

College of Nursing & Health Oral History Project

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Interviewee: Rosa Lee Weinert (R)
Interviewer: Donna Miles Curry (D)
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D: This is Donna Miles Curry, and I am interviewing Rosa Lee Weinert as part of the oral nursing history project at Wright State University and the College of Nursing and Health.

Rosalie, thank you very much for agreeing to this interview. I would like you to start off with just a little background with, for example, how did you decide to go into nursing and how did you decide where you were going to go to school?

R: When I was four years old, I was a patient in the hospital. I don't remember what was wrong with me, but I was a patient in a hospital and when I came home, I told my mother that I wanted to be a nurse and make people "compytoo," I couldn't say comfortable.

D: Laughter.

R: Now, let me go back, I was a patient at St. Elizabeth and St. Elizabeth at that time looked over the river downtown. Somebody told me that my mother had jumped in that river, at least I think they did, and I started crying. Of course, I wanted to see my mother, and this nurse picked me up and she called my mother right away. That nurse carried me all around all while she was making her rounds and when she'd sit down to chart I sat in her lap, and she absolutely made me, as I say, "compytoo." So that's when, when I got home, I told my mother when I grew up, I wanted to be a nurse. I never said anything else; I said that a thousand times when I was little. My father was a butcher, and everyone thought he'd get a little cut. Well, I just loved that because my

mother had some first aid supplies, well she had some tape and gauze for me. Oh, I would push on that finger and get some blood out, I loved to see that blood. Then I'd put a little bandage on the [Rosa's father's] cut. Well then, I had to wrap it to the next finger and then pretty soon I had the whole hand wrapped up for a little cut and I just loved that. Of course, my dad would take it off before he went to bed at night, so all my life that's all I wanted to be a nurse. Now, can I continue for a minute?

D: Yes

R: So that's all I ever said. My birthday is in December, so when I start in school, I was only five years old, and I didn't turn six until December. So, when I got out of high school and wanted to go into nursing at Good Sam, they said that I was too young since I was only seventeen. I wouldn't be eighteen until December. Well, my mother went to Good Samaritan Hospital and met with the administrator of the hospital and said, "My daughter has wanted to be a nurse ever since she was four years old, you've got to admit her!" And so, they did. They took me in. So, I went through nurses training at Good Samaritan. Well then, when I graduated, I was only twenty and you had to be twenty-one to take the boards.

D: Oh! I didn't know that. Wow!

R: Oh yeah, you had to be twenty-one. Well, I wasn't twenty-one until December. So, I had to wait a whole year to take my boards, well, more than a year. In the meantime, I was working in the operating room. I went to the operating room the minute that I graduated, and I will have to admit I flunked the first test, because I had been away from medical nursing and away from bedside nursing, I had just been in the operating room. So, then I had to get a little tutoring and I took the exam the next time and then I did pass it. Anyway, I finally had to pay for being too

young and it kind of caught up with me. Then I gave it fifty years. I was in practice fifty years. I never got married, don't have any children or anything and I was absolutely in practice for fifty years.

D: So, what year did you graduate from nursing school?

R: I graduated in 1949. I graduated from high school in 1946 and graduated from nurses training in 1949 and I retired at the very beginning of 1996.

D: Okay, very good! So how did you pick Good Sam in contrast to the other schools of nursing that were perhaps in your area where you lived.

R: Well, I don't really recall how or why I picked Good Sam. My mother was working at St. Elizabeth as a seamstress at St. Elizabeth and I don't remember and if I think of it I'll tell you. But I don't remember how or why I picked Good Sam.

D: I was just curious, did you live north of town maybe?

R: No, well we lived way out in the country.

D: Oh, I see.

R: It was on our way, on our way going to Wright Patt. So, I don't know why I picked Good Sam, maybe I'll think of it.

D: Did you go to a public high school or a catholic high school?

R: Yes, Julianne. I graduated from Julianne which is now Chaminade-Julianne. I graduated in 1946 from Julianne.

D: Did you find that half of the girls from that program if they went into nursing went to either Good Sam or St. Elizabeth?

R: There were eight or nine of us that went to nurses training at Good Sam. Maybe that's how it happened. I don't know that anybody went to St. Elizabeth. There was one or two that went out of town. That didn't go here. But seven or eight of us went to Good Samaritan.

D: Right. So, did you ever go on for any additional degrees.

