R
154
F82
A3
2009

An Interview with Elizabeth Frances

An Oral History Conducted by Emily Powers

Heart to Heart Oral History Project

Oral History Research Center at UNLV
University Libraries
University of Nevada Las Vegas

©Heart to Heart Oral History Project
University of Nevada Las Vegas, 2009

Produced by:

The Oral History Research Center at UNLV – University Libraries
Directory: Claytee D. White
Editor: Gloria Homol
Transcriber: Kristin Hicks
Interviewers: Emily Powers, Lisa Gioria-Acres, Claytee D. White

These recorded interviews and transcripts have been made possible through the generosity of Dr. Harold Boyer and the Boyer Foundation. The Oral History Research Center enabled students and staff to work together with community members to generate this selection of first-person narratives. Participants in the Heart to Heart Oral History Project thank the university for the support given that allowed an idea of researching early health care in Las Vegas the opportunity to flourish.

All transcripts received minimal editing that included the elimination of fragments, false starts and repetitions in order to enhance the researcher's understanding of the material. All measures have been taken to preserve the style and language of the narrator. In several cases, photographic images accompany the collection and have been included in the bound edition of the interview.

Claytee D. White, Project Director
Director, Oral History Research Center
University of Nevada Las Vegas - University Libraries

Table of Contents

Born 1931 in Laramie, Wyoming; fourth of nine siblings; mother stayed home, father was plasterer until WWII; family moved to Washington so he could work in shipyards; graduated high school 1949 and married the same year; moved to Salem, Oregon, then to Santa Rosa, California; started university work; moved to Las Vegas; entered LPN training at Southern Nevada Memorial Hospital (now UMC); graduated 1965..........1-3

Stipend of 65 cents per hour during training; hitchhiking to the hospital; lots of experience in ER; differences between RN and LPN; two-year associate degree at university, graduating 1971; mention of Dr. Payne, orthopedist; working for Dr. Fink, internist and doctor to stars such as Totie Fields and the Follies dancers; offer from UMC to teach clinic in LPN program; Teamsters' attempts to unionize; comparing nurses' pay to teachers' pay; baccalaureate degree from UNLV, 1977; four years with Workman's Compensation; description of teamwork in planning patients' medication, care, and rehab counseling..........4-9

Relationships with doctors and patients; working on surgical floor; outstanding baccalaureate award for changes made in nursing; details of changes made; offer from Sunrise Hospital to do nursing education under auspices of UNLV; taught cardiac crisis, basic EKG; wrote and taught continuing education programs for nurses; scheduled all practical clinical experiences; recommended master's program in nursing; 18 years as head of education at Sunrise; retirement at age 59..........10-13

Comments on raising children while balancing school and work; post-retirement involvement in art, beginning with Lorenzi Park museum; discussion of docent program and parting ways with museum; establishing new program, Plan B; group studies art history, reads art books, travels; mention of involvement with Watercolor Society, painting in oils and watercolors; in-home art gallery..........14-16

Comments and opinions on impact of modern technology in health care; anecdotes illustrating that nurse's first duty is to render basic care; importance of patient assessment, not just reliance on techno-aspects of patient care; opinions on attracting nurses to Las Vegas; comments on future of health care in Las Vegas; anecdotal highlights from career in nursing; mention of Dr. Bible; closing comments on love of teaching at UMC, knowing student nurses' strengths and weaknesses, and keeping in touch with former students..........17-21

Preface

Elizabeth Frances, born in Laramie, Wyoming in 1931, was the fourth of nine children. Her father was a plasterer until WWII, when he went to work in the shipyards in Washington State. The family then moved to Salem, Oregon, and Elizabeth attended high school there through her junior year. She actually finished high school in Saratoga, Wyoming, becoming the first of her siblings to graduate.

Elizabeth married the same year she graduated (1949) and followed her husband's quest for work to Oregon and California. It was in Santa Rosa that she entered into university course work for her LPN degree. Once they moved to Las Vegas, she entered the LPN program at Southern Nevada Memorial Hospital (now UMC) and graduated in 1965.

During her five years in the ER at Memorial Hospital, Elizabeth entered the two year RN program at UNLV, graduating in 1971. She left the hospital to work for Dr. Fink for two years. She shares descriptions, explanations, and anecdotes about her time there, including much of the on-the-job training she received from the doctor.

In 1973, Elizabeth was offered the opportunity to teach at the LPN school she had started with, and she also went back to UNLV for her baccalaureate degree (1977). She worked for Workmen's Compensation for four years and details the team components, job requirements, and the new-found respect that the teams garnered from doctors.

Elizabeth was called to Sunrise Hospital in 1978 to fill a new position under the education department and worked there for 18 years. Though she has seen many innovations in medicine due to advancing technology, Elizabeth believes that basic nursing skills involving observation and knowledge of the patient are still of primary importance.

