

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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Ellamae Branstetter
Interviewee (signature)

6-25-87
Date

ELLAMAE BRANSTETTER
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 June 25, 1987. I'm interviewing for the first time Dr. Ellie Branstetter. This interview is taking place in the Community Services Building (Vista Del Camino) in Scottsdale, Arizona.

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

JF Now, generally I just follow my [topic] list along in a somewhat sequential fashion.

EB Okay.

JF So, perhaps we could begin with the year you graduated from nursing school.

EB From my diploma school?

JF Yes.

EB 1944.

JF 1944, okay. The Cadet Corps was just getting going about that time.

EB Yes, we were involved during the last six months of our program.

JF What was your nursing school?

EB Jewish Hospital of St. Louis.

JF And about how large was that hospital?

EB It was close to 500 beds.

JF That's fairly good sized.

EB Yes, 300 to 500, I'm not sure.

JF About how large was your class when you went into nursing school?

EB There were around 50.

JF And about how many graduated?

EB Close to 40.

JF Did you have any affiliations at a college or university while you were in nursing school, the diploma program?

EB We had some work with Washington University, but it was not formally affiliated. We had some classes over there.

JF Did that deliver credit that was transferable?

EB No.

JF Did you have any hospital affiliations for clinical experiences?

EB With the state hospital for psychiatric.

JF Was that a local hospital?

EB What do you mean?

JF I mean did you leave St. Louis for that?

EB No, it was in St. Louis.

JF I talked to a couple of people who also affiliated at a hospital ...

EB But it was someplace else?

JF No, it was in St. Louis.

EB Oh really?

JF Yes, some went a bit of distance as I recall.

EB You mean they were in a hospital in St. Louis?

JF No, they were in a nursing program, but then they had a psychiatric nursing affiliation at a state hospital in St. Louis.

EB Oh, yes. Yes I think that's true -- other schools affiliated there. I didn't have that affiliation, however.

JF How come?

EB Because I chose the public health affiliation instead.

JF How did you happen to have that choice?

EB I don't know, but during our last six months we had a choice. I can't remember.

JF Well, one of the things that did happen as a part of the Bolton Act was that they did want the programs to be reduced to 2-1/2 years. State Board requirements and some of those things kind of got in the way, so the compromise was that in the last six months students could go to other areas. They

might go to a military installation, a VA, or a public health.

EB I think that procedure was instituted before the Cadet Corps started.

JF Oh, okay.

EB It was during the War so they made several kinds of changes in our program. One of them, for instance, was that ordinarily we had surgical (OR) experience, the program did, in the last year. However, they started this during the last part of our freshman year.

JF Okay. Now, you did choose public health. Did you do that in St. Louis?

EB Yes, Visiting Nurse Service.

JF And that was a private organization?

EB Yes.

JF What did you do for the Visiting Nurse Service during that time? Or, let me go back -- did you do it for six months or a portion of that?

EB No, I did it one summer.

JF So it was maybe like about twelve weeks?

EB Approximately.

JF So there you were in the VNS for the summer?

EB Yes.

JF And what did you do there?

EB We made home visits, we gave care in the home. We had some monitor health education projects, but for the most part we visited people in the home. At that time you may recall the Metropolitan Insurance Company paid for home visits for holders of that policy, so there were a lot of mother and infant visits through the Metropolitan Insurance Company. Other people who had minor illnesses were seen. It was an interesting experience.

JF Yes, it sounds like it. When you were doing that did you have any additional classes?

EB No, not during the summer.

JF How were you supervised?

EB By people in the agency, supervisors in the agency.

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

EB It didn't. However, it gave me more money to spend during my last six months.

JF But you certainly would have been a nurse anyway, and they couldn't have made too many changes.

EB They really didn't, I think, in our program, because we got into it so late. I don't know why our school was reluctant to get into it. I think it may have had something to do with restrictions on the program. I don't know.

JF I'm not sure about those kinds of things. The general literature doesn't give a lot of information on those kinds of decisions.

EB I do recall that there was a lot of student unrest because we weren't in it earlier. I was President of the class, and there were student groups meeting and I was called on the carpet because they thought I was behind it, and I was not. So the Director of Nurses later apologized to me.