R: Oh yes. I worked in the operating room for sixteen years after I graduated. In the meantime, I became very active, I joined the nurses association, the Dayton District (District 10) at that time. I was the treasurer, then I was president and all that kind of stuff. Anyway, I was very involved with the Ohio Nurses Association here in Dayton, District 10. Then I was involved on the state level of the Ohio Nurses Association. Dorothy Cornelius who was the executive director of the Ohio Nurses Association at that time approached me and said, "You are so involved with the association, would you be interested in a position here?" That was in Columbus. I was so thrilled, I said yes absolutely! I left Good Sam in December of '64 between Christmas and New Years. I left good Sam and started at the Ohio Nurses Association in the beginning of '65. So then I was just living in an apartment and living in Columbus and that was the time, it was shortly after that, that the American Nurses Association (ANA) came out with the idea that every nurse should have a BSN. Well, here I'm working for the association, and I was a diploma grad, so Dorothy Cornelius talked to me, and she says if you just want to take one course a quarter, then that would be showing that the staff is trying to uphold what the ANA wants. I started at Ohio State, and it took me seven years to get my bachelors at one course per quarter. Finally, I did get my BSN from Ohio State. Well, once I did that and I left the Ohio Nurses Association and started working with St. Anne's at that time, its changed now in Columbus. I decided I had

to be in some kind of administration, I just needed to be “the boss.” I was only out of school for three quarters and then went back and got my Masters in Nursing Administration.

D: Good for you!

R: I graduated in 1975 with my masters, that was in September, and I was contacted by a headhunter and got a position in Michigan. It was director of nurses of a hospital, a catholic hospital, in Lansing Michigan. That was in September of '75. Well, I started there and being an Ohio State grad, I was a Buckeye, I bled Scarlet and Grey.

D: Laughter.

R: The big Ohio State- Michigan game was coming up in November and so I started betting like crazy with the doctors not realizing that they all graduated from Michigan. We lost that game, and I tell you I about lost my shirt! [laughter]. Anyway, I was director of nurses of this hospital in Lansing, St. Lawrence [Hospital] and loved it. I was there for a little over five years and then came back to Columbus. I had kept my house and I rented my house out to two nuns, I had a very low rate, rent. They did a good job keeping my house nice and everything. Then I had to evict them because then I was coming back. Then I was approached, I had been back in Ohio for a couple months and was approached by a friend of mine. They needed the position of Executive Director of the Board of Nursing, was going to become available in six months and she talked me in to applying for that position which I did, and I got it. That's where I spent that last fifteen years of my career as Executive Director of the Board of Nursing.

D: How exciting!

R: Then I retired from there at the beginning of '96, I retired. Then I stayed in Columbus, but I wanted to get back to the Dayton area because this is where I'm from originally. So, I moved

back here in '02. I still had two siblings here, but they have since died. I still have a bunch of friends here and anyway that's how I got back to Dayton. That's my whole life.

D: Do you have niece or someone who is in nursing?

R: I have a niece and I have a nephew. The nephew is in Arizona, he is just now retired, and my niece is in Montana. She's a nun in the charity order, the one that owns Good Samaritan. She is now retired but she is still in Montana, she is coming to the mother house in about a year; there's a mother house in Cincinnati. My nephew lives in Arizona, and he just retired, he was a legal consultant. He worked with twelve attorneys, and he was a nursing consultant, in other words, when they had a lawsuit against hospitals or doctors or something like that he would interpret for the attorneys what they were talking about legally from a nurse's standpoint.

D: Let's backtrack to when you were a student, what was it like when you started in your program at Good Samaritan? I want to get a flavor for what was nursing like in the Miami Valley for that year.

R: I started in in the beginning of June in 1946 and in the middle of July, a nephew of mine was born there at Good Sam. Well, we were not allowed to visit relatives, we weren't allowed to visit anybody. I wanted to see my sister and all we did was water pitchers; we just took water pitchers out and cleaned them and filled them with fresh water and took them back into the patients room. That's the first exposure we had to patients, that's the first patient care related activity that we did. My friend Ruby Parkinson had my sister in room 310 at Good Samaritan hospital. I told Ruby "That's my sister in there, let me take that pitcher back in there." So, I took her pitcher of water back in and I just said hello and came out and that was all I saw her. Now that's how we adhered to the rules and regulations and the reason that I give you that example is that's how we

responded to our rules and regs. We did not do one teeny tiny thing out of line, that's the beginning. The next year I had niece born there, I was in the delivery room when she was born, and I visited my sister umpteen times. So, what I'm trying to say is when we first went in, we respected every teeny tiny rule or reg but as we were in there, we got a little bit looser with some of the rules and regs. They got looser with us too to tell you the truth. I couldn't learn enough, I just wanted to learn, I was very wrapped up in every class. There were some that I wasn't too much interested in, but I wanted to learn as fast as I could and as much as I could because I was fulfilling my life, I was fulfilling what I wanted my life to be.