After retirement, Elizabeth began working full time for the museum in Lorenzi Park. She worked in all areas and was docent for many years. She and other docents created their own program and study, travel, and read to further their art education. Elizabeth paints in oils and watercolors, has held exhibitions, and recently built an art gallery in her own home.

Good afternoon. This is Emily Powers. Today is July 22nd, 2008. And I'm at the Rainbow Library.

Can you state your name for the record, please?

Elizabeth Frances.

And your last name is --

Frances?

-- Frances. Okay. No middle name?

Ann.

Ann. Okay. And I thought we could start off by you just giving me a brief history of your childhood, where and when you were born.

Oh, I was born in Laramie, Wyoming, in 1931.

And what did your town look like? How many people lived there?

Well, it was quite small, but it was a university town. But it was in the middle of the Depression, you want to remember. So things were not real great.

Right. What did your parents do for a living?

My mother was at home and my father worked in plastering houses. So he was in construction.

How was work for him during the Depression?

Well, at the first part of the Depression, he had no work. But later he had houses that he could work on.

And how many siblings did you have?

There are nine of us.

Nine, wow.

Yeah. There are seven girls and two boys.

And where do you fall in the mix?

Well, I'm the last of the first four. And then there was a gap of eight years and then five girls after that.

Wow.

We all had the same parents, but there was a Depression there in the middle, so…

And what was it like growing up with that many siblings?

Well, first it was a family of four. So I was the youngest and I was babied. And then I was the oldest of the young five. So I had kind of an in-between. I was the oldest and the youngest.

Best of both worlds.

Yeah, right. Right.

And where did you go to school?

Well, the first six years I went to school in Laramie, Wyoming. And then we moved to Portland -- just outside of Portland, Vancouver, Washington, in between. And my dad worked in the shipyards during the war. So then I went to grade -- not grade school -- middle school and junior high school there.

And then high school?

We moved to Salem, Oregon. And I went until my junior year in Salem, Oregon. And then I finished my high school year back in Wyoming in a little town called Saratoga. There were 13 seniors.

Wow.

And I was the first in my family to graduate from high school.

Really? Okay. And what did you think about going into at that point? Did you have an idea of what field you might be interested in?

You didn't have much choice in those years. You either got married or you found something to do. And I was pretty much on my own. I lived with my grandmother, but I had to pay board and room. And so I worked as a telephone operator for Bell Telephone at night so I could pay that. So I got varied experiences. I had a degree -- or not a degree, a scholarship to go on to the university as an artist. But I got married instead. I thought that was a more secure --

So you had an art scholarship.

Right.

You were a painter growing up?

Artist. Still am.

And we'll get into that soon with all the work you do with museums.

So what year did you get married, then?

I got married -- graduated and got married in 1949.

And that was the year you graduated?

Right. Seventeen years old.

And your husband's name?

...was Leonard.

And so you were a housewife for --

Well, I was for a while. He was a cement mason. There was no work in Wyoming. So then we moved to Salem, Oregon. And he then went to work for my father as a HUD carrier. And I still was at home. But sometimes money got pretty thin. So I did a variety of jobs like waitress or -- I don't know. I guess I worked at many things my whole life. But after my children went back to school, I decided I better go to school myself. So I had started for an LPN education when we were in California. We had moved from Salem then to Santa Rosa because of work again. And I started my university work there and I took two courses. One was psychology and one was chemistry.

Of all the hard things to do, you know, when I graduated in '49 -- and here we skip clear up to -- this is in the 60s. But at any rate, I made an F in chemistry with a lot of coaching and I did very well in psychology. So the first -- having trouble talking here. The chemistry would not transfer because it was an F. But it was good experience because I really needed that. But then after we got to -- we moved from Santa Rosa to Las Vegas because, again, work, rain, construction. You have to go where the work is. So we were here. I decided to go back to school when my youngest child started school, so I started in at the hospital-base program for LPN at -- then it was Southern Memorial Hospital, which is now UMC. And the LPN training at that time was 11 months long, almost a full year, eight hours a day. So I graduated in 1965 as an LPN.

So how many -- oh, it was 11 months long you said.

Right. Right.

Eight hours a day. And how many people were in your group?

There were 18 in the group. And I always thought it would be easy to get in there. I just expected that I would be accepted. And later I found out many, many, many applied and very few got accepted. So then I felt very privileged to have done that.

So it was a competitive program?

Very competitive at that time.

And what were your qualifications going into it? You had taken a few classes.

Only the two. But there really was no qualification other than the fact that I had graduated from high school and I was interested. And I was healthy, so…

Do you know how they did the selection process for that, how you 18 got in?

Well, later I started teaching for that program. So I found out some of those things, yes. And when it boiled down to the last, oh, I'd say 30 candidates, then it was really personality because the qualifications would be almost equal. It came down to personality; who could relate to, talk to. And just in terms of patient care and bedside manner and those types of things. But there wasn't any when you first started because just to come into the program it was all about how you related to your interviewer and --

Okay. And those skills come in handy.

