

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:

None

Nature of restrictions on use of TAPE RECORDINGS:

None

Georgia P. Macdonough
Interviewee (signature)

3-10-87

Date

GEORGIA P. MACDONOUGH
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 March 10, 1987. I'm interviewing for the first time Mrs. Georgia MacDonough. This interview is taking place in her office at the Department of Health Services, 1740 West Adams, Phoenix, Arizona.

This interview is sponsored by 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 You have had some opportunity to look at information that we were going to be covering, so we might start with your education. What year did you graduate from nursing school?

GM 1947.

JF And I assume that you may have graduated from a diploma school, but I don't really know that.

GM That assumption is correct. It was.

JF It was a diploma. Whereabouts was your school?

GM In Brooklyn, New York. It was called the Brooklyn Hospital Training School for Nurses.

JF And that sounds like that might have been a large hospital.

GM Two hundred beds.

JF Was that considered a good sized hospital at that time?

GM At that time it was.

JF Your class ...

GM Well, I tried to think about that. I think it was probably around 30. Very few dropped out during the course of the three years -- maybe two or three, but no more than five dropped out.

JF There was quite an attrition rate if you go back and look at the statistics overall, and so I presume that will vary from school to school or even class to class. In your program did you have any affiliations?

GM Yes, we had two. One was Psychiatric and that was three months. So we actually left the hospital for three months and went to a large state psychiatric hospital on Long Island. Then there was another one which was two months, and that was with the Brooklyn Visiting Nurse Service. So we worked in community health with them for that two month period.

JF That was kind of unusual.

GM For a diploma school, that was. And it was in our last year that we took that public health component.

JF Did you have any college classes while you were in nursing?

GM No, they were all taught right at the hospital. There was no affiliation with any university or college at all.

JF Alright. In terms of the Cadet Nurse Corps, you were in the Corps for the full three years?

GM Yes.

JF So you would have gone in in '44 if you graduated in '47.

GM Right. I had just graduated from high school and went right in.

JF Oh, that was going to be a question I was going to ask you. I have found from talking with some of the people on the telephone that there were a fair number of people who had worked before they went into nursing. And, of course, I was making the other assumption. So that's helpful. One of the things I was going to ask you -- were you sworn into the Cadet Corps? Was there any kind of process where you made any quasi-military commitment?

GM No, not that I remember. I do remember that we were told as a class that we had a commitment and what that commitment included. After we finished the three years that we were to actively work for two additional years.

JF Okay. One of the things that I was most interested in were the final experiences of the Corps. But did you think that there was any difference between the education, the nursing education, you were getting throughout the three years -- was it any different because of the Corps?

GM Oh, no. We were in exactly the same classes as those who were not and there was no difference at all. The choice was the last six months -- that if we wanted to go away from the hospital we could, and we had a choice as to where we wanted to go.

JF I was interested in that last six months and that choice. So you did know that you had a choice?

GM Yes.

JF Did you exercise that choice?

GM I exercised my choice to stay. That was my decision, to stay there. I did that because it gave me an opportunity to learn how to be an Administrator. In our hospital a lot of

the actual work was done by the students, and I really became an acting Head Nurse in the last six months because I had all the experience. They, at that time, needed to do this. So it put me in a good position to learn some management skills that I probably never would have had, had I gone away.

JF Okay. So you did stay, and you were an acting Head Nurse. But you had said earlier that you did have some time in community health. Was that during that same time?

GM Right, but that was prior to that six month period. Everyone in the class had that choice.

JF So this was was like a six month block that you were acting Head Nurse.

GM Yes.

JF Now, one of the things that I wanted to know is, did they give you any classes for this supervision?

GM No, oh no.

JF It was on-the-job training?

GM Yes.

JF We don't like to talk about that, I realize. But I was there and I remember.

GM I was an indentured servant.

JF That's an interesting term, but I can relate to it. Now, during this period of time how were you supervised?

GM The six months?

JF Yes.

GM Loosely. The supervisor of the hospital, the Director of Nursing, walked around. There were medical supervisors or surgical supervisors, or whatever, and they would discuss things with you. But actually, very loose supervision. Nothing really every day, this kind of review system -- they just didn't do that.

JF I take it that this was a daytime position.

GM No, not always. Sometimes I worked evenings, 3 to 11. Actually, when I began training we had twelve hour shifts and I worked a lot of 7 to 7, both days and nights. You would get three hours off -- not to your convenience but to the convenience of the hospital, and you would have three hours to do something. So, in essence you were working

eight hours, but you had to be there for twelve. That happened even in the last six months, they did that at that particular facility.

JF And other students in your class maybe were doing the same thing?

GM Oh, yes.

JF How do you think the Cadet Corps made a difference in your nursing education?

GM I wasn't planning to be a nurse. In fact, I wanted to be a nutritionist and had all my papers in to Cornell University. I heard about the Cadet Corps, I guess I just read about it or something, and I decided that that was a pretty good deal. My mother decided that it was an excellent deal since she really didn't have too much money. She really thought that was wonderful and that I definitely should try it. So when I began to make inquiry about it and found out that financially it would be a great relief for my mom, I just decided to sign up. I had not ever had in my head that I'd be a nurse, Joyce. So I wouldn't have been a nurse had it not been for the Cadet Nurse Corps. I think that, in essence, it just pushed me into nursing.

JF Well, if you go back and read about the legislation and the history of what was going on at that time, of course that was the purpose of it -- to intrigue people. But it doesn't actually sound as if it was an either/or situation. You did have other plans and could have made it.