You're asking me how it was when I was a student. At that time for our psych nursing, we went to Toledo State Hospital. It was about ten or twelve of us, but we spent about three months at Toledo State Hospital, it is no longer in existence. There were 2000 patients there at Toledo State Hospital. There was every kind mental disease that you can imagine was in that hospital and that was a wonderful experience because we were there, and we didn't have any time off and we couldn't go anywhere. We couldn't come home or anything. We were in Toledo and so we spent 24/7 with the patients. And I really thought that that is better than what they have now but that's beside the point. That was really an excellent experience.

D: So, its interesting that you went there versus to Dayton Psych because they had the old mental health hospital that's at 10 Wilmington Place. So, it's probably a comparable setting but maybe they were filled up with the other schools' students or something.

R: I do not know.

D: I remember being amazed when I was in St Louis going to nursing school that the students at Deaconess Hospital's program went to Cincinnati in the summer and did their pediatrics at

Cincinnati Children's'. St. Louis has two pediatric hospitals, so I was amazed that that's how they did that but it's just kind of how things get set up.

R: The other thing, Donna, is that we didn't ask questions. I never asked "Oh, why aren't we going to Dayton?" You just didn't, we knew we were going to Toledo and that was it. We didn't question anything like they do today.

D: So, what was the average day like, a day in the life of a student, when you were there. Even in your second year or your first.

R: Well generally, we worked a split shift because then we went to classes in between. Then we got to the second year, then we worked nights all the time. But in the beginning, it was a split shift. We worked seven to eleven and then three to seven. That's when we were on the floor. Then between the eleven and three is when we ate lunch, and we had our classes. So that was for a good year. Then we were on nights, and we still had our classes, you could only sleep a couple hours then go to class, then you might take a nap or something. Then finally our third year we got into three to eleven. Of course, we were in charge. When we were seniors, we were in charge. There was an RN around; well there was an RN as a supervisor but there was not an RN on the floor. We were working on being in charge and everything.

D: When you say you were in charge when you were there, how were you supervised at all?

R: The supervisor made continuous rounds and of course Good Sam was much smaller than it is today. Good Sam, there was only six units when it first opened. There was two in 100's, two in 200's, and two in 300's. The units were, I think it was, 20 maybe 30 patients but not any more than that. So, there was East 1 and West 1, then there was East 2 and West 2, then there was East 3 and West 3 and that's all there was. There was 20 or 25, but not more than 30 on each of those

units. The nun, there was always a nun who was a supervisor, she just made continuous rounds. She just continuously went from one unit to the next continuously for eight hours, then the next person would be there. She was an RN of course, then if we needed her. Now there was RNs during the day, during the day shift from seven to three there were RNs on all of the units but not three to eleven or night.

D: When you did your clinical experience during the day in your early years, did you work one on one with one of the nurses or how was your assignment worked out?

R: We had an instructor, the instructor would have not any more than five students, at the most six. We gave baths, that's the only thing we did in the beginning was give baths. She was constantly walking around too. Now we were always very close, her five students would be very close. I mean would have patients close, just a couple of rooms apart and she could walk around. We met as a little group before we started and she went over each patient and then she was even teaching then because she would say "All right, the diagnosis is such and such, what does that mean?" We would have to answer her. She would say "Alright, now Rosa Lee, you'll be assigned to Mary Smith, and her diagnosis is such and such, what does that mean to you?" And she went over each patient like that. Then we would go in and of course we had to introduce ourself and all that kind of stuff and talk to the patient. We were supposed to carry on a conversation, but we were told what not to say and what we should talk about. Then the instructor was going around very quickly from patient to patient. She only had five, five was the most she ever had I think. We were being constantly, or almost constantly watched and listened too, so that was real good. Then we had to fill out some forms and we had to do the regular classroom kind of work too, but we were very closely watched that first year. It was very heavy.

D: Was there much attrition from your program, meaning people who didn't make it?