Very selective. Very selective. But it was not in a university setting or a college setting at that time. It was strictly a hospital-based program.

So the classes took place at the hospital?

Right. Right.

And you weren't paid for that or --

You got a stipend. After you started working on the floors, you got a stipend. So you would get 65 cents an hour. And then it went up to a total of 85 cents an hour just as you're about ready to graduate. But it was enough to pay for your books, which was really important because, again, we had no money. And I just said I'm going and set out to go. We didn't have a second car. So a lot of times I was hitchhiking to get in or sitting for two hours on the step waiting for somebody to give me a ride home. But I did get through and made good grades.

I got a lot of experience when I was an LPN at UMC because at that time the emergency room was staffed by what they call resident doctors. Well, their expertise may be EMT or pediatrics or OB. They were not emergency room doctors. But they would come here to get a divorce and they'd have to live here for six years -- six years -- six weeks to get their residency. So they would accept them in the emergency room. The nurses who were full-time staff had to learn how to treat patients. A lot of the doctors were just backup and you really had to make the

diagnosis for the doctors. And they would call in the people who were on call to take care of them. So it was very good experience, pretty risky. But it was a small emergency room at that time.

How many doctors do you recall being around at any given point in time? And do you remember what doctors were there when you first arrived? Any particular doctors stand out in your mind?

Oh, yeah. Dr. Payne, who just passed away not very long ago, was an orthopedic doctor. He was excellent. Gosh, it's hard to remember them by now. Some of them are still around. Most of them are gone. But there were only one or two doctors. There would be one doctor there. And then they would call in another one as the shift got on. You know, in the mornings it wasn't busy, and then in the afternoons it would be busy. There was one RN, two LPNs.

What were the differences in responsibility between the RN and LPN?

It really got smudged because the busier we got, the more you were expected to do. So I did many, many things there that certainly my license didn't qualify me for at that time because of necessity. You know, I started IVs. And that was way before LPNs were even allowed to do that, or even nurses as far as that goes. Assess patients. I don't know. You name it, we did it, whatever was necessary.

So it was good training. And I look back on it now and I think, My word, you know, what we did. One of my best friends came from New York and she had graduated in a very fine university-setting hospital. And she came out and she said this is like the Last Frontier. She says you don't have any policies. There weren't any policies at that time. None of that had been established. I worked in the emergency room for five years. I jotted down how long I had been because I had to have this for the museum. But in '65 I started working at UMC. Only then it was Southern Nevada Memorial Hospital.

I went back to school as I was working there because I knew I got more money as an RN and I could get a two-year degree. They had started the two-year degree program out at the university. So I thought, well, why not get more money. You know, I'm doing the same thing. Why not make more money? So I started school again and I graduated in 1971.

Well, the hospital then wanted to cut my wage because beginning RNs didn't make as

much as I was making as an LPN. So I went to work for Dr. Fink, an internist. I don't know if he's still around or not. He used to be the hotel doctor. But he was an internist/cardiologist. And in his office I worked as a nurse practitioner if you would believe that. On Thursdays I had my own clinic day when I saw people with diabetes or high blood pressure. I learned to do all the lab work from the lab technician that was there. And then she retired. So I drew blood and ran blood and did lab studies and did EKGs and learned to read EKGs. It was a wonderful learning experience. Dr. Fink was more than open to share his knowledge. So it was a good place for me to work. And I worked there for two years.

And was he based in a private office, then?

Private.

And where was his office located?

It was on Seventh Street at that time. He had an office down in Caesar's Palace, but he used it more like a storeroom at that time.

So when you say he was the hotel doctor, does that mean --

He took care of all the stars. So we had them coming into the office like Totie Fields came in. And one time I gave flu shots to the Follies dancers. We went down to the showroom and set up clinic in one of the booths and I gave shots. One time I was sent down to do a special favor for one of the owners of the hotel. And I sat up in his room. He was passing a kidney stone. And I sat there one day and gave him one pain shot and that was it, you know. You did very unusual things. I'd go to the star's home and give allergy shots. But it was so much fun to work there because it was such a close office and he was so trusting. You know, he absolutely trusted that I knew what I was doing and he made sure that I knew what I was doing.

How many people did he employ when you were working there?

Well, I was in charge and then there was one assistant.

So it was a very small office.

Very small office, very small. And then from there I got an offer to go back and teach at the LPN school that I had started out with and to do the clinical.

And this is back at UMC?

Yeah. And it was university based. So I started back there teaching and working with the same

nurse who had taught me my third theory, only I was the clinical nurse at that time to go out on the floor with all the students. And I did the first year. And then we started the second year and the program moved to community college.

And why do you think it moved there? Were they a growing college?

Growing and they wanted more credentialing and to be able to have their credits transferable because when I started in the nursing program, none of my LPN credits could apply, the 11 months that I had worked. So we had to take a -- I forget what they call it now. It was like a challenge exam. And there was one other nurse and I who took that challenge exam. And they can only challenge for three credits. But we made very low scores. And come to find out we were the only ones that had ever passed it. So I felt pretty good. They were very rigid in not accepting that at that time. So I graduated with my associate degree in 1971.

