

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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Elaine Menter Katzman
Interviewee (signature)

4-3-87

Date

Elaine Menter Katzman
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 April 3, 1987. I'm interviewing for the first time Dr. Elaine Katzman. This interview is taking place in NUR 303 of the College of Nursing Building at Arizona State University, 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 Okay, we've talked about this a little bit. In general I just follow this list through in a sequential fashion. So, what year did you graduate?

EK I graduated in 1948 from the Cadet Nurse Corps portion of my nursing education -- February, 1948. It's complicated because it was segmented.

JF We'll come back to that particular point, then. What was your school of nursing?

EK Syracuse University School of Nursing.

JF And was that a medical center?

EK Yes, it was a medical center.

JF Ordinarily I ask about the size of the hospital, I guess I'll go ahead and do that.

EK Well, we affiliated in different hospitals, other than the one we started out with. The one I started out with was probably about 300 beds.

JF How large was your class when you entered the program?

EK Fifty.

JF And do you know how many graduated?

EK Twenty-five.

JF Twenty-five, okay. So you had a number of affiliations, I'm taking it?

EK Oh yes.

JF Was there such a thing as the School of Nursing or the College of Nursing at that time?

EK Designated as, you are saying?

JF Yes.

EK Yes, it was Syracuse University School of Nursing.

JF And you were enrolled in that?

EK Yes.

JF Okay, maybe you better explain how it was segmented into Cadet Nursing and otherwise.

EK The setting was academic, but when we entered we committed only to finish the nursing portion. In other words, we would finish and be qualified to sit for the State Board Examination for registered nurse licensure.

JF And how long was that?

EK Three years, it was an accelerated three year program. We went summers, we went year round. The first nine months were strictly academic, general prerequisites for nursing.

JF And those were in the University itself?

EK Right, then we entered the hospital setting and it was primarily nursing oriented from then until graduation. We were given ninety college credits for that, and at that time you needed 120 for a Baccalaureate Degree. So I went back and achieved the rest of my credits and obtained a Bachelor's Degree in Nursing.

JF So at the end of the three years you had a diploma?

EK Yes, a diploma.

JF Or did you have a certificate of any kind? That was somewhat unusual for that period.

EK I had the registered nurse license, of course. I'm just trying to think of what I have hanging on my wall at home. I have the Bachelor's, of course, and I think I also have some type of certificate that I graduated from Syracuse University in that program. I have to go back and see.

JF Yes, that would be kind of interesting.

EK There was no actual ... Well, there was a college diploma, but it was a diploma nursing program. So, when you asked me about that I hesitated.

JF When you went back to get those other thirty credits did you take upper division credits, or electives, or requirements for graduation?

EK I think it was humanities, it was more in the humanities and elective area. I believe there were English courses, English literature courses. It seems as if that first year

the academic courses were really sciences prerequisites, as I recall -- some humanities, some philosophy, and others. But it was really a mixed bag. They knew what they were doing. We didn't have much choice. We were sort of steered into certain channels.

JF Well, this is a little bit unusual, because I have talked with some people who went into schools, like Indiana University. If you asked them where they went to school, that's where they went to school. But if you look at what they did it was a three-year diploma program in the medical center. It was not a degree program in and of itself. So that seemed as near as I could figure out, kind of common. But what you're talking about seems very different from anything I've heard about before.

EK Interesting. Not all of us followed the route that I did -- maybe about half. The others just stayed with their nurses' license, the diploma, and didn't finish school or did it much later.

JF Now, when you did have the nursing portion you said you affiliated in some different hospitals. What kinds of affiliations did you have?

EK Well based on the medical model, the OB, the Pediatrics, the Eye, the Ear, Nose and Throat, the Med-Surg., OR, those were all self-contained within our school, and then we affiliated outside of our school for Psychiatry. We went to another city and stayed in a residence for Psychiatry -- Willard State Hospital, a 5,000-bed institution.

JF Purely custodial, I suspect.

EK Definitely. That was the extent of the affiliations outside of our school until, as I see you have indicated here, the last six months. Then there was that additional affiliation.

JF Okay, now the Bolton Act did provide that the Cadet nursing students could have some special experiences in their last six months. What did you do in your last six months of your three years?

EK Obstetrics was my chosen field for specialization, and I went to the Cornell Medical Center which was based at the New York Hospital in New York City for that experience.