R: There were only a few. There was one that fell back but joined the next group. There was one from an older class, a year ahead of us, she ended up in our class because she missed a couple of months. From my class I don't think there was any more than three or four.

D: How many were in your class, your graduating class approximately? Was it twenty or thirty?

R: Thirty, about thirty because there were eighteen from Dayton and the rest were from the towns up north. We had Sydney and Troy and Piqua and the rest, about half of the class was from Dayton and the other half was from the little towns up north.

D: Other than going to class did you guys have any clubs or social life?

R: Well, actually a little bit. We had initiation; they don't have it anymore. Two years after us they stopped it because when we were seniors, we still initiated the freshman class so then it was stopped after that. But I tell you what, that gave us tremendous respect for the upper classmen that initiated us when we were freshmen. We only had a half hour for lunch and we would be standing in line and one of the upper classmen would come and we would let them go in front of us. There was a couple of times that I totally missed. I couldn't go to lunch because they kept coming up and going in front of me and I only had a half hour. So that was during initiation time though and then when they had the final night. They were really rough on us and then after that they had some cokes and potato chips, and they played some music and they congratulated us. The one that was the hardest on me, she came over to me and gave me a big hug. She says, "You were wonderful!" I said, "You were so hard on me!" She said, "I know, I really like you." We had that; we did have a volleyball team. I am very wrapped up in this Good Sam study I told you that. The gal who we're working with is from Miami Valley and all of the artefacts they're going to give to Miami Valley, well we're all having a fit about that because we don't like the Valley.

We've always been at odds with the Valley, and I had to tell her, "When I was in nurses training, in 1946 and '47, we had a volley ball team. Miami Valley was our greatest rival; it's like the Ohio State-Michigan game is today. We hated Miami Valley." That feeling just carries on and here we are in 2018 and I still have this feeling toward Miami Valley and I'm sorry but I'm not the only one. I'm not the only one from Good Sam that feels that way. It was just that we were bitter enemies, we were bitter enemies constantly with Miami Valley. Then now if they say that this is going to go there and that is going to go there, we're really having a fit over that because it goes way back, anyway, I don't want to get into that.

D: What I find interesting is why do you think you had that rivalry?

R: Because the class ahead of us did.

D: I was wondering, you didn't have this rivalry with St. Elizabeth's, did you?

R: Oh no! If I may tell you this, we were a Catholic hospital and so was St. Elizabeth's.

D: Do you think it was because I can remember even in the sixties, there were the publics and then there was the parochial school and there was a rivalry if you were Catholic or not Catholic.

R: Okay, and I'm being terrible. Now let me tell you about Good Sam closing. There's no more Catholic institutions. The closest one is in Piqua and in Cincinnati. There's not another Catholic hospital around anywhere. That's another reason why we're having such a fit, but I don't want to get into that.

D: I know, because I'm a Mercy nurse,(and) I'm a Sisters of the Sacred Heart. I totally know where you're coming from.

R: So, you can understand where I'm coming from.

D: Yes, so cool well that's really neat.

R: Worked with St. Elizabeth's, my mother worked there to put me through training at Good Sam and my mother talked to the nuns at St. Elizabeth's and she said "Am I doing wrong by working here, taking your money, and paying to Good Sam to send my daughter through training?" and she [the nun] said, "Absolutely not. We both need nurses desperately and you're doing the right thing if this is where you can get a job." At that time, we moved to the city. We lived closer to St. Elizabeth's than we did Good Sam actually and so the nun said, "No, absolutely not, you're doing fine." So that made my mother feel better too.

D: When you were in the nursing program did you have a student residence that you lived in?

R: Absolutely. The first year we had one half day off and we could go home or do whatever we wanted to do. I would go home and that's all. You had to live in a dorm.

D: Could you get married at that time and be a student?

R: Oh no, and if you were married, they would not accept you into the program and if you got married, as a matter of fact I think two got married and had to leave. You were not allowed to be married.

D: Did you have anybody that came into your program after World War II, like they maybe served in one of the armed services or maybe the only women there were already nurses in World War II. I know after Vietnam I had a lot of students in my program who had been medics over in Vietnam.

R: No, the only connection we had with the war was that we didn't have any kind of book or yearbook because of the paper supply being short. We had none of that kind of stuff in the

classes before us because that was during the war. Well, the war was just over when we went in. There was a lot of repercussions from being in the war. Mostly it was the paper stuff. So, we had no pictures, we have no kind of yearbook, or anything like that. That was reality then, we didn't know it was sad then but now it is.