And you had mentioned that there was a difference in pay between the RNs and LPNs and that they wanted to give you a pay cut even though you were more educated.

Right.

Do you remember what the difference was or what the salaries were at the time for a nurse?

I can't recall exactly what they were. But I do know that when I was an LPN working in the emergency room they decided to have a union run on the hospital. And I pretty much organized that under the table. But the RNs at that time were making -- what was it? It was 5,000 a year. It wasn't very much. But we wanted to go union to get higher pay. So I told them if you sign the cards -- I made an agreement with the Teamsters that they could not have any of the cards. I told the nurses I would keep the cards. And then if they decided to go with it, then I would turn them over. So the Teamsters sponsored all this. I had central supply running these cards all around to the rooms. And then they'd bring them back very -- it was a big hush-hush. I used to attend Nursing Association meetings. And they'd say, boy, if we could just find out who's doing this, you know. But there were big write-ups in the papers and all of this. So the nurses decided not to go with the union at that time because they gave the RNs -- I forget. It was 25 cents an hour or something overall raise. So they decided to just let it go.

Was it a close vote or was it pretty unanimous?

Well, they really didn't want to go with the Teamsters, but they really wanted to force the hospital

to give them a little better wage. So it was pretty nip and tuck there. But anyway, that was my undercover operation.

That's exciting, though, being a part of that.

Very poor wages at that time. I think it all started because I had written a letter to the editor that nurses made less than a gas station attendant at that time. So then the union contacted me and we went from there.

Just out of curiosity, do you know if nurses' pay was equivalent to teachers or were nurses paid less than teachers at the time?

Less.

And why do you think that is? Was it just a public perception of the profession?

I think the profession wasn't as organized. I think there weren't as many controls on the nursing. The fact that I was able to do so many things with no reprimands shows how loosely it was run I think when I look back at it. I mean I may have been competent, but certainly I was not qualified to do the things that I did. And I know that now looking back. But at the time I just thought, boy, this is neat to just do this.

It's interesting hearing my interviews with nurses. They say that they had so many responsibilities and freedoms to do what they had to do.

Oh, yeah, whatever you had to do.

And you said at one point that your license may not have allowed you to do certain things. But were there just no policies in place in many instances?

There were no policies. They weren't even written yet.

So it was the Wild West.

It was the Wild West, Yes. Yes.

And then things started changing in the 70s you think?

Well, I started back to school -- let's see. When did I go back to school? I started back to school when -- I worked at UMC as a nurse educator then for a while. And then I went back after I graduated in '77 with my baccalaureate degree.

And that was from UNLV?

Uh-huh. Yeah. I got my associate and my baccalaureate from UNLV. Associate in '71 and

baccalaureate in '77. But I had to go back to school because I was teaching. That was one of the requirements that I had to go back to school. And I worked with community college. When it moved out to community college, I continued working with the LPN program.

And what was the size of the class at UNLV when you were there getting your associate's and bachelor's? What did the nursing program look like when you started off?

Gosh.

Were there many people involved yet or was it a small operation?

You know, it's kind of -- nobody was ever together at the same time except for graduation. So it's kind of hard to tell. But I would say about 50 people. There wasn't --

And was it primarily women involved? Were there any male nurses that you remember?

No. There were males going into LPN, but I don't remember any males in the nursing program when I was going. When I was teaching the RNs later, then there were males in that program. So, anyway, then I worked for four years for Workmen's Compensation after I graduated because there were no jobs that I wanted to do as a baccalaureate that paid what I thought was a fair wage. So I worked for four years for Workmen's Compensation, more as a counselor. And that was when they had first hired nurses into Workmen's Comp. There was a nurse for every team as they called it and they were divided by alphabet. So like there was A, B. And they had a counselor and a nurse and a clerk who -- or a fellow who did all of the paperwork.

And then a team was just a group of people?

It was the nurse and the counselor, the Workmen's Compensation counselor, and the person who really did the paperwork and a secretary. So there were four in the -- and that was the first time when I've been in nursing that I really felt like we got respect. It was an interesting position because we were invited to doctors' offices to discuss patients' plans and progress. We discussed their medication and their care. But the doctor made time for us and talked with us as an equal. We sat in on all the planning and the rehab counseling. So it was really a different kind of viewpoint for me in nursing. Hospital nursing was always -- I don't know. You were always -- nurses eat each other. You know, they always have. When they're in the profession longer, it's like they expect the younger ones to just tow the line and do bang, bang, bang. But when you get into a more professional setting that's away from nurses and in a business setting, it's an entirely

different concept. I think that's why nurses a lot of times leave hospitals because of that setting.

So competition among nurses and --

I don't know that it's competition. I'm not sure. It's like, well, I had to do this, so you're going to do it, you know. Well, you're getting all of this and I had to do this. I think there's a lot of that in there.