JF Well, it was still very early on because the original legislation was passed around May or June of '43, so it couldn't have gone into function much before September of '43. So if you were in, say, for your last six months, then they couldn't have been dragging their feet too much is what I was thinking. But, of course, they might have intended to withhold and the students agitated for it. That's interesting.

EB Yes it was.

JF Now, did you finish up your nursing program then in the VNS experience?

EB Yes. Well, no I didn't, because there was another month, I think, after that and I at that time served for a month as the Assistant Night Supervisor for the hospital.

JF So you did graduate then some place in the Fall of '44?

EB August.

JF August of '44. And what did you do then?

EB I was Head Nurse on the Medical Ward.

JF In your home hospital?

EB Yes, in that hospital.

JF That would be days?

EB Yes. It was a marvelous thing because I made \$25 more than my classmates.

JF In those days that was walking around a lot richer.

EB Well, it certainly was. Gosh, I made \$125 a month.

JF Did you feel prepared to be a Head Nurse?

EB Yes and no. I had served sort of as Assistant Head Nurse that whole last year actually, because there simply weren't enough people to fill those functions. So, all of us were put in sort of semi-leadership roles.

JF What was the down side of that role then, because you said "yes and no".

EB There were a lot of patients to be cared for, and managing the people -- I really wasn't prepared to do that as well as I could have. We had orderlies and we had students. We had a lot of patients and we had physicians demanding the same kind of care for their patients that they always received. It was difficult, we worked very long hours. I certainly wasn't prepared to work as many hours as I did.

JF How long did you do that?

EB For a year.

JF And then what did you do?

EB I guess it was a little over a year. I came to Arizona, as a matter of fact.

JF Oh, so you are an early comer, an early immigrant to Arizona.

EB Yes, my sister who lived in Arizona was visiting. She invited me to come back with her and I did. I worked at Pima County Hospital for about six months.

JF And that's down in Tucson?

EB Right.

JF What did you do there?

EB I was an Emergency Room Nurse.

JF Was that something you felt prepared to do?

EB Yes.

JF That's quite different from Medical-Surgical; well, somewhat different.

EB Actually, the Emergency Room and the Surgery was combined. There were two of us who were in that area, plus a physician.

JF How long did you do that?

EB Approximately six months.

JF And then what happened?

EB I went back to school, I think for a summer, and then decided to come back to Arizona. I came back and worked at Memorial Hospital, at that time it was St. Monica's Hospital, in Phoenix.

JF Oh, yes. So you had moved to Phoenix?

EB Well, I moved back to Missouri, and then decided to move back [here] because I liked Arizona.

JF Oh, okay. So you had started to go back to school in Missouri?

EB Yes. I had gone to school for a year of college before I went to nursing school.

JF How did you happen to do that?

EB Well, I expected to go on to college except that I went for nursing instead. I toyed with the idea of going to collegiate school at that time, but it was considerably more expensive. The program at Washington University in St. Louis was fairly new, so I decided to go into Jewish Hospital instead. My sister had gone there.

JF So you went back to Missouri for a brief period, and then came back to Arizona and worked at St. Monica's Hospital?

EB Yes.

JF What was your role there?

EB I was Day Supervisor, I was the Supervisor and also an instructor for the school. They had a school of nursing there then.

JF Did you know Ruby Gordon?

EB Yes, she was one of my students.

JF Because I interview her also.

EB Oh, did you?

JF Yes. Okay, so what did you teach?

EB I can't remember. Just general -- I think I was Clinical Supervisor actually, so it was rather general Med-Surg.

JF So it wasn't a formal classroom instructor role?

EB No.

JF So you really had somewhat of what they now call a dual role where you taught and supervised simultaneously? Well, maybe not simultaneously.

EB Yes, I think it was arranged that so many days a week I did one, and the other days I did the other as I recall.

JF Did you feel prepared for that supervision role?

EB For the most part, yes. It was really a rather informal kind of situation, and my functions were more; it was a clinical supervision per se, but it was assisting with clinical problems when they came up on the floor. I felt fairly well prepared for it. I was a good nurse, I think.