D: Other than some of the things I know you've shared with me, were there any other particular challenges you faced while you were a student nurse?

R: Well, it had nothing to do with being a student nurse, but we could get up on the roof of Regina Hall and we went up there to sunbathe. We weren't allowed to leave, and we couldn't go anywhere. Between nine and ten at night was called a certain name, it was some kind of hour. I can't remember. Anyway, we were allowed to go to Goody Goodies on Salem Avenue and get an ice cream cone or something like that, we had one hour, nine to ten. We couldn't go home or anything, it was only one hour and ten o'clock you absolutely had to be in your room. I would get a few minutes in the afternoon between classes we would go up and we would lay out on the roof. Well, we weren't naked of course, but we were in bra and pants, we didn't have any kind of fancy outfits, but we had our bras on and pants on and I guess there were some airplanes or something that was flying over. I think the nuns made this up, but nonetheless, all of the sudden we were not allowed to go up there anymore because they were flying over and looking at us nude. Well, we were not nude, but anyway that was one of the things that really upset us. That we couldn't go up there anymore. Between 7:30 and 9:00 we had to be at our desk studying, we had to be in our room studying. That's when we are working split hours, once we got onto three to eleven obviously you were not in your room anymore studying because you were on duty. This was in the beginning and one time I was at my friends' room, and we heard the house mother coming down the hall and I wasn't allowed to be in there. So, I got into her closet and

Ms. Fry, I'll never forget her, said, "I heard Miss Weinert's voice, she's around here somewhere." She opened up that closet and there I stood. Oh my god, I tell you I got grounded for I think a month. So even between nine and ten I wasn't allowed to go out.

D: You're such a wild woman [laughter].

R: But Ms. Fry, oh God bless her soul. Anyway, but we had to live there. That was when we were freshmen. Then, our second year when we started working nights, we still only had a half day off that we could leave but then in our third year we did have a day off. It was not the weekends of course but it was someday. We still had to be there for class, but we didn't have to work. It never was a Saturday or Sunday, I never had a Saturday and Sunday for three years, none of us did.

D: Who taught your classes in your nursing program?

R: Christine Lewe. She was there for twenty some years, 26, 27, something like that. She taught almost all. Then we had some nurses, we had some nurses teach.

D: So, she was a nurse?

R: She was a nurse, but that was all she did. She taught anatomy and all that kind of stuff. She had a skeleton that she used and one time we got a cigarette and we put it in the fingers of this skeleton. She went to take out the skeleton, she was teaching us something about bones and opened up the thing and here is this skeleton with a cigarette between its fingers. Of course, you know she says, "Who did this?" and of course we weren't going to admit who did it. You're asking me things about when I was training so those kinds of things stick in your mind.

D: How many faculty do you think were in the program at that time?

R: There was a good half dozen. Then we had numerous doctors' lectures. Ms. Lewe was our constant teacher. And then nurses, they helped; they had their times too. They did mostly the work on the units. Ms. Lewe was in the classroom, but the nurses were the ones on the unit. We had just loads and loads of doctors, a couple of people from x-ray taught and different units like the emergency room. Different units in the hospital taught us, they presented, they had presentations. Every unit, except for the OB unit, that didn't happen until after we graduated, we didn't have an OB unit. All the different units and the doctors involved, they gave presentations and there was an awful lot of that.

D: So, if I can jump forward a little bit. I'm looking at some of your interactions with people in the community related to nursing. Do you remember how things were when Wright State baccalaureate program in the area? Were you living in Dayton at the time or were you in Columbus?

R: To tell you the truth I do not remember Wright State starting, so I must have been in Columbus.

D: That's okay, because you were in Columbus, that's totally fine.

R: All I know is that the person who was in charge or somebody from Wright State, she rode a motorcycle, was very active in the Ohio Nurses Association. That was my introduction to Wright State. I didn't even know where Wright State was.

D: Isn't that amazing, kind of slipped in. So that would have been Gert Torres, she was ONA president. She was only at Wright State from '75 to '80, but at some point during that time she did a term as president of ONA. That's why I figure you probably would have crossed paths.

What can you remember about her? Anything particular, do you have anything you remember?

R: That she rode a motorcycle.

D: So, you didn't really necessarily have any interactions.