GM Well, I suppose. I stopped thinking about Cornell once I found out there was an option for me. I just stopped the process of applying and everything. But in high school when I chose my courses, it was with nutrition in mind. It just so happened that basically math and science background was the same for nursing as it was for nutrition. So I was lucky I had what I needed to have.

JF Once you graduated and you had your two years of commitment ... I thought that perhaps we could talk about your work or your career in smaller blocks, and then kind of deal with each segment of time. Then we could kind of work our way up to the present. Maybe if we started from '47 to '50. What was your first job?

GM I stayed at that hospital, and I think that's probably why they talked about your choice in the last six months. They really gave you these advantages, so to speak, in terms of being the acting Head Nurse. It was sort of a status symbol. But if we stayed there, it was an advantage. So I did stay there. I think that not only did I feel comfortable in the hospital and really knew what was going on on all the floors -- because in those days when you went

through that kind of training, you worked every service and every area of the hospital -- so I felt comfortable. But then I met my husband and it was very convenient for me to stay right there and to work there. So we lived in Brooklyn and I became ... I worked as a Staff Nurse and then I became the Head Nurse on a very large medical floor -- one of the elite floors of the hospital where the well-to-do patients were brought in. It was a very busy floor, but that was good.

JF How long was it after you graduated that you became a Head Nurse on that unit?

GM Within a year.

JF But, reflecting back on what you said in your last six month, you had some ambitions to move in the system administratively. So you were preparing for that and they seemed to have been supporting that.

GM Yes.

JF So how long did you do that?

GM Just a couple of years. I think the reason that I stopped working in the hospital was that by then I was married and I got pregnant and I wanted something else where I could take off when I wanted to. So I went into private duty. I worked private duty, both in the hospital and in the home, and boy did I -- I mean that was an experience. I was not prepared to do that. Nobody prepared me to do that kind of stuff.

JF What was it like?

GM Well, I went through the registry that was associated with the Nurses Association. I had twelve hour duty at night, I worked nights, in homes. It was just a weird experience. Some nights -- I can remember having psychiatric cases where the patients were actually strapped to the bed and all night long they'd be moaning and groaning and complaining and fighting, so on. But the families couldn't cope with them, so in order for the families to get any sleep at night they'd hire a nurse. Very interesting kinds of situations. One I remember -- I had to take care of a baby. This baby was less than a month old, and I can't remember the diagnosis but I have a feeling it had something to do with a heart malformation. About 4:00 this baby started to go bad, and I tried to get the doctor. It ended up that I actually just called an ambulance and we raced through the streets getting this baby to the hospital in order to save the baby's life. That was very interesting because by the time all this occurred, my husband was coming to pick me up and

he followed this ambulance through the streets, and it was just hilarious. But I did a lot of specializing, they used to call it specializing.

JF I wonder if you could talk a little bit more about why you felt you were not prepared for private duty and specializing.

GM Well, I sort of prepared myself for medical nursing. When I went out on these cases I found that I was doing Psychiatric nursing, that I was doing Peds. or Newborn nursing. Now we would call that Newborn Intensive Care nursing. But in those days, they didn't have anything like that, they didn't have an Intensive Care Unit, it was a special nursery.

JF So it was the specialized care that the people needed that you felt unprepared for.

GM Right. And yet there was no question, in terms of that registry -- they never asked you whether you wanted to take this case or that case. They didn't give you a choice, they just said, "Go to such and such address." You went in to find out that this case had this and this component. And you just did it. I don't think that we do that to nurses today.

JF All nurses were prepared to do everything.

GM Everything, that's right. And really it was putting you in a position of jeopardy. Certainly inside, if you were truthful, you would say, "Gosh, I feel very insecure about this because there's got to be somebody else who's better prepared to take care of this patient than I am." But you did it. I learned a lot.

JF Oh yes, indeed. Where are we in terms of a year? Are we into the 50's now?

GM Yes, probably the 50's.

JF And you have a baby, a husband and a baby?

GM Yes, I had a husband and my first daughter was born in 1949. I never stopped working, really, except to have the baby and take care of that baby a little bit -- maybe a month or two. I then went back to work. Throughout my whole career, I never quit working, really. I would take a few months off. But we moved when we had our children to Long Island, because it was a nicer atmosphere, I guess, than the middle of Brooklyn. When we moved I changed my area into Obstetrics and, by the way, without any special study or preparation. There was a job in Obstetrics and I took it. I learned, again, on-the-job Labor and Delivery. I started out as a Staff Nurse and ended as a Head Nurse in OB-GYN.

JF How long did that take?

GM Oh, a year. I mean you know, it was really weird that without any formal preparation here I was in the middle of the Delivery Room. Delivering babies, by the way, because the doctors on Long Island wouldn't want to be called until the very last minute and they would never make it. So I delivered babies not only in the hospital, but in the parking lot and in taxis, so on.

JF It was a pretty incredible situation, I remember.

GM Yes. In fact, when I think about it now, I really put myself and my life in some jeopardy. But I was too stupid to know that. I'd give open-drop ether without ... I mean, because the doctors said, "Just pour that ether so that woman doesn't feel anything."

JF Sure. But my recollection of that period -- we're talking about the early 50's now, or actually the late 40's -- we we felt protected because we were more clear that we worked under the doctor's direction and if there was any problem it was his to deal with. I'm sure that if there were things we could do ...

GM I think actually we thought that, but it wasn't really true. But the myth was there.