And what about the relationships with the doctors or the patients? Was there a lack of respect there sometimes as well?

From the doctors, yeah, there was. You really had to earn their respect. Although when I worked at -- I still had an associate degree and I was working in charge of a surgical floor. And I was given the outstanding -- well, no. I was working as a baccalaureate. I have to stop and think where I was. I was working on a surgical floor in charge of the surgical floor from three to 11. And I was given the outstanding baccalaureate award for changes made in nursing from the inside out.

Wow.

And that was because they put me on this unit, put me in charge and they gave -- there were seven of us there. There were three RNs, one LPN -- stop and think -- and an aide -- or two aides, one or two aides there and a unit secretary. And we had all of these patients. And I looked at them. And the nurses, the RNs were doing medicines and that's all they were doing. And the LPNs were passing meds and that's all -- they were doing treatments and that's all they were doing. And the only ones that were doing patient care were the nursing assistants. They were doing all the nursing care. And I thought, boy, this is my license on the line here.

So I thought about it and I decided the best way to do this was first tell them and talk to them. So I spent about three months talking to them and persuading them what I wanted to do and why it was a good idea. And I broke the unit down because it was in a circle. And I broke it down into three units. And on each unit I put a licensed and an unlicensed. And they did the total care, the medicine, the treatments and the patient care together. And they gave their own report. I wasn't involved in any of those units. But the unit secretary stayed at the desk and I would make rounds. And I'd go to the first one. And then I'd come back to the unit secretary. She would be taking off orders. And they'd check up there and then I'd go to the second and then the third. And

that went on all evening long. Well, it worked so well that they took away one of my nurses.

You were too effective.

Yeah. And then I used to get called in almost every single day in the nursing office, you know, to explain what I was doing and why I was doing it. And they had this complaint from the morning shift or they had this complaint from the night shift. But it was really the fact that it went so well and the doctors were so happy with it. And we were happy with it. And the patients loved it. And, actually, it's my understanding that it's still being used. The total patient care is still going on. So that's kind of nice.

That is great. So it sounds like it increased collaboration and communication and had everyone on the same page.

It did. And it used some of your license. You know, the more experienced should be looking at the patient, not just doing -- and now I don't know. Now I understand that they're shorted again so much that the RN again is pretty handicapped as far as looking at the patient and seeing what's going on. I don't know.

I went into teaching the clinicals for -- I was called back from UMC to see if I would take a position at Sunrise. And it was a new position. It seemed like I was always sticking my head into a new position. With this position they said I would be working under the education department and I would be taking a group from UNLV clinical and a group from community college clinical. And then in my spare time I would be doing nursing education for the hospital. Well, I guess it had never been done before. But that's what I did. And I liked doing that because my team of nurses, then, could get patient care like I wanted it done, which was really nice.

So when I first started with the university I would teach the basic beginning skills in their lab and then would follow them into the hospital. And I did the same thing with community college. I'm not sure if that's the way it works anymore or not. But that's what I did at that time. And I was just aghast at how few hours the RNs were given to learn basic skills. I had a year to learn basic skills with my LPN program and was able to skip a lot of that when I went into the RN program because I did have the basic skills. So I didn't have to do it again. But they had to learn in two or three days what I had taken a whole year to learn, and in just one semester. So I thought, How can we do this and come out with skilled people?

Was their program a year long, too, then?

Well, this is associate degree. It was the associate degree program. So it was then by semester, right?

Okay. You said that they had labs. Like in-classroom work?

Right.

And then they'd go out and --

Right. In labs you'd learn how to make a bed and how to -- you know, all of the basic things, blood pressures. Those things never change.

But then in terms of actual experience they're very limited.

Very limited. Very skimpy. The LPNs got more practice than the RNs did from community college on their skills.

I wonder why that was. Was the RN just evolving into a different position?

I think. I think that's what it was. But I don't know how you can do one without the basics. I'm not sure how that works.

But any rate, I did that for a couple of years, worked with all three programs. I about drove myself crazy. And then they called me into the office at the hospital and they said, well, that contract has expired now and we're not going to do that anymore, so you're no longer needed. And I said, now, wait a minute. When you hired me this was not the agreement. I said the agreement was that this would be ongoing. I gave up a very good job to come here and do this. So I wrote up all of the different things that I had given to the hospital, the credits and they agreed to keep me.

So I went to work full time then in the education department. But what I did was I taught cardiac crisis, basic EKG and any other -- I wrote continuing education programs for nurses and taught those. I scheduled all of the university and community college practical clinical experiences for each one that was coming in. So that was my job, to make sure which unit they were going on and that they all got their hours.

So when I left Sunrise and retired, I was head of education. But I still only had my baccalaureate degree. And my recommendation was that they certainly put a master's degree in there. It was a job that required a master's degree. But I refused to go to school and do that. I

figured I was always doing it. I had gone to school long enough and I was ready to be out of it.

