfortable to me, but I guess if I had grown up in a hogan, I would have thought differently in terms of comfort. So you worked the clinics when they had the clinic days?

BG Well, I think I worked it for a year or two. Then maybe I went back to the wards and back to the clinic again. If people liked a certain area and seemed to fit there, and could handle it well, they were allowed to stay. As long as no one else was asking for it.

JF So you were there then until about 1962?

BG Yes.

JF And then you made another move?

BG No, I retired.

JF Oh, seems like you were kind of young to retire.

BG No, I wasn't. I'd married late -- I was 35 when I got married. I had two babies and my husband was trying to finish at the university. And in those days there weren't daycare centers. It was very difficult to find somebody who could understand my rotating shift, my rotating days off and on call. One of my girls had had 12 babysitters, and the other one 14. They were two and four years old. It was very traumatic for them, for me, and for the whole family. And I was just burned out.

JF When you say you were burned out, was it juggling all of those family and job things?

BG That was part of it. And the patients would be brought from the Reservation and they would be, supposedly, admitted to be worked up. Some of them would sit there for three and four months without being worked up. I got the impression at the time if they didn't keep the beds full, then they'd lose some funds. This was very traumatic, because these people had farms, they had families. It really hurt to see that happen, and I had not found any way to do anything about it.

JF Government bureaucracies are real interesting things to look at.

BG Yes.

JF So you didn't actually retire, because you had those little ones at home to keep you busy.

BG Right.

JF So you did stop working at nursing, and started full-time mothering?

BG Yes, and doing community service.

JF What was that?

BG Well, because of my girls as they got a little older, I worked with Tempe Girls' Club. There was a group that was trying to get someone interested in building a retirement home in Tempe because there was nothing here at that time. Okema Daycare — I worked very long and hard, helping with that. There was something I did with the judges, I don't remember what that was. But it had something to do with juveniles in trouble.

JF How did you get involved with Okema? I used to have students at Okema.

BG I'm a member of First Methodist Church here. Actually it started through the Tempe Girls' Club. My girls were going to Mitchell School. There were all these little girls from Okema who were going to school there. I met some of the parents at PTA that were voicing their problems about nothing available for their children. So when I was Vice President of Tempe Girls' Club, I was responsible for the clubs. So we started one at Okema. And then there was the request for daycare. It just sort of rolled on from one thing to another.

JF This is a little detour, but whatever happened to Okema?

BG I saw a girl who had lived in Okema just two or three days ago. When she came to the clinic she said there's only one or two families living there now. All the houses are gone. It's gone commercial.

JF I thought it was being swallowed up by the airport, but it could have been by industry just as well.

BG I saw a couple weeks ago in the paper where Okema Park is being taken over, or they want to make it a collection site for dumpsters.

JF It's kind of sad. I do recognize that these things do happen, but it's very sad to see these old neighborhoods broken up. When those people break up, they're not going to go as a group and stay together. And when they lose that sense of community, I don't know what's going to take its place.

BG But I think we made a big dent there in their problems. Every once in awhile I see some of the girls that were in Girls Club, and we chat about what's happening to them now.

JF I know that we had students in the daycare center, and then there was the senior group. Headstart was also there at that Community Center. It kept our students busy to organize their thinking to work with those people and their health problems.

BG I imagine it was a big culture shock for many of them, wasn't it?

JF Oh, you bet. But they were fairly adaptable. I think that is one of the things about being young. I'm not sure about this -- maybe I'm making this up -- but, they chose to go there. They knew that they were going to an unusual situation, and they had elected to do that. So I think it is related to, that it was their choice. It wasn't something they had to do. Not even many people know what Okema was, much less where it was. You're an unusual person. So, how long did you take care of the children and do community service, then?

BG It was 1971, I think, that Mesa Community College was having a day for women who wanted to go back to school or work. I knew I didn't want to go back into nursing so I thought I'd just go see what was available. I had been on jury duty that previous summer, and enjoyed that so much, and met so many people there who were working, rather than just giving of their time. So, I went to this meeting at Mesa Community College. There were different presentations, and then counselors came around to the tables to talk to us. There were about ten of us at a round table. When they asked us what we wanted to do, I didn't have any idea. But eight of those people knew that they wanted to go into nursing. I listened to them talk and it kind of stirred me up a little bit. So I really sat there and listened. I wasn't going to make any decisions for myself, because after all, I just wanted to see what the group was about. But when the counselor got to me she said, "With your experience and background, I've got just the thing for you." The American Nursing Association had a project going. It was a grant for nurses that had not been working for awhile. It was to determine what training they needed to get back into active nursing. So, she steered me to this group. It was at St. Luke's. I figured if they were going to pay me to go, I'd give it a try. It was supposed to be three months or longer if you needed it. I'd been there about six weeks, and one of the instructors said that the County was looking for about six nurses, and she thought I would fit into their program very well with my community service background. She encouraged me to inquire about it. Several years earlier, Eleanor Curren had asked me if I would like to work half

days when they opened South Phoenix. She was looking for part-time nurses. It was just not something that I thought I would be interested in. So they had a State Nurses' ...

JF Let me stop you here. How did Eleanor Curren know about you and invite you to come over?

BG Oh, from the Church. We worked on Social Concerns Commission together. Either my husband or I were on the Commission for some years. We took turns being on it every other year.

JF So when you said your "community service background", it was these things, like getting Tempe Girls' Club and Okema Daycare, and these church activities that you're talking about.

BG Yes.