JF I think the myth was on both sides of the relationship. I think doctors felt responsible to a large extent for everything that happened when they were around. But you're right. I think in the legality situation ...

GM Well, I remember one incident that now gives me the hebie-jebies when I was working nights in the Delivery Room. This was really the first time I ever saw a father stay through labor and delivery because, in those days, they just didn't allow that. But it was a friend of the physician and it was a dentist, so they were both professional men and the doctor felt that this guy should be there. It ends up that the baby when it was delivered was sort of a monster and the prognosis for this baby was nil. However, after this delivery and after we took care of the father, because the father was really in shock that this monster had been delivered ... And I was outside really tending to this dentist and the anesthetist came out of the room and shut the door to the Delivery Room. We had transferred the mom, meanwhile, to a bed. He shut the door and he said, "You're not to go in there until doctor so-and-so comes out. He doesn't want anyone to go in there." And we didn't go in there. I don't know what went on, other than the fact that when I got back in there, the room was freezing and the baby was dead. I think in my own heart and soul the guy took care of it, because it was better than to have this prolonged, and on and on ... There were windows in that Delivery Room and it was the middle of winter, and I'm sure

what he did was open the windows. And that was that. But you know, today we would never, ever think about getting mixed up in something like that.

JF Well, it certainly is a different world. I'm going to stop this for just a minute. Now, what you said, I thought, was something I wanted to get at -- how you see things as changing over the years and that was a kind of change that you just spontaneously brought up. Now one of the things that did happen is that you made these career moves, really different specialty areas as we would see that today. You got into Head Nurse positions relatively quickly in our terms today. There are two questions I wanted to ask you related to that. In that move from, say, Staff Nurse to Head Nurse did you perceive that you were promoted because you were very good at what you did, or you wanted to do it and no one else did? Or were you just kind of senior when a job came [up]?

GM No, I think that I performed well, and that's why it was offered to me. I really didn't have any aspirations to move up, because I was married and I had other interests. It just sort of came along. It always came along with a pay increase, and I always thought, "Well, why not?" And I would do it. But, I didn't really go after that -- it just came.

JF Then during this period were you getting any additional education or continuing education?

GM Not while I was working in OB-GYN. But I got tired of working like that and I decided I would stop working. I quit for a little bit.

JF And when was that?

GM Oh, let's see. Probably '52, or around '52. I had a friend who asked why I didn't work in schools. I put my name on the sub. [substitute] list and occasionally I'd get called to work in the schools. Then I began to think, "Gosh, that's really a neat job." I liked kids and I thought you really have an opportunity to do some health teaching, not only to the kids but to their moms. But then I knew that I needed to get a degree, because this was considered public health and with my diploma I just couldn't get anywhere. So I began to investigate then how I could get a degree. I went to Adelphi and found out that there was something called a Public Health Fellowship. I applied for that and went to Adelphi and got my BSN there. Eileen Jacobi was the Dean.

JF When did you graduate?

GM Let's see, when did I get my BSN -- 1961.

JF So you must have been working on and off during this period?

GM Yes, I was.

JF In public health, or still in schools?

GM No, just in the schools.

JF By this time did you have a more full-time [position], or were you still subbing on a part-time basis? How many years part-time did you do during this period, and how many full-time?

GM I believe 3 years part-time and 1 year full-time. I was still subbing. I guess I worked maybe six months full-time before I found out that I was accepted and had this money coming in, and then I just quit and went to school. I just wanted to get it over with -- go full-time and get it.

JF So, to get this degree -- was this pretty much four years of college that you had to do, or did you get any nursing credit?

GM No, not 4 years; about 5 or 6 semesters in college. I got credit. I had to take some exams and it seems to me, I can't remember, but it seems to me that, first of all Adelphi gave a lump sum of credit for the diploma program. But then in addition to that, I could get a lot of extra credit by taking individual exams. I chose to do that because I felt like I knew, and I took maybe six and passed the six and got all that credit. So I really had advance standing when I started the program.

JF So these exams, was that like in English or Math, or was it more like Chemistry?

GM It was Chemistry, Sociology, Psychology. I don't really remember now -- I remember Psychology and Sociology as being two of them.

JF So then you graduated in 1961, we're now in a new decade. Then did you take a full-time position in school nursing?

GM Yes, then I got a job again in school nursing and started to work in New York. Then we moved out here and it was weird. I moved out here in '63, I think it was, because my husband was offered a new job out here. So, we just decided to move out to the wild West. We arrived at the beginning of summer and towards August, maybe July or August, I thought I'd look for a job. I went to one of the school districts here, a large district. I went in and didn't even know they had an opening. But that was the district my kids were going to attend, so I went to the superintendent and said, "I'm a school nurse teacher, what kind of credential do I need to look for a job here?" He said, "We don't have school nurse

teachers here, but we do have school nurses." He said, "We've got a job, but I've got 45 applicants and this is the last day that I'm taking applications. You really don't have a chance, but if you want to fill one in that's okay." So I started to talk to him and said, "What do you think school nurses should be doing for you in this district?" In fact, I interviewed him. We had quite a discussion. I must have been with him an hour and I didn't like what he was telling me. I said to him, "Well, you're not getting your money's worth out of your nurses. They're not doing the things that school nursing's all about." The next day I got a call and they said if I wanted to job I could have it. So I got hired.

JF So they expected you to make changes in that role when you took the job.

GM I don't know if they expected it, but I expected it because I wasn't going to do what the school nurse that had been there did. That wasn't nursing at all.