JF How long did you supervise and teach there at St. Monica's?

EB I was there about a year, then I went to the Indian Service.

JF Okay. Now was there a hospital here at that time?

EB Yes, Phoenix; Indian School Road.

JF So it's where it is now.

EB Well no, that's 16th Street and Indian School now, that new hospital. You remember where the old Indian School is or was?

JF Yes.

EB There's a small building that I think is still there, and that was the Indian Hospital.

JF Oh, so there's been quite dramatic changes then over that period.

EB Yes.

JF And what was your role there?

EB I was a Staff Nurse.

JF And what kinds of work did you do in that position?

EB Well, general care. They had two wings -- a women's wing and the male wing. I worked mostly on the women's wing. The women and children, and the OB unit was there. So I did everything from Pediatrics to Maternity to general Med-Surg.

JF It sounds very small.

EB It probably was about a 50-bed hospital, maybe 60.

JF Well, even in those days that was kind of smallish.

EB It may have been a little larger than that. They had two male wards, wings -- they were really wards with the beds open in the ward. I think there were probably about 18. I guess it was close to 60 or 70 beds.

JF Did you find the Indian people different to work with than you had the Anglo's?

EB Yes.

JF How was it different?

EB Well, they didn't relate very well to Anglo's. They didn't trust most of us. It took about six months; after about six months working there they began to relate to one. They just didn't relate to the nurses before that, nor did they trust them, I think.

JF Did patients stay around long enough to build that trust relationship?

EB No, but the word went out in the Indian community about which nurses were okay and which nurses were not.

JF Oh, I see.

EB The word went back to the Tribe.

JF Were you aware of that at the time?

EB Yes.

JF That must have been kind of different though, because it seems most nurses kind of assumed they are trustworthy and don't have to prove that.

EB Well, I think that by word of mouth -- from the old-timers on the staff, they told us any new nurse got indoctrinated. But they really didn't relate very well for a period of time to any new nurse, and some they never related well to, because they didn't like them.

JF That sounds very different.

EB Kind of interesting. I really became interested in community health and public health when I was there. So after that I did go back to school again.

JF When did you do that -- go back to school?

EB In about 1950. I went back to St. Louis U. for a year and then I came back in '51 and worked with the Visiting Nurse Service here. In fact, Martha Rogers hired me. Then after working for a couple of years with the Visiting Nurse Service, I went back [to Missouri] and finished my degree at St. Louis U.

JF What was it about working at the Indian Hospital that kind of crystallized your interest in public health?

EB Well, obviously the kids who'd come in from the reservation were really deprived in relation to health matters. They were in bad shape ordinarily. Even at the Indian School, because we worked from the Hospital into the school, it was sort of a public health role in that sense. We would go to the school and do the immunizations and worked with the students in relation to health classes, and that sort of thing. It was interesting.

JF Yes, it sounds very interesting. Well, you got your degree at St. Louis University and you were interested in public health. Now, some of the former Cadets have said that they got certificates in public health. Did you have a certificate?

EB No, you either did the degree program or you did the certificate program.

JF Okay, so this was not a particular course in public health that you took, it was a straight Baccalaureate Degree?

EB Yes.

JF And then after you graduated, in 1950, you came back to Arizona?

EB In '54. I worked for the Visiting Nurse Service before I went away to school, and then I came back to the Visiting Nurse Service for a couple of years. Janet Walker was one of my instructors at St. Louis U.

JF Oh, she was? My goodness, the academic world was a somewhat small world, wasn't it?

EB Yes.

JF I'm wondering, did you recruit her to Arizona?

EB Well, as a matter of fact, yes.

JF Okay, you came back [to Phoenix] and you worked at the Visiting Nurse Service. What was your role there?

EB I was Field Instructor, and then Assistant Director. In '56 then I decided to go for my Master's. I went to University of Minnesota.

JF Was this in public health or in nursing?

EB Well, both actually. I got an MPH in Mental Health Nursing, so it was like a dual Master's. Rosemary Johnson was in the same program.

JF At the same time?