JF You were there for the entire six months then?

EK Yes.

JF Did you have additional classes when you were there?

EK I think we did have seminars.

JF And how were you supervised in that experience?

EK I remember supervisors, but whether they were from the school or the from the hospital, or especially for us, or from the specialty area, I just can't remember. I think they were from the specialty area, from OB.

JF Were there any people in your class who were not Cadets?

EK Yes.

JF Did you think that being in the Cadet Corps made a difference then in how you were educated, or were you all educated about the same?

EK I think our education was similar. I think the attitudes toward us, perhaps, were a little different. It seems, as I recall, the regular (five years it was at that time) Baccalaureate students seemed to be special. They were kind of looked at as special, but there were only a few of them. There were many, many more of us. So I think the numbers did count.

JF Well, it was kind of like they wanted the money, but ... There was a little "but" there.

EK Yes, there was a "but".

JF But in a general way, did the Cadet Corps make a difference in your nursing education, for you personally?

EK Yes, a big difference. You felt like you were part of the group. There was much more of a group sense and a nationalistic type of sense, too, because of the War at the time and relatives being away in the service. It made you feel like you were doing your bit. I fully intended to go into the service, but it just happened the War was over before I graduated, so I did not have to fulfill that commitment.

JF Was it your understanding that you were supposed to go into the service if the War was still on?

EK Either service or, how did they phrase it -- I remember the piece of paper we had to sign -- it said either enter the armed services or essential nursing services in a civilian hospital to relieve someone else. So that was my understanding.

JF Would you have become a nurse anyway if it had not been for the Cadet Corps?

EK I don't know, because at the point that I found out about this opportunity I wanted both a college education and a

nursing education. My parents couldn't afford for me to have both. I don't know what I would have chosen, I really don't. I might not have gone through with nursing.

JF Let me go back to one comment that you did make about the program. You said it was accelerated, three years, and then you said that the regular or the non-Cadet students were in a five-year program. So I'm taking it that it was strictly during the academic year and that they did not go during the summer.

EK That's right.

JF So when you did graduate from the three year portion of the Cadet Corps, you were completed with that aspect of your education?

EK Yes.

JF What did you do then?

EK I worked at one of our hospitals where we trained and obtained six credits hours free for the first semester. Then the second semester I did just the opposite, I went full-time. No, I'm sorry, just the opposite; the first semester I went full-time to school and the second semester I just had six credits left so I worked full-time and got the credits. That's how I did it.

JF So this hospital where you did work gave you credit [funds for six credits] for working; I mean it was one of the benefits of your work?

EK Definitely.

JF That also seems to be a bit unusual for the late 40's.

EK Really?

JF Yes. Okay, so you had your degree then by about 1949?

EK Right, exactly.

JF And what did you do then?

EK Well, I was married by then. I worked for another year while my husband finished college. He was in the service for two years so he was behind educationally. So then I worked and was the support until he finished. Then we moved to another city; I had a baby by then but I resumed working. I always worked, part-time or whatever.

JF During that year where you were supporting your husband while he was getting through school, what was the work setting?

EK I was working in the Operating Room.

JF And were you a Staff Nurse there?

EK I was a Circulating or Scrub Nurse, yes. I was a Staff Nurse.

JF I suppose some of those ranks were a little less clear in the Operating Room.

EK I suppose there was a Head Nurse, there might have been a Head Nurse. I had no interest, if this is what you're getting at, at that point, in a career, at least I didn't know it. I wasn't looking for a lot of responsibility. I was looking for something that would keep me experienced and give me income, but I didn't feel that was my primary role in life. So I was trying to strike a balance. Same thing when I moved to Buffalo and went to apply for a position at a hospital there. They saw I had a degree and asked me what administrative role I wanted. I said, "I don't want an administrative role, I want a staff position." It was hard for them to accept, because Syracuse was so far ahead in that respect. So what I did, I just stuck to my guns, I worked part-time nights in OB, the Labor and Delivery floor.

JF How long did you do that then?

EK Six years.

JF So that would be '55, '56, along in there?

EK 1950 to '56, and I switched to evenings. In that period I had two more children, and I delivered, of course, there amongst all my friends, my peers, my colleagues. So it was very nice for me.

JF Now did you accumulate any more education during that period?

EK No, not then.

JF So what did you do after 1956?