JF What did you perceive that she was doing, and what did you do different?

GM She was doing record keeping and band-aids. And I wanted to do some teaching, because I had a teaching certificate from New York. I wanted to do nursing, not band-aids. So I went in and had my program outlined and proceeded to get involved in teaching 7th and 8th graders and set myself up as a resource person for the other grades. I got out with the teachers and told them what I expected them to do.

JF Were they accepting of you in this new role?

GM Oh, they were excited. They liked it. They were really excited because nobody had done anything to help them teach health. Nobody had stimulated them to teach health. So it was kind of fun. It was not a big school -- I think we had 800 to 1,000 students, so there was plenty of time to do all of this.

JF I graduated in a class of 16 in my [high] school, so that seems like a big school to me.

GM Oh, yes.

JF So there you were really making some changes. Were you unusual in this area -- say, Phoenix?

GM Oh, I think so.

JF With a degree and working directly with the teachers and working directly with the kids.

GM Yes, I think so. In fact, I guess I caused some waves in that district. Some of the nurses who didn't want to do anything were very upset because I started some innovative programs. I couldn't see wasting my time doing all this screening, so I got a cadre of volunteers to do my initial screening and then I just did the rescreens. They were very upset because they thought, you know, the moms shouldn't be allowed in. I kept thinking that the moms really needed to be in so that they know what's going on. So we had a difference of opinion. But, you know ...

JF Was it -- I'm not sure just how to ask this -- was it a super hostile kind of thing, that they tried to undermine you?

GM No, they didn't do that, but they didn't want to have to do what I was doing. But that wasn't forced on them. I think some change occurred in the district because my principal would go and talk about it at principals' meetings. Like, "Here's what we're doing in health in our school." And the other guys would say, "Well, why can't we do that?" So they were pressured, but not directly by me.

JF That was about '63.

GM Yes, I worked in that district for six years. Meanwhile, when I got here I had investigated at ASU a Master's program in nursing, and they didn't have one at that time. I was amazed at the price of education in Arizona because I had been paying an enormous amount in New York for credit. I said to my husband, "I can't afford not to get a Master's Degree. This is ridiculous, look at this." So I got myself involved in, since nursing had no Master's program, I enrolled in the Counseling Education Department Master's program. I thought, if I was really going to stick with school nursing, that counseling would be advantageous to have. I went through the Master's program at ASU. And it did turn out really to be good for the kinds of work that I've done since then.

JF And when did you graduate from that program?

GM In '68.

JF So you were still working at the school district where you were.

GM Oh, yes. I can remember having the full-time job and taking one semester 18 credits and doing I don't know how many papers that year. It seems to me I spent every waking hour in the library. But I wanted to get through it.

JF Was that like a year and a half?

GM Well, I think it took me about two years to get through that program.

JF Did you have to do a thesis?

GM No, we had a choice. We could either do a paper or a thesis, and so I chose not to do the thesis.

JF Okay.

GM The other thing I think that, in my career at least, was important to me was when I graduated from this diploma school. One of the things that was part of our education was the responsibility for professionalism. From the time that we were probies, we were taught that you had to join and be active in your nurses' association. That was drilled into me and my classmates from the beginning. As soon as we graduated we joined and we had a big ceremony. Everybody was taken into the district. When I moved out here one of the first things I did even before I got a job was to call AZNA and say I was a transfer from District 14 in New York, and I asked what was going on here, so on. Hazel was the Executive Director at that time and she said, "Ah, a new body." She got me on committees and so on. So I was always really active in my professional organization, because I was taught to be.

JF Sure. And were you doing that while you were getting your Master's too?

GM Yes.

JF What are some of the committees you served on in that organization?

GM In AZNA?

JF Yes.

GM Well, I was always active in the school nurse -- it's now called occupational interest group -- but there was always a group of people in there called school nurses. Right away I got on their Executive Committee and began to get involved, that kind of stuff. Then I was on the Nominations Committee and I eventually ran for the Board and I was on the Board for years. I went through the chairs, you know Board member and then Secretary, then First Vice President, Second Vice President, Vice President and then I ran for President.

JF When were you President, because it's not been all that long ago.

GM That I can't remember, I have to look it up. It was '79 to '81.

JF If I had to guess I would have said 70's. Well, once you finished your Master's, and you said that was '68.

GM Right.

JF So you worked in that school for at least another year.

GM Yes. But let me tell you that, again, when you're a school nurse you have the summers off. And so I always felt like I didn't want to become stagnant in terms of nursing so every summer I'd do something different. I worked one summer in Pediatrics at Good Sam., one summer at Lincoln, just as a Staff Nurse. They just put me all over the place, that was really an interesting summer. Then one summer I worked Maricopa County Health Department in their Clinic. I worked with LoAnne Bell, that was fun.

JF Yes.

GM So I just felt that it was necessary, because you can get stagnant if you just stick in school nursing for ever and ever, and I didn't want to do that. So I just made it my business to get a variety of experiences, which was kind of fun.

JF So you were keeping your hand in hospital nursing, so to speak, but it sounds like a number of things were kid-related, like the summer you spent in Pediatrics.

GM And the Clinic.

JF It was your clientele, so to speak -- the children.

GM Yes.

JF Were you doing, besides your formal, did you do other continuing education kinds of things in those years?

GM A lot. Yes, a lot of continuing ed. stuff -- workshops and conferences. I think that's because I was active in AZNA and I would get all these brochures and decided I needed to go to that one, and so on.