Were there many nurses that had master's degrees or only a small percentage?

There were beginning to be quite a few. And the nurse that took my place did have a master's degree. And she should have had. You know, mine was all practical things that I learned in my baccalaureate program. I should have known when I had my associate degree program. It would have made my life so much easier. But some of the things you learn just by the seat of the pants I think. But I got my baccalaureate in '77.

And how long were you in that position as head of education for Sunrise?

I don't know. Seventy-eight was when I went to work there. I have to count backwards. I'm 76 now. So I quit when I was 59. So what year does that make it? It's about 16 or 17 years ago. Well, 60 from 76 would be 16, so 17, 18 years. And then I went full time into working in the museum.

I'd like to ask a little bit about that, too, because that was an interest going back to high school for you or even earlier perhaps, art.

Oh, yes. I had always drawn and painted. It was just something I did.

And anyone else in your family, or no?

My father drew. But I was the first one in my family to get a high school diploma, a university diploma and, certainly, the very first one to get a baccalaureate degree. But I did it all -- there were no grants. I never qualified for grants. I always had to work to buy my tuition, so part of the time I was working and going to school to pay my tuition and my books.

Why is that that you didn't qualify for a grant?

My husband made too much money. But I had four children. So there wasn't any spare money. Forget that. But he made too much money to qualify at that time.

Even for student loans?

Right. No. So when I graduated everything was paid for. But I guess that's why I don't have much sympathy for people who say I can't do this or I can't do that. You can do whatever you want to do if you want to do it, if you feel a need to do it.

It takes perseverance, but it's possible.

It does. It does.

How was that working with your children? Were they going through school at that time?

Oh, yeah, because when my youngest one started to school, that's when I started to school. And when I started into the university, my youngest one was going to the university. He and I were freshmen together. But he only lasted one year. I had a deal with him. I said when you're 18 years old here's the program: If you go to school, you can live here for room and board. You've got to pay your own tuition. But I said if you don't, you've got to pay me. So he agreed to -- he signed up for school, but that only lasted one year and then he was out on his own. But they've all gone on to careers and been fine. But it was funny.

And are they still here in town?

Yeah, they're still here in town. But as far as how it worked when they were little and I was going to school, I had to get up at four in the morning to study because by the time it was six, my husband was getting up and I had to get his lunch and his breakfast. And then the kids were getting up and they had to get their stuff done and then I had to get off to school. And then coming back you had no time in the afternoons or evenings because you were helping them with their homework and getting dinner. You know, you weren't excused in those years from being a housewife just because you were doing something else. And I was doing this all against my husband's wishes, too. So that didn't help.

Did a lot of the nurses have the same situation with families and children?

Yes. Yes. You know, that's really -- sometimes it's a plus because it gives you so many practical skills. And I related well to everyone who was in my class, although many of them were much younger than I was. But we were on a level as far as what we were studying. And sometimes my experience was way more than what they had had. So it worked out well.

That seems to be one of the first generations of women that really had to balance both.

They did. They did. It was not easy.

Going to school and working and raising a family, that's quite a bit on your plate. But you were able to do all that.

And I wanted to go back into your art. When you retired from the hospital, you went back into art.

Well, that got just as involved as nursing did. I don't seem to be able to do anything the easy way.

But I started out down in Lorenzi Park when the museum was down there. And I thought, well, this will be a nice place to spend some time. I can help the museum and I can go out and eat lunch. And there was a little creek that ran by and trees, really pretty. Well, the first year I was there the mayor decided that she wanted the museum, although the museum had been there for many years. She decided she wanted that building back and we had to move. So we had to start finding a place to go. Finally we found a place up on West Charleston, a storefront. And we were in the storefront for two years. Then we worked to get into the museum, which is out on Sahara.

So I've done everything -- well, I have it listed here because this was for the museum. I worked in the desk, the store, the office, outreach program. I took programs into the school at (Case Gallery) and then became a docent. I was docent for many years teaching new docents and studying art history.

But we've recently had a parting of the ways, our group and the museum, because, again, they've become too -- I don't know. They need more control. We were working under the docent council, which is a nationwide program, so we were autonomous. We could say to the museum we will do your docent work, but we'll say how many schools we can take, we'll say how many people can be in the tour, we will say what's appropriate for the children. Well, because of grants and because they needed more money, they wanted to have more and more and more schools coming in. So it got to be too unwieldy. We couldn't get enough people to do the tours and do a good tour that we felt comfortable with. And the school programs were being slighted because there weren't enough of us to go out. And they didn't want to listen. We tried for a year, and then we said you're going to have to work it out and hire your people because we can't work under those conditions.

So now I've established a new program. We're called Plan B. We study art history, read art books to further education, and travel. So we meet on the 1st and 3rd. And it's the same group. They've just all moved over now. We still study in the same room except we meet on Monday instead of Thursday.

How many people are in this group?