EK Then my last child entered kindergarten and I went to the Dean of the School of Nursing in Buffalo and I said, "What else is there in nursing?" She asked me if I had ever thought of school nursing, and I said no I had not. So I enrolled in a course and then a few months later I received a phone call saying that a school nurse in one of the nearby districts was leaving to have a baby. There was about six weeks left of the term and she asked me if I wanted to substitute for her and get a taste of it. So I said yes, and I went in and did it. I liked it. They had a position open for the next school year; they offered it to me and I

took it. It was very difficult physically. I had three young children and I found that I couldn't do both, and do a good job at both. The one crux was, one day I was at work and I received an emergency call from the school, they needed to see me. My kids were going to be getting on the bus and coming home, and I wouldn't have been able to be home to receive them. I called a neighbor to take them in off the bus; she said no. I called another neighbor who said yes. Then I realized the conflict, and I can't believe where we as women have come to today -- how are women dealing with these issues? I faced it way back then and recognized the conflict. So at the end of that year, I said I couldn't do it anymore, I had to go back to part-time or just to do something different. In the meantime, my husband decided he was going to go back to graduate school and get his Doctorate at Syracuse. So, we sold our house, packed up and moved back to Syracuse, and I had to keep working. I tried to get back into school nursing and there was nothing open, so I went to the VA and I worked in Psychiatry for six months at the VA until I couldn't tolerate it any longer.

JF What was wrong with it?

EK Well, I was working nights. We really didn't have a lot of money because of his going back to school and living on my salary and his assistantship. And so to try to conserve the car expenses and that, I worked nights. I was home in time for him to go to school with the car, and then I got the children off to school and slept until they came home. It was a terrific interference with family life. I worked nights, I worked weekends, and there were some other problems with the administration at the Veterans Hospital. Do you want me to go into it?

JF Well, not that so much.

EK It was you do what you're told and you don't ask questions, and that's the way it is in the service and that's the way it is here. I couldn't live like that, so I left and heard of an opening in a local school district. I applied, got in there and there I stayed for ten years.

JF How long were you at the VA?

EK Six months.

JF Okay, that was relatively short.

EK Yes.

JF Then what year are we talking about when you went back into school nursing?

EK 1961; well, '62. In '61 we moved back to Syracuse, I worked at the VA that year. In '62 I went back into school

nursing. In those interim years my husband and I bought a children's camp and we ran that for four years. So I was out of the hospital setting, out of nursing per se, except I established the health office at the camp, worked with my husband to recruit kids and a staff, all that. So those four years I was not actively in nursing. Then we moved, and so on.

JF I'd like to go back to something you said about your first school nurse position. You said it was very difficult physically.

EK Yes.

JF That's not the phrase one associates with school nursing. Would you explain that a little bit more?

EK Well, it wasn't the job per se that was difficult physically, although I moved around a lot. I sat a lot, too, but I moved around a lot. I was a very active school nurse, I wasn't just in the office. I was in classrooms. There were two schools, so I was physically moving from school to school on a given day, and even within a given day if there was an emergency at the other school. I was on call. The responsibilities were very broad. New York State has very high standards for school health. I was extremely conscientious and I was going to meet every standard. Setting up and doing the screenings, the nurses did all the screenings. We did the vision, we did the hearing, we did the growth, we did the scoliosis. Well, we did everything. Then to run home and start your next shift with three young children, and then trying to get adequate help at home. It started out really great, I had a really great woman who came at noon to my house. She let herself in and did some chores, some household chores, prepared dinner and was there when the children came home from school. Then I would come home between 4:00 and 5:00. So she came every day from 12:00 to 5:00. It started out great, she was so good. Of course, she wasn't going to stay in that kind of work. She went back to school herself and on to bigger and better things. From then on it was a succession of help that just wasn't adequate, and it was a terrible strain. I tried to be as perfectionist at home as I was at school, and something had to give. So, that's what I'm saying -- physically it was very taxing, and emotionally always it was very taxing.

JF Okay, so let's go back to the 60's, then. You went back into school nursing and you were in school nursing for ten years. Were you still in Syracuse at this time?

EK For those ten years, yes.

JF By this time I guess the children were older and a little bit more independent.