JF Was the school principal supportive of you going to those kinds of things?

GM Actually I went on Saturdays, I didn't take time off. They would never pay, nor did they support you taking days off to do that. So I would do it on Saturdays.

JF So this was at your initiative, pretty much 100%.

GM Yes. About 1968 I went to one of these continuing ed. offerings and it was down in Tucson. It was run by the State Health Department and I think it was arranged by

Gertrude Cromwell, who was then the consultant in school health. They got Loretta Ford into Arizona, who ran this three-day workshop down in Tucson. It started like Friday afternoon and went through the weekend. It was just fascinating, and I thought that Loretta Ford was something else. She was just dynamic and so creative. Well, at that workshop I was approached by Francis Mast, who was then the NCH Consultant for the Department. She said to me, "Gertrude has retired, and we're looking for a School Nurse Consultant. Your name was given to us and we would like you to apply for the job." Well, I didn't even know there was a School Nurse Consultant and I didn't know what a Consultant did. I said to her, "Well, what is that? What do you do? I don't know how to be a Consultant." She said, "But you're an expert in school nursing." I said, "Who said that?" I didn't think I was, I thought everybody did that. She said, "No, we really need you because you've got some background in a different kind of school nursing than what is common here. Wouldn't you apply for the job?" I said that I didn't want the job, because she told me it was traveling. I said, "I can't travel, I've got kids at home." So she wouldn't take no for an answer, but I said no anyway and went home and went back to my job. About a month later I got a phone call from Dr. Baum, who was then Chief of Maternal Child Health, and he said, "I want to talk to you. Would you consider meeting Francis Mast and myself at her apartment, at such and such a time. We want to talk to you about this Consultant job." I said, "No, I really don't want to talk to you. I am not interested and there is no way I can take that job." He said, "Well, just come and let's talk about it." So, I did. I went to her apartment after school one day and we sat probably a couple of hours. I had never thought about asking what the salary was. I mean [I don't know] why that never occurred to me. All I talked about was the travel and what the job entailed, and the fact that I thought I was unprepared to do the job. I thought that was crazy, there must be somebody out there who really knows what a Consultant was. Well, that afternoon Dr. Baum said to me, "Well, do you realize that the salary for this job is \$X. I said "What?!" Because, I don't know if you know, but school nursing in this state is very, very underpaid. When I moved from New York I took about a \$3,000 cut. I listened to that salary and I thought I couldn't believe what this man was telling me. I never in my whole world thought I could make that much money. I said, "I'm going to reconsider this." And actually, it was the salary that sold me on it. So I went home and my husband and I talked it over. We thought what could we do if I had to go away, I was really concerned about the children. We made arrangements that the kids would be taken care of if, in fact, I had to be away. I took the job and boy did I feel insecure. I didn't know what this was all about.

JF How old where your children at that time?

GM My youngest was probably in sixth grade, and the older ones were in high school. So they were okay, and they knew how to cook and were just great. They just took over and did what needed to be done.

JF So did you have to travel as much as you were afraid you would?

GM No, not really.

JF So it wasn't too bad?

GM No. But I learned how to become a Consultant. It was weird. I got on the job and the first thing I had to do was put on a three-day conference for new school nurses. It was really fascinating because there were so many things that I knew that I thought they needed. I didn't ask them what they needed.

JF This is '69 or '70?

GM Yes, the beginning of '70. So it was neat.

JF So you just made some assumptions. Were they accepted -- your ideas?

GM Yes. Interestingly enough, there were a lot of nurses out there who thought they wanted to do a better job, but didn't know how to start doing it. But on the other hand, there were also a bunch of nurses who didn't think they needed consultation at all. And I remember one instance where I thought the best way to get started was to get people to know who I was. So I made this trip around the state and I ended up in Douglas. There were two groups of nurses -- one in the elementary schools and one in the high school. I went to the elementary nurses and they were all excited about being able to have somebody to call upon. I went to the high school and when I went in for my appointment this nurse said to me, "Well, what do you want?" I said, "Well, I just came to introduce myself and to tell you know that I work for the Health Department, and if you need any help with anything I will be happy to help you." She said, "I don't need any help, I've been working here for 20 years and there's nothing I need help with." I said, "Okay. Thanks very much. I just thought I'd come in and say hello so you would know what I looked like and who I am." I hadn't been there five minutes and I walked out and got in my car and had shut the door of the car, when she came out and knocked on the car window. I opened the window and said, "Is there something else you want to talk about?" She said, "I thought maybe you could help me get a better salary. I've been working here for years, and my salary is terrible." I said, "Well, do you want me to come back in?" She said, "Yes, why don't you come back in and we'll talk about it." I went back in and said, "How much salary do you get?" So

she told me. And I said, "What did you start at?" I'll bet you she'd been working 20 years and hadn't advanced more than \$1,000. I said, "Before we look at how we can get your salary increased, I really have to know what you do. What do you do here?" She said, "Well, I just take care of the kids when they come in." I said, "How many kids do you have and where are your records?" She opened a drawer of her desk and there was a pile of index cards, 3X5, and those were the records. She had them in no order -- they were just dumped there. But no way of finding a particular kid's card. All they had on them were the kids' names and when she immunized them and what she gave them for that year. She'd throw those all out and start again for next year. I asked her for her roster, her daily roster. She said she didn't have any. I said, "Well, how do you know how many kids you take care of everyday and what you do for them?" She said, "Well, about so many come in every day and I do what's needed." So I said to her, "You know, you can't ask for a pay raise until you can get some statistics to your School Board in terms of what you're doing, and why you're worth a pay raise." She said, "Well I never did that and I don't know what to do on it." I said, "I'll provide you with health records, but what you need is to get a health record on every kid." And we started from scratch in that office. She got her pay raise, by the way. But at first she didn't think she needed help with anything.