EB Yes. And Bea Steffel was in the program a couple of years later, the same program.

JF Well, I've heard that that's a very good program in Minnesota. It would attract good people.

EB It was. In our mental health program we went to Mayo's. Well, actually we didn't go to Mayo's, but Adelaide Johnson from the Mayo Clinic was part of our instruction in the mental health aspect. In fact, we did therapy with patients at that time under her supervision at Rochester State Hospital, Psych.

JF What was the theoretical framework that you used?

EB We didn't have one, Joyce. Actually, it was implicit, it was more Rogerian.

JF Because certainly, Rogers was well known at that time.

EB It was psychoanalytic for sure, so I guess we did have one, in classes we did. In our field practice, theory wasn't mentioned too much.

JF Yes. I was thinking that about 1956, along through there, that was kind of pre-theory as far as nurses were concerned.

EB It was, although we did use psychoanalytic theory.

JF Were people getting medication at this point, some of the new drugs, you know, like thorazine and stelazine, some of those kinds of things?

EB I think they were just starting it in the hospitals then, as I recall. We did mental health visits in the home and we also worked in the hospital. We also saw patients in therapy at the Health Department clinic.

JF Why did you think it was important for you to get a Master's Degree in the 50's?

EB Well, I was interested in teaching and I had been teaching. I knew I couldn't do any more than that or even have an administrative job without a Master's Degree. Besides that, I was interested in learning. That probably was the motivating factor.

JF So would you have graduated then in '57 or '58 from that program?

EB Yes, '57.

JF And then what did you do?

EB It was the end of '57, it was actually from '56 through '57, I came back to ASU and helped to start the program -- the Baccalaureate program in nursing.

JF Okay, so you were one of the early faculty.

EB Yes. I came in January and Loretta Hanner and Dorothy McLeod had started in September, so I was the third faculty person.

JF Oh, my goodness.

EB Didn't you know that?

JF Well, I knew you came on very, very early.

EB They were still trying to figure out what to do about the program at that time.

JF And so you taught the Public Health component?

EB Well, that's what I was really hired for, but the way the curriculum was arranged, the Maternal Child component came before that. So I was Coordinator for that part of the program and I taught Fundamentals with Dorothy M. and Loretta. So I stayed as Coordinator of the Maternal Child component and recruited Rosemary Johnson to do the Public Health.

JF I see. Yes, because for years, and in fact until just about the last year or year and a half, I thought your specialty area was Maternal Child.

EB Well, it sort of is and isn't. BUT I also taught Psych. because of my preparation in Psych. and Public Health.

JF Now, as I recall that first class that went through the program, they were all RN students?

EB Well, there were RN students, but there were also generic students. The first graduating class were RN's because they finished sooner than the others. They finished in '60 or '61, and the four-year class didn't finish, of course, until '62.

JF Well, I remember seeing on the walls [in the Nursing Building] the pictures of the first class and it looked like they were all RN's.

EB Yes.

JF So that was more a matter of they were able to complete their requirements and leave?

EB Yes. I taught Public Health Science in that program also. Joyce, I'm a jack of all trades.

JF I was just thinking that you were really quite a generalist in the development of that program. Did you enjoy that?

EB Yes, I enjoyed all of it.

JF It seems like it would have the benefit of giving you a good overview of the entire program.

EB Well, yes, since we planned it and taught it. There were very few of us at first.

JF Well, that's true, but as the program grew and developed one still had that overview of the entire program.

EB That's right.

JF So there you were filling in in just lots of areas -- recruiting people in to teach and into the state.

EB In 1960 I was appointed as Assistant Director for the School. We were known as "Director" because it was a School then and not a College.

JF That's right. So you've seen the School and all of its manifestations -- from Department to a College. Now, did it go straight from Department to College?

EB What do you mean "straight"?

JF Well, I mean was it a Department and then ...

EB It was a School, it was called a School and it was part of Liberal Arts.

JF Okay.

EB It was under Arnold Tildan, and we were in the basement of Matthews. When did you come?

JF I came in '65. It was a College by that time.

EB Oh, yes.

JF It couldn't have been too long ...