- EK They were getting there, yes. Then they were in their teens.
- JF Well, I guess it's never easy until they're really out on their own functionally.
- EK It was a strain. My husband, of course, was in school for four of those years. I was the primary bread winner and we were living in student housing which was a little bit of a setback environmentally, although I loved it. I mean, not the physical setting so much, but the people that we were surrounded with. That part was very pleasant. But it was a big setback financially, we lost a lot of years. We were in our 30's with three kids, so it was a setback that I don't think we have ever caught up with especially since I went back for a Master's and a Doctorate in my 40's and 50's. So we lost a lot of earning years in there.
- JF During that ten years that you were in school nursing, did you do any workshops or go to formal or informal education?
- EK Oh yes, very professional; I took courses. Of course I had to take courses for certification. In New York State school nurses are required to become certified. So, as soon as I started in Buffalo -- I told you I enrolled in that one course and the following year I was taking courses as well -- I had to fulfill ten or twelve credits beyond my Bachelor's in certain school health courses. So, I started those in Buffalo and kept it up in Syracuse. There were all kinds of opportunities, both at Syracuse University and State University of New York at Cortland. I always took courses, even after I got certified. There was just always more to learn -- family life education, more on health education, courses and workshops away from Syracuse that you could go for two weeks on air and water pollution, things like that. So I enjoyed that, I availed myself of a lot of opportunities to continue my education. So that was really an advantage, with courses at different schools. So at the end of the ten year period of school nursing, I received a letter from the Dean of the School of Nursing at Syracuse University. I had received one yearly before that for several years saying that there were traineeships available for a Master's and inviting me to come in and talk about it. I kind of pushed them aside, and then all of a sudden after ten years in school nursing I decided maybe I'd better look at something else. I had gotten very interested in sex education while I was a school nurse, and worked on a sex education curriculum and was beginning to give classes in it to the fourth and fifth graders. Then suddenly there was a lot of opposition to it in the community, they wouldn't allow it any longer. So I thought this was something that I was becoming a specialist in and they didn't want it. Maybe it was time for me to move on. So I left and enrolled in school full-time for my Master's, and then got interested in

community health nursing, nursing education, and women's health care as a nurse practitioner. So I took in a lot in those two years, I really did.

JF That does seem like a big amount ...

EK It all fit, though, it all dovetailed. In 1972 only a few nursing Master's programs were offered at the university level, at Syracuse at any rate. There were just some limitations. Nursing education was one track, also the functional area. For predominant attention you couldn't even do psychiatry yet, as a specialty area. Community health, med-surg., those were about it. So I chose the community, figuring my school health experience would dovetail the best with community health.

JF So you graduated from your Master's program then in 1973?

EK 1974.

JF Did you do a thesis?

EK No.

JF So this was a clinical specialty Master's?

EK Yes; well, thesis was optional.

JF So after you graduated and had your Master's what did you do then?

EK I dabbled.

JF In what?

EK I started a women's health clinic. It was on a voluntary basis. The Co-director and I were volunteers and we tried to get a grant from the regional medical program. I gave myself six months; if I got the grant I would stay with it, if not then I would look elsewhere. Well, I didn't get it, so then I became a women's health nurse practitioner at an HMO neighborhood health center in Syracuse. I did that for a year and then saw a position open at the university level, teaching, and decided to throw my hat into the ring. I got into teaching.

JF Now where was this?

EK In Florida.

JF And your family was mobile?

EK Everybody was gone, everybody was grown up and gone. We moved down there and it wasn't to our liking, so we moved back. Then I decided to pursue my Doctorate. I pursued my Doctorate and in the next few years my husband decided to take early retirement from teaching and move to Arizona. So we came out here.

JF Now, you were taking your Doctoral studies at Syracuse?

EK Yes.

JF And I have just a faint recollection; you were still working on your dissertation when you came to Arizona?

EK Right.

JF So that would have been '83?

EK We moved here in 1982.

JF 1982, okay.

EK It was a vast study, it was a field study. That is, field work was the basis of it. It started out as a qualitative study, and so for the field work period and then the analysis period it was very lengthy, and the writing up period was very lengthy. So it took another two years to complete.

JF When you came here to Arizona you were working at the College of Nursing here at ASU?

EK Not for starters, no.

JF Not for starters.

EK No, I was writing and we started a private practice. My husband and I had had a private practice in Syracuse for the previous five years to moving here -- in marriage counseling. It seemed as though our careers and also societal needs and the trends pointed us in that direction. We became certified sex educators and therapists, and instituted a marriage counseling practice which we started here when we moved. So I was doing that and writing my dissertation the first year.