JF But you had to kind of work through what she wanted to do, as opposed to what you thought might be good for the school or for the role.

GM Yes. So that was kind of interesting.

JF You said that you had to start out and learn how to be a Consultant, but I was wondering -- do you think that your Master's Degree helped you with that, your counseling?

GM Yes, it did, in terms of counseling, because that is exactly what I began doing -- it was really being available as a counselor for all these nurses in the state.

JF So your role, as you developed it, sounds like you developed it for yourself as you went around and got acquainted, and saw what was going on. Then you drew on your own educational and experience background.

GM Yes. And about that same time as I got to know these nurses better, I felt really they needed to have a course. I went to Phoenix College and I suggested to Phoenix College that we develop a course called "School Nursing" or something like that. I worked, I think a couple of semesters, I taught something called "School Nursing" for Phoenix College for three credits. Then I decided that was ridiculous -- that course didn't belong as a lower division course, and I approached ASU in their continuing ed. What I did was

increase the scope of the content, and then I began to teach it for ASU every semester. That was really needed; in fact, it's still needed.

JF As I recall, somewhat hazily, you had it set up primarily for new school nurses who were assuming the role?

GM No, for any school nurse that felt like they needed to have some theory. Most of the school nurses don't prepare for it. They go into it without even community health theory. They just fall into the job because their kids are in school and they think it's convenient. So I felt they needed some kind of theoretical background to understand what they were there for and what they were doing. And that's what that was all about.

JF In the late 60's and early 70's as I recall, there was some effort that school nurses would have a Baccalaureate Degree so that there would be some community health in their background.

GM Yes.

JF Did you get involved in that effort?

GM Yes. In fact, I worked with Coleen [Sehested] and others over at ASU trying to get a specialty set up. And the reason we tried to do this was because, at the same time, the University of Colorado at Denver had set up a program for school nurses in Denver, and a lot of our nurses were going up there and spending their money for those programs. The state was losing out, really. Well, they developed a curriculum that would end up with sort of a certificate for school nursing. It was to be given during the summers -- two summer sessions. They started it one summer session and I think there were about maybe a dozen to 15 nurses that committed to this. Then by the next summer the Dean changed her mind and that was the end of that. There was much frustration for the nurses. They felt that they had been taken. That they got involved in it and were committed to finish it. Their courses weren't worth much now, and that was it. They were just furious. But there was no talking about reinstituting this at all.

JF Now, someplace in there do I recall that you did go to Colorado and became a Practitioner -- School Nurse Practitioner?

GM Yes. I did that because, again, I have a feeling and always have had, that you can't be static. That if things come up that change your area of expertise you had better get in on it and learn what's happening. Two of the nurses in Arizona had gone through the program. I thought I couldn't give consultation to these two nurses who have a different kind

of preparation than I've got and I'd better get it. So I decided I would go.

JF Now that was like a couple of months?

GM Yes. Two months for two consecutive summers. Then you had to spend nine months between those two summers with a preceptor learning of how to function in the role as a practitioner with the expanded skills.

JF How did you do that and juggle your job with the state?

GM Well, in the first place, when I wanted to go I knew that I had to continue to do the work, and I wanted some support from the Department. So, I went to the Director and I proposed that she, Dr. Dandoy at the time, I proposed to her that it would be a good investment for the Department to allow me to go and that I would pay my own way if she would continue to give me salary for those two months, and that I would continue to do the work. I arranged to have my secretary send a packet of work every week. I would send her back the packet at the end of the weekend so that the work continued. I really worked up there almost all the time, because I had no family up there. So it was fine. But Dr. Dandoy said that I could do that. That was a great commitment on her part, I think, to do that. But it's paid off for the Department, of course.

JF How did you handle the preceptor experience in that interim period of nine months?

GM I was part of Maternal Child Health at that time, and there were two Pediatricians who worked in MCH. One was Dr. Baum and the other was Dr. Applegate. Dr. Applegate was also in charge of Crippled Children's Services. So he was my official preceptor. I arranged with Crippled Children's to work their clinics. That was good because they had specialty clinics. So if I really wanted to get good at hearts, I would go to the Cardiac Clinic and there were a couple of physicians there -- Dr. Molthan was one and Dr. Halpe was another one, they were great. They would let me listen to every clinic patient and tell them what I thought I heard, and then they'd help me.

GM But they weren't threatened by your role?

JF No, because they knew that I wasn't going to be taking patients away from them. You know, it's interesting that maybe Pediatricians are threatened by Pediatric Nurse Practitioners, but Pediatricians are not threatened by School Nurse Practitioners because they know that School Nurse Practitioners -- what they do is refer to Pediatricians. Those referrals are very astute referrals. So they didn't have any feeling about it. They thought, "Ah, good. Here's a lady who's going to teach nurses in

schools to do a better job and we will really end up with better patients, because of more patients." So it was a different kind of approach than a PNP takes.

JF So where are we now in terms of time?