Twenty-five to 30. But we've become such close friends. And these women are professionals from every profession you can think of and well-traveled, very interesting people.

And then I've joined the Watercolor Society, I paint, I have exhibits,and I just recently built a gallery in my home.

That's wonderful. Had you done watercolors all this time?

I had done oils for a long time. And then I switched to watercolor about 30 years ago. I just fell in love with it.

Wonderful. I'd love to see some of your work sometime. I'm sure it will be displayed somewhere that I can check it out.

Are there any other community organizations that you're a part of?

I haven't had time.

Well, it sounds like you already did a lot in founding all these new programs and ways to do things, the changes that you made in the nursing program.

Well, you know, I've gotten old, but I don't think my brain has a sense in that. I'm always looking for new ways. But I refuse to use a computer. Isn't that peculiar? I do the digital photography and I've got a word processor and I've got a fax machine and I've got the telephone. And I've got the copier and a color copier and a photo printer. But the computer to me is to invasive of your time. And it just seems like it moves and takes over a piece of your life. And I don't have that much of my life left. So everybody else uses the computers. If I really need one, I can go to the library.

Well, we were just talking when we had this problem with the equipment about technology and how it may improve some things but complicates others.

It really does.

How do you think that technology has impacted the field of health care from what you've seen, negatively or positively?

Oh, I think positively it has done some really great things because as I've been in the hospital for different things, I've seen the nurses using the computers just outside of the room to update. So that relieves them of so much time that they had to spend before. A lot of the medication things come in computer-generated. I think it should cut down on a lot of the nursing errors in medication. It seems like those errors are now being generated from pharmacy more than nursing. But it doesn't excuse the nurse for not reading it again except you get comfortable with what's

happening I think. But I see a lot of good things with the computer.

How do you think the nurse's role in the hospital has evolved or changed over the years?

Basic care is basic care. And you still should be able to go in and evaluate your patient without any equipment whatsoever. I was tested on two different times when my friend and I -- I was divorced, oh, probably 25, 26 years ago. And I have a friend. We've walked across England a couple of times. Well, the first time he had a heart attack as we're starting up the first day. And there are no clinics or hospitals in that immediate area. So I had to assess what was going on with him, pull him from the walk -- we were walking with a group -- sit down until he began to breathe easier and was cooled and dry. And we then strolled until we could get a cab to take us to the next stop. And then as we went along each day I was reevaluating him. When we came home he was checked and he had had a heart attack.

And the second time he got the Hanta virus and we were way up in the wilds someplace. He couldn't breathe, so I flagged a car down. We got into the next little town. Scared the guy to death. He took us to what they called the clinic where there was one doctor. He didn't know how to read an EKG, but he did have an EKG machine that had been donated. And I said I can read it. You do it; I'll read it. But what he had done was accumulate all this fluid in his lungs. So he gave him Lasix orally, antibiotic. He was running a real high fever. I took him back to the hospital, bathed him, fed him. He just was in a raging fever. He would have been in ICU in the States. But for two days we went through that. And the doctor stopped in to check and then we got him through it.

But you have to be able to look at your patient and evaluate. And I don't care what technology you've got. In fact, one of my nursing students -- I flunked her because she went in to do her patient care and she was so involved with the IV and how the drips were going and not what was going on. I walked into the room. Her patient was lying there absolutely uncovered, freezing, shivering and almost sobbing. And she's so busy up here that the plain comforts that she could have given to that patient, which she should have done -- so I just said, you know, there's some things that you can't get over. Either it's there or it's not there.

Well, now we're having the problem with nursing shortage especially in Las Vegas. How do you think that will impact the future of health care and the level of personal care?

We've always had a nursing shortage here. We don't produce enough nurses. It's like we're on an island. And we have to entice them from the outside to come in. And I don't think our hospitals are that great to entice. The wages are not that great. Traveling nurses love it. I don't know if you still use traveling nurses. But when I was working they had travel nurses that came through. Are you familiar with that term?

I've heard, yes.

They were paid great wages. They didn't get any benefits, but they were paid great wages. And they would come in and sign a contract and they would be in this area for three months or they could extend it. And they loved coming through. But as far as coming to make a permanent home, Las Vegas isn't a destination to make a permanent home. I found it a fine place to raise children because I was always on the outskirts. We were never involved in the casino. It was always in the building industry and the nursing industry. And I can't think of a better place to raise children. But people from outside don't see that. And they don't see that. They see the billboards and the sleazy side of Las Vegas. Las Vegas is two parts. It's one part the school district, which is very rigid and very controlling and very old-fashioned. When we do the outreach program going into the school, you can't show any nudity at all. In the museum, the shows that are hundred, if there's bare bodies you have to take your tours another direction. You know, they're shown in every other museum. If it's approached correctly and it's not erotica, you should be able to show it. But not -- the school district is very rigid. So we've got that part of Las Vegas. And then we've got the open side. And I don't know.