R: No because I was in Michigan at that time, '75 to '80. I was in Michigan, but I would still attend things at the Ohio Nurses Association. I was still and still am very active in the Ohio Nurses Association. I mean I was not under her leadership at all.

D: Tell me what you think about, or how you compare, nursing from when you started to what's happening now. I'd like you to reflect on where we are now and what do you think. Give me your thoughts, because you have had vast experience and I would love to hear your thoughts.

R: There is no way that I would spend one minute being a nurse today. No way. The majority of that is technology. The other part is that patients are only in the hospital for such a very brief time, and they are so sick, and nursing is not, well, there's no way I could make a patient "compytoo" today. That's what I'm trying to say.

D: That's true.

R: There's no way that I could fulfill what I think nursing was fifty years ago. There's no way I could do that today. I'm not criticizing, I'm saying *I* could not do that. I could not be a nurse holding a computer, walking around with a computer. I feel sorry for nurses today. I thought my experience as a nurse, as a patient caregiver, was a beautiful experience, was a very, very meaningful experience. I thought I actually helped patients deal with their inconveniences or their pain or their suffering or their being away from their family or whatever. Decisions they had to make and just being told they had cancer. I was a part of all of that, I don't think nurses are today, I don't think they can be. I just don't think that what Florence Nightingale established, what she did, I don't think nurses can do today. That's my response. I'm not criticizing, don't get

me wrong, it's just the way it is and it's the way I am. Now, I don't know, I haven't talked with a young person who went into nursing, I haven't talked to them about this, I haven't asked them why they went into nursing. I don't have any young. My niece and nephew are old and so I don't have any connection young relatives or anybody I'm close to that is in nursing. So even though I'm still very active involved with the organization and everything, I just spent my two days a couple weeks ago at the retired nurses' seminar, two-day seminar. I implemented that back in 1967. I retired in '67 and the first conference that we had was in '68. I was influential in getting that started, two-day retired nurses' seminar, where we've got six credit hours the first day and six the second day. We had this every year and then that was our 24 hours (continuing education) that we need (for relicensure). I attend every year, I'm probably not going to get back there again. But I was there this time, it's always the first week of June. The things that are presented are of course current, but they don't get into technology as much. Most of the program, a day and a half of this last two-day program was on drug abuse and all of the statistics and everything about drug abuse and everything. Today's nursing, or my idea of today's nursing, fits more into that then what nurses are doing in the hospital, what they have to do in the hospital. The patients in the hospital, they're so sick, they can only be there a couple days and they're all hooked up to-

I operated the heart-lung machine for four years with open heart surgery. I had one thing that I used, that was a blood pressure cuff, the only monitor I had. They have a picture, when Good Sam celebrated its 75th, of me with the heart-lung machine and my blood pressure cuff. The gal next to me with today's, and she had fourteen monitors. Anyway, what I'm trying to say is that it's so changed from the nursing that I wanted to do and I what I did. I was with patients dying and I could hold their hand and I could sit with them. Nurses can't do that; they don't have the time to do that. The patients are going someplace else and dying. I'm talking about hospitals

now; I know we have nursing homes and I know all of that but I'm talking about hospitals.

Those are my thoughts.

D: That's great. You're active in your alumni association. Tell me what you guys are doing now and what's your hot topic.

R: Oh my god! The hottest topic for the alumni association is the artefacts. We were told that these artefacts are going to Miami Valley. Well, we're putting up quite a fuss. Now we have found out, we had the Sister Margaret Fund. Sister Margaret was the supervisor of the operating room for a number of years. I worked for sixteen years in the operating room, and I loved her. She died, and we got this fund started, scholarship money for LPNs at Good Samaritan to become RNs. Well then, Good Sam stopped hiring LPNs. So, then we said this money could go to RNs to get their BSN and for BSNs to get their Master's. Well now, everything is changing, and we have \$154,000 in that fund. There originally was ten people on the committee, well now there's three of us, all the rest have died. There's Murph Carol Foley, and me. We have been talking with Jenny and she is the head of Miami Valley Foundation and Good Sam Foundation. Then the gal at Good Sam and the gal at Miami Valley are her administrative assistants. We just had a wonderful meeting with her Friday, just this last Friday. She presented to us four things, to use this money. We want still a lot of money to go down to Mount St. Joseph in Cincinnati because that's where Sister Margaret graduated from. She represents three other programs and then the rest of it go down to Mount St. Joe. We made a few little changes, but the bottom line is we have approved these, so she's going to follow through with them. That's that fund, and then we have these artefacts. The decision we made on Friday about the Sister Margaret Fund she is going to take to her board. And we made a few little changes from what she presented to us but the important thing is she said, she's absolutely delightful person. I think Lewis is her last name,

not real sure. She's connected with the foundations, with Good Sam and Miami Valley Foundations. Have you run across her by any chance?