JF So you were actually doing some part-time marriage counseling while you were working on your Doctoral studies?

EK Right, the first year. Then I came to ASU. I've been here ever since.

JF Not too many nurses have been in private practice. Have you found that difficult, interesting?

EK Very interesting. I think it has a lot of potential. I think, again, trends are making it even better potential for nurses. Offerings at the university level for a Master's as a specialty area, plus reimbursement trends legislatively. A lot of things are much more encouraging. There was not third party reimbursement when I first moved here, and now there is. It does give one a lot of thought. But there are some drawbacks, it's not simple. It takes a lot of very hard thinking and expertise in different areas than what we're accustomed to in nursing -- entrepreneurship is a whole different thing.

JF Well, being captain is not quite like following guidelines.

EK And it's different in health care. I think if a nurse were to hang her shingle out as a primary care practitioner and enlist or recruit a group of clients and be able to have them over the long term, similar to physicians, I think that's a kind of practice that could go well. In counseling it's different; you get people in, you help them and if you really do a good job they're gone. They might come back from time to time, but it isn't a routine thing. Periodic thing where they come in for checkups, like we have taught people to do in health care. So that made it a little more difficult.

JF So you're always trying to work yourself out of a job when you're doing counseling.

EK It appears that way.

JF Alright, so you are now working in the Community Health Division in the College of Nursing?

EK Correct.

JF And you are doing research projects at this point?

EK Yes.

JF Alright, as near as I can tell that kind of brings us up to the present time, so I'll shift gears a little bit. Have you always wanted to stay in nursing during these past years?

EK No I can't say that I've always wanted to, to be perfectly honest. It depends really on how narrowly you define nursing too, though, to be able to answer that question. I certainly think that even when I was doing counseling I was practicing nursing, so I can't say that at that time I would say that I didn't want to stay in nursing. It just, as I say, depends on how you define it. It's much different in

private practice. Also, when I finished my doctorate it was in family studies, and I had given some thought to perhaps teaching in a human development or another kind of academic setting, other than nursing.

JF Okay, but you did continue on in nursing?

EK In the work role, yes.

JF Well, I think that certainly there are different ways of defining nursing, but this is from how you looked at it and it seems as if you did look at your counseling role as a kind of nursing in the broad sense.

EK Yes, it would be more in the mental health area, and community health.

JF I know that you've talked already about your children and your marriage, and to some extent how you juggled your work and family responsibilities during those years of child rearing. You talked about theories of part-time housekeeper, sitters, working very hard in shifts as you put it. Were there other things that you did that you can add to that?

EK For the juggling, how we did the juggling act?

JF Yes.

EK Interestingly enough, I always felt there was something more to it, to working, than just keeping my hand in or earning some extra money. I always felt that perhaps a career wasn't such a bad idea for a woman. It went against, of course, my whole upbringing, my whole socialization, it went against that. But then when the Women's Movement got going in the early 70's there was support for those attitudes of mine, and so then I kind of got on the band wagon myself and was encouraging women to seek careers and to try to do both. Then as I got further into the work world and looked at it more as a career. I became more serious about it and realized what it was doing. It was taking me away from my family a lot, my attention and energy. I suddenly got to thinking that women had been had; that they were being told they could do everything, they could do it all, they could have it all, but they didn't say watch out because something is going to suffer. What happened by that time, our whole GNP and our society was beginning to be dependent on a two-salary household. Couples were becoming more willing to pay more for goods and services because they had it. So our whole economic system started to become based on the two-salary household. I knew at that point we would not be able to go backwards, once that was established as a norm. And it has come to pass that women have to work today. When you survey high school students almost 100% say that they know they will have to work. The scary thing is that they know

they will have to work, they plan to work, but they also think they are going to be in charge of the household and have children, and do it all. That's the frightening part.

JF Yes, well ...