EB It became a College in, I think, about 1959. When the College became a University, then the School of Nursing became a College.

JF Oh, that's how that worked. I never knew that.

EB That's a little bit of history.

JF So then you taught in the College of Nursing and you were the Coordinator/Director of the Maternal Child section?

EB Yes, and the Assistant Director of the "School".

JF How long did you do that?

EB Until 1962.

JF And then what did you do?

EB I went for Doctoral study; to Chicago for my Doctoral Degree, and I was the first person in Arizona, in fact, to do that. I think Gladys Sorenson left after me and finished before I did at T.C. (Columbia).

JF I knew that you were gone when I came in '65. I did not realize that you had been gone quite that long. I always thought it was maybe a year, but it was really three years.

EB Right.

JF You were, as I recall as a relatively new faculty member, you were in and out from time to time. So, even though you were in a Doctoral program in Illinois, you seemed to still be consulting from time to time.

EB Yes, I came back three times, as I recall. Maybe once a year, something like that. At that time they were thinking about the Master's program. Janet Walker was working on that, and I did consult about that.

JF So you were in on that from the very ground floor?

EB In fact, I think I have those tapes, Joyce -- some of those consultation tapes when we talked about the Master's program.

JF I still wouldn't let those go by the board.

EB Well, somebody was going to throw them out.

JF Oh, I wouldn't do that.

EB I grabbed them one time. I don't know where they are right now, but I think I have them in my office.

JF So when did you graduate from your program?

EB Well, I graduated in '69, but I came back in '67 because Lawrence Kohlberg, who was my Chair, was moving to Harvard, so there was no sense in my staying in Chicago to finish writing my dissertation. I came back and worked part-time in the Fall of '67 and began working on the Master's program plan.

JF So you pretty much developed the Master's program?

EB Jackie Taylor worked with me during that Fall, and there was a committee also, a Doctoral committee that reviewed what we did and made suggestions. Not a Doctoral, a Master's Program Committee.

JF I had kind of assumed that maybe it was a committee of Doctorally-prepared people.

EB No, there were no Doctorally-prepared people but me, and even then I was only partially prepared because I didn't finish my dissertation until '69. At that time my mother was living alone -- she was in her late 80's -- in Missouri and she came and lived with me most of the time during those two years (1967-1969).

JF When did the Master's program then admit students?

EB 1969.

JF And how many students were there?

EB We had ten.

JF In what areas?

EB Psych. and Maternal Child.

JF No Public Health yet?

EB No, because the money at that time was in Psych., so that's what we started with.

JF Now did you write the grants for those monies?

EB Yes.

JF And kind of steered them through?

EB Yes.

JF Wow, that was a busy two years then.

EB Well, we wrote the grant for the Psych. monies before the program started. It was fun, though.

JF So the Program started in the Fall of '69 and you were the Director of the Graduate Program, so to speak?

EB I guess. I don't remember what the title was, Joyce.

JF Well, you headed it up.

EB It doesn't matter. Anyhow, I was the only one here because Jackie then went to school, went to the U of A, to begin her Doctoral work. We recruited Greta Holmes to help come teach with the Psych. So she took the Psych. part and I took the Maternal Child part, and all the general courses.

JF So how long did you do that?

EB Until '76.

JF But by this time there were other faculty.

EB Other faculty, yes.

JF And we had the other divisions -- Maternal. No, not Maternal, let's see ...

EB Med.-Surg. and Public Health.

JF Okay. So you've really fostered a lot of growth in the Master's Program then over that period of about seven years from [ten] students up to four divisions and how ever many faculty there were. Well, what happened then in '76?

EB Well, I had also been Assistant Dean, as well as Chair of the Graduate Program, and it was simply too much. We didn't have any other cadre of Assistant Deans as we have now. I decided it was not healthy for me to remain in that position, so I resigned.

JF Well, now what did you resign?

EB I resigned first one year from the Assistant Dean job, and then resigned as Chair of the Graduate Program the next year -- phased out.

JF Okay, and remained on the faculty as Professor?

EB Yes.

JF And were you still teaching Maternal Child?