GM I guess 70's to '79, we're still doing that. What I began to do then, again looking at the school nurse role in this state and thinking that some change had to be made, I began to teach the skills that I had learned up there to nurses around the state. The whole idea of that, Joyce, was to increase their skills, not to make them Practitioners because we couldn't do that. But at least to give them the skill of making a better assessment of the children that they had. I still think that's important because in some of our rural areas the school nurse is the only person who's available for entry into the medical care system. The parents rely upon that person, so they have to know what they are doing. So for years I went around and I had classes and physical assessment for both community health nurses and school nurses so they could do better well-child clinics and so on.

JF You are a certified School Nurse Practitioner?

GM Yes.

JF Did that come out of those two summers in Colorado, or was there additional effort?

GM No, that came out of that. It was considered the necessary program by ANA and I was allowed to take their certifying exam, and did take it and became certified. Since then I have been recertified.

JF So then you built that role into what you taught the nurses around the state -- rural and urban?

GM Yes. And in order to keep my skills up -- and, again, I still think it doesn't matter if you're an administrator or not, you ought to keep up with your skills. So I volunteer to do stuff. So I do exams for Special Olympics. Every summer I work with Phoenix General Hospital, because they provide exams for sports participation. I go there and I work the team.

JF You are not doing that now?

GM No. I guess I worked as a School Nurse Consultant for about 17 years and the Health Department underwent some changes. Number one -- the Director of MCH that I had worked under for all that time decided to leave the Health Department so we were going to get a new Chief. Then we got a new Director and I heard one day that the Chief of the office of the Local Health was leaving. I thought to myself, "It's

about time for a career change." At the same time I heard that they were looking for an Executive Director of the Board of Nursing. Having worked in state service for 17 years, I decided I wanted to stay in state service because I had retirement benefits, and so on. So I looked at those two positions and actually put in an application for the Executive Director of the Board of Nursing and I guess a lot of other people did, because I heard from some members of the Board that they had lots of applications. I thought, "Well, I don't know if I really want to do that." I had worked with the Board for several years on the role of the Practical Nurse and on medication privileges for Practitioners. I had been working with them on issues of practice. I knew some of the problems of the Board. Although I thought that I probably would do a good job for the Board and for nursing in this state in that position, when I heard about the job opening in Local Health, I thought that would really be a challenge. I thought I could do that as well because I was familiar with rural Arizona. I knew every one in the County Health Departments. So on a whim, I just one day decided that I would run upstairs to the Director's office and tell him that I thought I could take this job and he shouldn't look elsewhere. I went up and I talked to him and said that I would like Carolyn Walls' job. He said something about, "Well, what do you think you can do in that job?" And we talked and I told him that I had to leave the next day because I was going to the ANA convention and that he could call me there if he wanted me for any questions, or whatever. I was up there in Kansas City and got a phone call on Thursday afternoon that he had decided I could have the job. I was to start Monday. I had been a candidate for the Board, ANA Board, and Friday morning they gave the results of that election and I lost. The delegation from Arizona came into my room and they were so sad that I didn't win and I said, "You know, things seem to work out. If I had become the delegate or had become a member of the Board I don't know whether I could take on this new job, and I was just offered the job this afternoon. I think that things have happened for the best. I almost think that this is a sign to me that this is the job I should take." So I came back to Arizona and I withdrew my application for the Board of Nursing job and took this job.

JF Now, that was '84? I kind of recall that Dr. Summerlin came about that period.

GM Yes.

JF So in your role as Director of Local Health, what is your responsibility now?

GM Well, this office is the liaison office between the County Health Departments and other health departments and the State. We're the buffer zone, so to speak. And interestingly enough, it is counseling again. In addition

to that responsibility, we are given the direction to take care of border health issues, to be responsible for rural health, to interface with Indian health. So that's what we do. We've got three Consultants, generalized Consultants and one clerical-type person. And that's the office.

JF I expect we could have a three hour interview just on issues of border health alone.

GM Yes.

JF So you are a Director. To whom do you report?

GM The Director of the Health Department.

JF Okay, and that is?

GM Ted Williams now. I've been through many Directors in this job, but now it's Ted.

JF How many people do you direct or supervise?

GM Three Consultants and one clerical person.

JF Do you still travel?

GM Not as much, no. The Consultants travel.

JF What is an important issue that your office is focusing on today. I know that you have lots of irons in the fire, but if you were to rank order.

GM In terms of nursing?

JF Yes.

GM The issue is the report from the 1057 Committee. Our office was, by statute, given the responsibility to chair the committee that looked at the status of nursing in Arizona and to make plans for the future. So that's the hot issue of the day in terms of nursing. In terms of state work with the counties, the issue is probably contracts -- how this State Health Department can get the work in public health done in the counties by contracting so that the counties can get some money to do the job that needs to be done. We're really very much involved in those issues. In terms of Indian health, I think the big issue is the fact that we have to figure out how we can assist the tribes for members who live on the reservation, that need involuntary commitment to the psychiatric hospital, along with the issue of who pays. So we're boxed up in that because the State feels that Indian Health Service by statute has the responsibility to provide health care for the Indians on the reservation, be it physical or mental health. They think that the State ought to be providing in-patient care for all

state citizens. So we're in the middle of that kind of thing. The Border Health issue, the big one is how do we get our American citizens who go over across the line for recreational purposes and get into either illness or accident situations evacuated from across the line so that they get good health intervention, good emergency care intervention, and that's what we're working on there.

JF Now that makes a whole assumption that they are not getting it in Mexico.

GM You're right. The emergency care is under par for what our expectations are. Then in terms of rural health, the issue is nurses and supply. How do you get nurses to go to rural hospitals and clinics to provide the kind of care that's needed for those rural residents. So that's the big issue. We could go on for hours, but I just picked out one.