D: No, I haven't.

R: Well, she is an absolutely delightful person. Anyway, she entered the meeting by saying "I know that you're having problems with the artefacts. I want you to look at me as your advocate." She said, "Let me know if there is any way that I can help you." We've got a big meeting Monday the 25th, to make these big decisions. What we have to have had pointing up to the ceiling holding our cap, bronze, gorgeous, beautiful. Also, our pin, which is of course the size of a quarter, it's enlarged and maybe twelve inches across and it's in bronze and it's gorgeous. We have several other smaller artefacts, but those are the two. We were told immediately that they're going to Miami Valley. Well, we just put up a fit. Sister Carol Bauer, I don't know whether you've come in contact with her, she is -we have respect for her being a nun- but I'll tell you we are so upset with her because she says absolutely, they're going to the Valley. Well hell's fire they're not going to go to the Valley! I didn't mean to say that, but they're not going to go to the Valley. We're going to see to, if we have to steal them; they're not going to the Valley. Well, the gal who made the artefacts is someplace out west, I want to say Arizona or someplace out there, and we got her to write a letter that we asked her to make these artefacts and we paid for them and anyway it's two pages typed of her saying that we ordered those, we paid for them, she made them, and they do belong to us. They should not be on display any place else. Well, in the meantime, the president of Miami Valley Alumni Association and the President of St. E's Alumni Association called our president of our association. Those three have met, and they've met now two times in two weeks. They are in the process of contacting a guy here in Dayton to write a history of nursing in Dayton and then to have this display of all three hospitals at the

Carillon (Dayton History). They're in the process of working on that, that's going to take a long time. In the meantime, we need these artefacts to go somewhere. This Jenny is saying that the foundation has a storage and she said, "I absolutely assure you, that if you want to put them in that storage, they will go to you when you get this done at the Carillon." So that's our biggest thing; there was two things, the Sister Margaret Fund and the artefacts. We've got the transcripts, our very first concern was transcripts. I told you I have a niece who is a nun, and I called her, and she told me that her order has a professional archivist, and she is located at the mother house. She is not a nun, but she's a professional archivist. We contacted her, and that's where our transcripts are going, so we at least got the transcripts taken care of. The Sister Margaret fund we're pretty sure is taken care of and now these artefacts, there's a little meeting on Friday and I'm not invited to that, but the big meeting is next Monday and I'm going to that. There's a lot of little, small things, if we get them that's fine, there's a beautiful Florence Nightingale. It's been in our display case forever, but we would like to have that.

D: Is it like a bust?

R: A bust of Florence Nightingale; it's been in our display. Jenney said "Oh, you'll definitely want to have that in your display." Anyway, that's where we are. Everyday something comes up, every day I'm hearing something, and I don't know what's going to come up tomorrow.

D: Well neat. It's a very sad time when something like that happens. You do want to have all of that special stuff saved. Does somebody still have your old uniform or a cap?

R: Yeah, we've got that. I think we're allowed to have that. We have I think a student cap and a graduate cap, and we have a graduate uniform but I don't know about a student uniform.

D: That would be neat to see. Very good.

R: You're doing a history, but it's for Wright State.

D: Correct, because in 2023 will be the 50th anniversary of Wright State's nursing program. The whole reason the program came into being was because of the 1964 Lysaught Report that said people should go on and get baccalaureate degrees. There wasn't a BSN program in town. I didn't realize this, but Miami Valley worked with the board of regents to get the program established. I didn't realize that their relationship went all the way back. When they closed their program, they kind of merged all of their faculty into Wright State's program. Since 1985 we've had a collaborative agreement in which the money, they used to spend on their nursing program they spend on Wright State's nursing program. In theory way back when they used to give us, I call it "first dibs" on clinical sites but that's not necessarily always the case. It gets more complicated when that system came in, Premier, and it took over all these other places. It was one thing when you dealt with one entity, now you're dealing with this giant corporation. You kind of have that situation too. What other things related to you experiences in nursing and nursing education, is there anything else you'd like to share with us to end this interview formally?