EB Oh, no. I had stopped teaching that after we got more faculty in that area. I taught Research and I taught Advanced Theory I and II. You may recall we had those courses which we are now reinstituting with the new Contemporary Issues course. I taught that Origins of Human Development and I taught Adulthood and Aging.

JF Now those Origins and Adulthood of Aging classes, those were kind of your classes from the very beginning, weren't they?

EB Yes, I developed them.

JF They really seem like a foundation for students to have that full background.

EB I think they are. In fact, we had three in the beginning, but after a couple of years the middle one, Adolescence, got phased out, which is too bad -- Childhood and Adolescence.

JF Yes, because we see adolescence as very important now, particularly in psychiatric nursing with that whole issue of adolescent suicide.

EB It was important then and still is, but when other faculty came then they saw other things as more important than those developmental courses. So the program got changed.

JF Those things do happen.

EB Those things do happen.

JF So after you were functioning then as a Professor, teaching your courses after '76, have you continued to do that ever since, or have there been other changes?

EB There have been other changes. In '75, well actually in '73, Rosemary and I started looking for areas for faculty and students to practice. We were looking at Maricopa which is about half an hour south of the University. Do you know where that little town is?

JF Yes.

EB Because it's a migrant farm area, and we thought it would be an excellent area for student practice in Public Health, Community Health, and also for faculty practice because the Nurse Practitioner program was starting then. Faculty were going to physicians' offices to get their experience, so we decided it would be appropriate to have nurses experiences doing the kinds of things that nurses can do. At that time we got involved with the City of Scottsdale because they

were just in the process of planning and building this building. There was a lot of community interest and involvement, so we started meeting with the community in planning for health services to be offered here. And the County was involved too. Nobody else would take over this health clinic. We thought we might join whatever group did it, so nobody could really do it at that time -- they expected the County to. So we started it as an evening clinic in '74 -- actually, Spring of '74. Then during that year we wrote a grant which was submitted to the Division of Nursing and it was funded in '77. The grant was approved but it got caught in that -- I don't know if you remember -- but that's when they decentralized the Division of Nursing into Regional Offices, and then recentralized them. During that process it was in that two or three year period, so we didn't get funded until '77.

JF So then you were able to get the Nurses' Clinic on its feet and are still working on keeping it on its feet, I understand?

EB Yes.

JF Are there other activities? I know you have always been very much involved in the accreditation reports and visits, that you yourself have been a visitor. Are you still doing that?

EB I haven't done one for a couple of years. I was asked to do one last year, in fact last Fall, but I couldn't work it into my schedule. Their time didn't fit with my time, because I was busy also with the WICHEN reorganization. And the accreditation visit was during that same time when that reorganization movement was being worked out.

JF You brought WCHEN up. What has your role with WCHEN been?

EB Well, in the early 70's, I guess it was '73 or '74, I was Chair of the Organization, of the Regional Organization. I helped write the goals, ten-year goals, which were re-evaluated then in '84, and have been a Consultant to various projects. I also was on the expanded committee of seven which restructured, recommended the restructuring, of the Organization as an independent Regional Organization. So now it's the Western Institute of Nursing, because the money from WCHEN ran out about two or three years ago.

JF So are you like on a Board of Directors?

EB No, I didn't run for any office. I was a Consultant and I participated in the planning for the new organization.

JF Okay, well that somewhat brings us up to date in terms of some of your career activities. I suspect that there are many that we have not covered. But I wanted to ask you some

other questions also. Have you always wanted to stay in nursing?

EB Yes, I find it interesting.

JF Okay.

EB And probably because I've changed jobs from time to time, Joyce. I think if I'd been doing the same job, I would not have. But that's the nice thing about nursing -- we can change roles.

JF But it seems as if even within the institution at ASU you've been able to change the job, so to speak, even though we don't often think of it. It's like you have to resign from here and apply over there.

EB Right, but you can change roles, actually. It's not jobs, it's roles.

JF Well, that's interesting. That's a little insight in there in terms of change and how people keep themselves entertained and amused on the job. Now, you are a single person?

EB Yes.