JF Yes, because that's kind of a recurrent issue -- rural health care supply. Well, that brings us up to date in terms of the progression. You have made some real career changes as you said. I would like to shift gears just a little bit. During this period have you always been satisfied being in nursing?

GM Yes, I have. Especially for somebody who started out not even knowing that there was a career in nursing. I liked it once I got into it, and I never wanted to be anything else.

JF I'm kind of making an assumption that you really made enough changes within your [career], you know, like from medical-surgical nursing to private duty to school nursing to larger public health issues, that you were probably not so much interested in doing something else. That's an inference.

GM Oh yes.

JF You have said that you have a husband and three children who are now independent.

GM One of whom is a nurse.

JF One of whom is a nurse working on her doctorate.

GM Yes.

JF One question you eluded [to] when you took the first State job -- that you sat down and talked with your husband about how you would juggle the care of the children. Was that a common pattern in juggling work and family responsibilities? Did you use negotiation, or just carve up the pie?

GM Yes. Well, I don't know. If you want to call it that, I suppose it is negotiation. But my husband has always been very supportive of my profession. It was never my

expectation that it would be anything but a cooperative venture, and it's been that way. He's good at cooking and washing, everything else that needs to be done. And we share that.

JF Your husband was supportive; what else, if anything, was supportive in managing work and family?

GM The kids, I'm sure. If they weren't independent kind of kids, if they were the kind of children who got into trouble, I wouldn't have worked. But the kids turned out to be really good kids. I don't know what makes that happen, but they were. They all were successful in school, always were involved in a lot of extra-curricular things. We as a family participated in that. So, I did never feel as if they were in trouble and I had to stay home with them. And I think that made a difference.

JF What was your major motivation for working?

GM I liked it. That's very clear.

JF Okay. The last area is -- you've done a lot of different things and you've started a lot of different things, did you see yourself as an innovator?

GM Not really.

JF Do you now?

GM I think I do now, yes. But I didn't consider myself as -- actually I didn't consider myself as a nursing leader in the beginning of my career. Yet, something must have been there because I kept getting these jobs that I didn't go after. So somebody saw something.

JF Now, I think that in terms of what you did back in the 60's and early 70's regarding school nursing -- the School Nurse Practitioner and setting up physical assessment out in the rural areas -- you might not have planned it to be innovation, but it's clearly an innovation in retrospect. In terms of the Women's Movement, how do you see yourself? Here are all these women out there doing all kinds of things, they are out there working -- more than 50% of women now work, at least part-time.

GM I guess I never associated myself with the Women's Movement. I took it for granted that if I wanted to do something, then I would do it. I just never thought this was a big deal.

JF Actually, that's my hypothesis, if anybody pushes me to the wall, that a lot of nurses have done a lot of things but did not connect it with what was going on in the social history of women in the big picture, so to speak. So your comment

doesn't surprise me. I suspect that there's a lot of that going around.

GM Oh, I'm sure.

JF But nevertheless, you are.

GM But in terms of the Women's Movement, I'm still in a way very traditional, a traditional housewife, if you will. I cook a lot, I bake, I make all my own clothes, I take care of my mother-in-law who's 96 years old. I have this feeling that this is a responsibility for us as a family. My kids still call me, and I baby-sit the grandkids. It's a traditional housewife role, if you will, superimposed upon a professional career role.

JF I suspect that when I use the term "Women's Movement", we tend to kind of think back to the bra burners, and the political activists. And so I have misused that term, probably just in common use of the term. I'm really thinking about changes in the role of women as a whole and not a particular group. I guess I'd better watch that. But I do think it's interesting work, because we're very active in a big something that's going on. I don't know that we're always conscious of that, though.

GM I think unconsciously, though, I have taught my girls that they don't have to be subservient. One of them, when she got married -- she never does laundry, her husband does the laundry. Her husband participates in child care. And she doesn't always clean the house, he cleans the house. This is an equal marriage and she went into marriage feeling that, "If my mom did it that way, then I'm going to do it that way." So in a way I suppose I supported the Women's Movement by maybe subtly teaching my girls what their role is. I shouldn't say that, because my son is the one who cleans the bathrooms in his apartment, his wife doesn't. He cooks. That's what was expected at home so he just carried that on into his marriage.

JF I would guess that there's a lot of changes. Well, this really covers the content that I had planned to cover and had indicated on the list here. But I just wondered if there were something that you had thought of that was important in your progression as a nurse, that we haven't covered.

GM I don't think so, Joyce, I think we've pretty much covered it all. I'd be really interested, though, when you finish this to find out how Cadet Nurses have contributed to the profession, you know, what's happened to them. And I also feel that it's really a shame we don't have a program like that today. I think that it was a very cost effective program in terms of nursing. I wonder if the Government

knows that -- for the little amount of money they put in it what they have gotten out of it.

JF I'm really not sure that they do, because I think that once the emergency of World War II was over they were turning toward whole new issues. The Cadet Corps got closed out with World War II. It did do what it was prepared to do in terms of meeting needs in the emergency. So I think that they think it was cost effective for the emergency, but for the long run I have no idea that anybody except us is noticing, therefore this is why I'm doing the Project.

GM I think it's going to be fascinating to find out what percentage of nurses that started their career through this kind of support ended up in leadership positions in nursing. You will share it?

JF Oh, you bet. I plan to have publications in pairs and would be happy to talk at the drop of a pin to anyone. I want to thank you for your time.

GM You are welcome.

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