JF Okay. So Eleanor had tried to recruit you?

BG Several years earlier, yes.

JF But now there was an opening in public health, and you were kind of thinking about that when I interrupted you.

BG Yes. What happened was the State Nurses' Convention was taking place in Phoenix. When I was in Chicago I was very active in the First District and had gone to state conventions. I think I'd been on the ballot for state office. As a student nurse I was sent to Atlantic City to the first National convention where anyone but the A.N.A. delegates were allowed. There were many student nurses attending, representing schools from all areas of the United States. We organized the National Student Nurses' Association. We met many of the movers and shakers of the nursing profession that we had studied in nursing history, such as Annie Goodrich. Anyway, our instructors at St. Luke's encouraged us to go to the state conventions, so I went and met Noreen Heinrich who was one of the supervisors at the County Health Department. I had known her from Central Methodist Church before either of us were married. So we chatted and had lunch together. Then one of the instructors from St. Luke's who was there saw me with her, and told her that she had encouraged me to go to the County and apply. Noreen said, "Oh, that's great." She told me who the supervisor was that was in charge of the office that day, and wanted me to go over right then — this was 3:00 in the afternoon — and put in my application. So I agreed to go over and talk to Clair Armstrong, the supervisor. So, I chatted with Clair awhile, and she gave me an application and asked me to fill it out and send it back to her the next week. Then I think the following Monday or Tuesday she called and said she talked to Eleanor about me, and they would like me to come to work December 7th. What a time to

go to work when you have a family, with the kids and Christmas!

JF I was thinking about Pearl Harbor Day. I hadn't thought about Christmas and the children.

BG Well, so the job that I was given was a PHN underfill for the daycare position for the Concentrated Employment Program, remember that?

JF Is that CETA?

BG Yes.

JF Now, I don't know what "underfill" means.

BG I am not a PHN, but because they didn't have a PHN for the job, they gave it to me. I did the work. It was quite interesting. The position had been there for 2-1/2 years and I was the fourth nurse. I lasted 2-1/2 years until they lost the funds.

JF What was your role there?

BG The parents and the children would be picked up at their home by bus, or other transportation, and brought to the daycare where the parents would leave the children, and they went on to school or work. There were three daycares in town that contracted to care for children. I had so many bosses, I had trouble keeping track of what my role really was. But some of the things that I did was hold held a clinic in each daycare once a month. There would be a doctor who'd come -- someone I'd never met before and would never see again, probably. But, he would do physicals on those infants and children who were new to the program. A nurse from Headstart Program would come along to give immunizations. Every Monday I would go to the two school centers, where the parents were, to interview newly enrolled students and get the medical history on their children. I made rounds at each daycare every day. We weren't supposed to every day, but they needed it. I was to teach the staff. In one daycare I never did get them to understand that if a child had diarrhea, you did not put it in crib with another child while you cleaned up the soiled crib. In one infant room, they had a double sink with a faucet moving back and forth. One side, hopefully, they would use for food preparation and dishes. The other side for cleaning up the children. It was unbelievable. This one dear old soul, she had sixteen children of her own, and she was so proud of herself for getting a job in the nursery at this one daycare. She was good with the kids. But, she would sit there and feed them all with the same spoon. I finally got through to her that each must have their own dish and their own spoon. Well, they did, but she'd reach over with a spoon and feed one child, and then reach over with the same

spoon and feed another child. We tried to teach them what symptoms to watch for and when to call us when the child appeared ill.

JF It must have been like dipping out the Pacific Ocean with a tablespoon.

BG Oh, it was funny. I mean, I can sit back and laugh now because I don't think any child died from the care. At some stage of the training, the women would be taught good grooming.

TURNUED TAPE OVER

JF Okay, you were talking about that they had problems with handling both their own makeup and taking care of the children.

BG The parent would bring the children to the daycare without having changed their diapers or fed them, or done anything for them before they left home that morning. The child might be in very wet or soiled nightclothes, screaming with hunger, but the mother would be beautifully groomed with an elaborate hair style and make-up.

JF So organization was part of the curriculum, I suppose.

BG Yes.

JF Well, it sounds like it had elements of being very frustrating, but at the same time if you ever did get through it would be wonderful.

BG Oh, yes.

JF How long did you work with the CETA Program?

BG It was 2-1/2 years, and then the funds were not renewed for the children's health program, so that part of the program was discontinued.

JF And what did you do after that?

BG There was a position open in south Phoenix, so I was transferred there. That was preventive care -- maternity, child health, family planning.

JF Now, was this in the clinic or did you make home visits?

BG This was in the clinic.

JF And when were you down there?

BG Pardon?

BG Well, she was just here about a year and a half when she died. But I still have a 7 by 12 shed out there that has her things in it.

JF A life accumulates a lot of stuff.

BG Yes. And so I just didn't get back [to meetings] afterwards. But, I certainly miss it. I think the sisterhood is a tremendous help.

JF I understand -- this is another little detour -- but, it's my understanding that District 12 has had some problems. They're trying to reorganize, so if you had some free time or energy, this might be a good time to look into it again. But that's rumor, that's not fact.

BG I received a notice of a meeting. It must have been in the Spring they were having a meeting. But I didn't go. Seems like there's been one thing or another that's kept me from going.

JF There's a lot to do in the world, I must say.

BG Yes.

JF Well, I want to thank you very much for participating in my study.

BG I've enjoyed it.

JF This concludes our interview.

FINAL EDIT PER B. GREEN 1/28/88