JF So some of my questions related to marriage and children, of course are irrelevant. Nevertheless, you have been a very busy person. You have accomplished many things, done a lot of things simultaneously. What did you find supportive in helping you to accomplish all of that?

EB My family has always been very supportive, and I've always lived near some members of my family, except when I was in school. And friends have been very supportive.

JF I also wanted to ask you if you've ever seen yourself as an innovator.

EB To some extent, yes.

JF Or a leader?

EB In a small way, in my own circle, I think so.

JF Now, one of the questions I was going to ask in terms of leadership -- did you ever see yourself as a leader in the Women's Movement?

EB Not really. I've always felt that women are individuals and have the same rights as men. I served as Chair of the University Board of Equal Opportunity when it was a male/female issue. It was not a minority issue, focus, at that time.

JF Of course, one of the things when we talk about the Women's Movement ... I used this term incorrectly -- it's so often associated with the political movement that arose in the late 60's and has been a little bit noisy and somewhat abrasive. But in fact, the woman's role has changed so much in the last 40 years since World War II that it's [WW II] been a watershed for many things that are different.

Eb That's true.

JF Women stay in the workforce. They don't go home and stay there. They handle multiple roles. Of course, not so much with you, but many of the former Cadet Nurses have juggled families as well as careers, simultaneously. And this is a very different life than what we were prepared to assume when we were growing up.

EB Well, you know, I had my mother for about ten years also, for most of the years when she was getting older. I had some difficulties juggling that and my work role.

JF How did you do that?

EB My mother moved from Missouri here with me when she was 88. She died about six years ago when she was just a few weeks from 100. So for all those years I did have her for most of the year. She stayed during the summers and for short periods with my sister in California. It was difficult finding help at that time, because there was little recognition in the fact that we need home health care assistance with the elderly.

JF Sure.

EB Even daycare centers -- the only daycare center I could find in this area at all was at Serrine. It was difficult getting her there and getting her home during the times that I had her. There was no additional assistance, transportation-wise, with that.

JF Well, so you had your dual roles, even though they were a little atypical from what we think of as the dual roles of women.

EB That's true.

JF Well, I think that I'm about at the end of my list of topics. Before we conclude the interview I would like to ask you if there's anything that you think we should have covered, but did not, that we could include now?

EB No, I don't think so, Joyce. I am interested, though, in why you're interested in knowing about the Women's Movement.

JF Well I think I can tell you that. I see that women who came out of World War II into the workforce were, in fact, prepared for a different role than the one we wound up having. In a kind of way, the Cadet Nurses led that movement. I think that maybe the people who graduated from nursing school or other kinds of educational preparation, they straddled both roles in a different kind of way. But, for the Cadet Nurses the world was different and we didn't know it. We found out about it as we went along. Does that make sense?

EB Well, I don't know if it does or not.

JF Well it was my thought that most people would look back and say, "I didn't plan to do my life this way." But this is the way the world was moving at that time. It's a broader social movement. It wasn't just nursing. We are a part of a very large social movement, as opposed to just what we do in nursing, and I think that's interesting. I think we should be aware of that, and I think we should be recognized for our part in that. That's my point, you see, as far as getting a wider audience for this study than, perhaps, nursing, because we're a part of a big group of women.

EB Well, I think that one thing in relation to my basic nursing education, and I think this is true for a lot of people during that time -- we certainly were not coddled as students. I mean, we assumed a lot of responsibility very, very early in our program.

JF This seems to be a theme throughout the interviews. You're not the first person to have said this. Do you attribute this to nursing education as it was or the needs of the society in a wartime situation?

EB It was the needs of society. I had been in school from August to December when World War II broke out in '41, and everyone left within a very brief period of time. Most of the nurses in the hospital left, and so students had to assume the responsibility. There were a few supervisors, and that was it. The hospital was run by the students.

JF Well, this is true.

EB That's not the best education, but it certainly ...

JF It was a hard school. It was a hard school, and I'm giving an opinion here, people did amazingly well with the role they were given to play.

EB Yes.

JF Well, I think then that this is about all I have. If you have nothing more then I'll end this.

EB I don't. It's been nice thinking back.

JF Well, it's been very interesting for me to hear about it.

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