EK So, I juggled it, but not easily. I would have been willing to give up the work at that point, when my kids were teenagers and I wasn't able to be as available or have energy, or have time for myself. I remember I would come home from work and see what was going on with the kids and their friends. Then I tried to get into a routine. You see, another part of my life that's important is physical activities. I always want to do something physical, always, as part of my routine. In those days I chose swimming. There was a place to go to swim, and I would try to go every day before dinner or after dinner. Well, one evening I came back from swimming and my kids and their friends had converged at our house. And there were twenty or thirty -- all three of my kids were teenagers at the same time, and each of them had a bunch of friends. I realized that something, again, was going to have to give. So I had to start staying home. My husband was off studying, he was still working on his Doctorate. So I had to give up the swimming and give up the exercise, and look for some other pursuit for that. And that's hard, it's really hard to have to give up something that you feel is so important and vital.

JF Okay. Well, then what did you find supportive in these many roles?

EK Professional recognition, I guess. Satisfaction and doing an important job. I was getting a great deal of satisfaction out of school nursing in those days. It was a very viable field in the middle and late 60's until it started to slip -- budget cuts and all that kind of thing.

JF Okay, have you ever seen yourself as an innovator through all this?

EK Oh yes, I sure have in many, many places. The nurse practitioner role was an innovation. This was at the Student Health Center at Syracuse University in 1972. I recognized the need; there was an assessed need for women caregivers, for women to do the pelvic examinations or Gyn. exams. So a classmate and myself instituted the didactic program to learn the content and got ourselves a preceptor. We learned the role and learned the process, and worked at it for a year very, very successfully.

JF Now, were you in the Master's program at Syracuse at that time?

EK Yes. So that innovation was picked up by other nurse practitioners in the community. Some of them started doing it in private doctors' offices, at the HMO's, places like that. So that was kind of an innovation. Then in the Women's Movement as well, I was a leader in the women's health movement in the 70's to promote wellness among women, and also to encourage in the participation in going to get a pelvic exam and in understanding what the pelvic exam was about -- simple little things like asking for a mirror so they could see their cervix. Seemingly simple, but there was a huge revelation and a whole new beginning for women to take some responsibility for their own health. The interesting thing is when I'd ask women if they'd be interested in doing that, a lot of them would say, "No. Look at my cervix? That's for my doctor to do. He'll take care of that, I don't have to see it, I don't have to know this." It's very interesting.

JF I suspect there's still a fair amount of that going around, in fact.

EK I think we've gone backwards.

JF You do?

EK I do. I think it is an aspect of conservatism.

JF Well, I don't know if this will be reassuring or not, but I did hear Ellen Goodman -- she gave a presentation here in the Valley several years ago -- and she said ERA will not pass. She said while Reagan is President, there is no point in worrying about it, but he will not be President forever and it is not dead -- it is merely dormant. So, I thought that that was an interesting comment.

EK It is interesting. The question is when? Will it be in our lifetime or when? But if there's hope, then that's fine.

JF Okay, in terms of your leadership in the Women's Movement, what you spoke about seemed to be primarily health teaching as opposed to political activism. Is this a correct interpretation?

EK I was politically active, too, in those years. For time and energy reasons, and also political reasons, I had to come back a little bit to center. The radicalism was too soon. The world wasn't ready or society wasn't. My community definitely wasn't ready. There was a lot of opposition. I actually had physicians coming up to me ... When I was working at the HMO part of my duties were visiting some of the patients, some of the women, when they had their babies at the hospital. I would make the visits and reinforce the teaching on family planning, and report back to the HMO about their health, the baby's health status and so on. I would be stopped in the charting room, or the nurse's

station, by local obstetricians and gynecologists who knew what I was trying to teach women and was called a rabble rouser and a trouble maker. That it wasn't right that I was teaching women to ask questions about their care.

JF Yes, well there are stories.

EK So I was looking at that and I said to myself, "You want to work, maybe you should just cool it a little bit. Maybe you can make a contribution in a less radical vein." That was the reality, so I said okay.

JF Well, this kind of concludes my laundry list of topics, but before we do conclude the interview is there anything about your experiences that you think I might have covered that we have not covered?

EK No, not really that I can speak of too specifically. I have really good feelings about having been in the Cadet Nurse Corps. In a way I wish that maybe this research had been done periodically before this -- or some kind of reunion or review, or refresher -- something to shore up the experience again, because it was a positive experience. Now some of us, the remaining 25 in my class, have done something interesting. We have kept a round robin letter going for these almost 39 years. It takes sometimes two or three years to go around the 25, and we are now planning our 40th reunion next year. So that's about it. It was a positive experience.

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

EK You're welcome.

JF This will conclude our interview.

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