R: There's a couple things besides the change in the kind of nursing that we have to do today. I am experiencing also a change with the doctors and relationship between the doctors and nurses, this is for the good. I am seeing a change between doctors and nurses, now I'm not on duty I'm not on the unit but just any kind of interaction with the doctors I am seeing a big change in the respect that the doctors have for nurses which years and years ago they didn't. I mean if you were sitting, and a doctor walked into chart you had to get up so he could sit down and that kind of stuff. I don't think that you see that today. That's the first thing that comes to my mind is that I think there's a much better working relationship between doctors and nurses. I think nurses are

getting a nice show of respect not necessarily in bedside nursing but on television or any kind of event, any kind of honoring excellence of women or any of those kinds of things. Different organizations have and I'm seeing more nurses being recognized for being a nurse even in the service and like I said on television. There is much more talk about "Oh, and she is a registered nurse". For instance, on Saturday night, we have Saturday night mass here at St. Paul and Saturday night, okay this is the second time, we have the white mass, and that's for caregivers. Last year was the first time, that's what I'm trying to say, I'm seeing more of that kind of recognition and I said to one of the gals, I go to mass every morning I love to go to mass so I go to mass every morning, and Cathy who is a nurse and she said "You're going to be there next Saturday?" and I said "Yeah, but by golly I'm no longer a caregiver," and she said, "Heck you aren't!" She said, "You worked for a number of years, you come to the reception afterwards." And I said, "Okay fine, I will." I remembered last year that I went, and I didn't sit with the group but I'm going to sit with the group this time. What I'm trying to say is, that's what I am seeing a little more of, that kind of recognition or respect for nurses, for the caregivers. It was always the doctor, the doctor was the top of the crowd, the doctor was it and now it is more equally divided between doctors and nurses. Of course, I realized there's the nurse specialist now. They're going on and getting more and more education. When I was exec of the board of nursing, I was exec for fifteen years, there were two nurses here in Dayton that went into practice, outside practice. Oh my God, the medical board was just beside themselves and they were right down the hall from me. There would be constantly somebody from the medical board coming into the nursing board and saying "Oh I heard that such and such, "Well that wasn't true. They actually sent two or three of their staff fraudulently to these two nurse practitioners to see what they would do and to see if they were practicing medicine is what I'm trying to say. Those two nurses are still in

practice, they both have their PhDs now, but they never “caught” nor could they accuse them of anything because they were not practicing medicine. They were absolutely practicing nursing at an achieved level.

D: Can you tell me their names, of any of those two nurses.

R: I know them, but I can't remember, can I call you.

D: Yeah, when you remember let me know because they might be very interesting people for me to follow with this project. I would love to hear their experiences.

R: They still compliment me on how much fighting I did for them when they first started years ago.

D: So, what year did you finish on the board?

R: 1996 is when I retired because in 1997, we had the first two-day seminar.

D: At that time, you retired it was from the board of nursing?

R: Correct. I had been there for fifteen years.

D: So, I'm trying to remember what the years were, you were on the board when we did the revised practice act?

R: Oh yes. Well, that and I was very active in the National Council of State Boards of Nursing and as a matter of fact I was president for two years of the National Council. I did a tremendous amount of traveling and speaking and I always ended every one of my speeches by saying that every registered nurse should take an active license to her grave. Well now I've got to eat those words but anyway I was president of the National Council when we switched from a paper and pencil test to the computer test. We did that on April the first, and I thought why in the world did

we choose April Fool's Day, but it was also Good Friday. I was so nervous that day and we didn't receive one phone call. There's been some problems since, but it was just that day, I just dreaded that day. We only gave it once a year and about three cities and that was it. Well now you can take it any time, any day, anywhere.

D: Did you work with Margaret Clark Graham at all? She was an FNP at Wright State that actively worked with the legislators to modify the nurse practice act.

R: I don't remember.

D: She was at Wright State but now she's associate dean of the program at Ohio State.

R: What's her name again?

D: Margaret Clark Graham and, like you said, she went on and got her PhD at that time I don't know that she had her PhD. She did hers at Ohio State, so did I, we were both teaching at Wright State with master's degrees, and we were told that we have to get a doctoral degree. So, we did that commute with our little babies at home.

R: Oh boy!

D: [Laughter] Well I am going to stop the recording right now and thank you very much.