So the outreach efforts to children already living in this community to get into the health care industry, it's stifled, the outreach program you think?

Well, the outreach program I was doing was not for nursing. It was for the arts. So I was taking art programs in.

Is there anything like that for the health care industry, trying to recruit people at a younger age to stay in Las Vegas and work here?

I don't know if there is. Don't they have a trade -- they still have the trade school. And that has some junior programs in it, or it did have.

I wonder if that can be a solution maybe, or one part of the solution.

Well, even if they could stay the programs are full. You can't get more in. So it would do no good to have more here because we can't process them.

Right. And the pay is still a problem.

And the pay is still a problem.

Where do you see the future of health care in Las Vegas going?

Well, it's going to have to be here and it's going to have to stay. We have so many old people moving in from back East and everywhere else. They like to retire here and they don't have any support system. So we'll have to make it better. But I don't know how that's going to happen.

It will be interesting. And with the budget cuts it's an interesting time to be thinking about these questions.

I think if nursing ever went contract instead of paid position, I think if they ever -- like a doctor is contracted to a hospital. If a nurse were contracted to the hospital, she could have much better control over her pay and over the type of care she could do. The closest we've ever come to that is a private duty nurse. And they didn't have any privileges in the hospital.

Well, and you worked, too, in what is now UMC and Sunrise. Do you think that there's a big difference between the public hospitals and private health care?

I think you get better care in the public hospital. And the reason for that is the dollar isn't counted as closely so that anybody that walks through that door is going to get taken care of. And I never ever through the emergency room or on the floor -- what they could pay was never discussed. So they got what they needed. It didn't matter. And I didn't feel that was true at Sunrise. They got good care, but they were screened a lot more, you know.

What were your highlights in your career as a nurse? Any special stories or cases you can remember that you'd like to share?

Oh, gosh. There are so many, so many of them. So many of them are so funny. I can remember the first time I ever saw a dead body. I was in the emergency room. And we were really busy. We had one room that was kind of off to one side, and when things would slow down, you were supposed to just go along and check on the patients. And I went in the room. This lady was lying there with her arm kind of off the gurney. And she was kind of in this dimmed room. And I went over and I touched her and I said, Are you okay? And then I looked at her and thought, you know,

you're dead, not okay, you are dead. They had brought in a dead body while I wasn't looking, a DOA. And the coroner had been there and left her uncovered with the one arm hanging off. But I came out and I said, you know, we really have to be busy if I'm in there talking to the DOAs. I don't know. It just --

And then one time when we had a pediatric emergency room doctor -- oh, it was EMT -- I'm sorry -- EMT doctor because he still works. We went in to see this baby that had a high temperature and I'm with him. He listens to the baby and he talks to the mother and he feels the baby's stomach. And then he comes out and says, What am I going to do with it? He didn't have any idea what to do with this baby. It was like, Well.

And then one time we had a doctor there named Dr. Bible. I don't know where Dr. Bible ever went. He's not here anymore. But he looked like a doctor in a magazine, you know, with the stethoscope and the gray hair. But he really didn't know what he was doing most of the time. He was really pretty bad. He would get so angry at me and he'd say I'm going to take you to the nursing office. And I'd say I know the way. So we used to really get into some battles. Funny.

Any other patients that touched you or --

Well, working three to 11 on a surgical floor, some of those patients would get so antsy. And there was really not much you could do with a lot of them. They were just stuck there. So one time when it was the Fourth of July, I took everybody we could possibly put into a wheelchair or whatever and we put them up on the heliport pad so that they could see the fireworks.

And then other times there would be people in there who hadn't been with their wife or husband for a long, long time. And I just shut the door and put a sign on the front "do not disturb." We used to do some crazy things.

I had a cardiac patient who had open-heart surgery and he didn't want to eat anything and I couldn't get him to eat. So I ordered him whatever he wanted to eat that night. I said anything, I don't care what it is. So I sent down to the kitchen and got him whatever he wanted, which was certainly not on his diet. And it started his appetite back again. I used to break a lot of rules I think, but usually for the good.

When you're in personal care it sounds like you have to break some of those.

Yeah. But I loved the students. They were the best part. I think out of all of it was the students.

Your favorite part was teaching.

Yeah, I loved teaching. And I loved teaching at UMC when it was the LPN program because I went to every unit that was there. And you just got acquainted with every nurse in every section and you knew the nurses and their weaknesses or their insecurities as much as you knew your students. And they relied on you as much as the students did. It was just a nice feeling.

Have you kept in touch with many of your students over the years?

No. Some of them have contacted me. In fact, I've run into one not too long ago in a thrift shop of all places. And she said I know you. I didn't recognize her. But she said I know you, Ms. Beth. And she talked about where she was working and what she was doing.

That's great. It sounds like you've left quite a legacy in Las Vegas.

Well, I don't know about that. But I've kind of steamed through it.

No. That's excellent. We appreciate all the details and stories that you were able to share.

It was fun.

I appreciate your time. Thank you.