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An Interview with Ann Lynch

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

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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.

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Preface

Ann Lynch discusses her background – born in Kansas City, 1934; attended Baker University in Baldwin, Kansas; classes at Kansas University; a year in theater; director of PR at Evansville University. In 1959 she came to Las Vegas as director of the clubs at Nellis Air Force Base.

Ann shares in depth on her parents and grandparents and on her family today, which includes a brother 14 years younger, her son, and a nephew. She describes Las Vegas in the early sixties, meeting her husband, and her duties as club manager at Nellis. She comments on becoming camp director for the Girl Scout program at Mount Charleston, which led to training scout leaders and board members.

When Ann's son Edward went to kindergarten, she took on the PTA job of parliamentarian, then president of Ruth Fyfe ES PTA. She eventually became President of the Las Vegas Area Council, Nevada State PTA president, and finally national president of the PTA. The school named after her (Ann T. Lynch Elementary) has benefited from her other charity organizations.

Because of her PTA involvement, Ann became very active in legislation in Washington, D.C., traveling to other countries to help activate parent involvement. She had also worked with Sunrise Hospital during this time and when she was relieved of some of her PTA duties, she helped found the Sunrise Hospital Children's Foundation and the Public Education Foundation. She details the many functions of both foundations.

Ann comments on the lobbying she does in the Nevada legislature and in Washington, D.C., medical billing through Medicare and Medicaid, and the ongoing shortage of nurses nationwide. She offers opinions on unions for nurses and mentions robotic surgery, the stroke center, neonatal center, and breast cancer center as evidence of recent developments in medicine at Sunrise Hospital.

Good afternoon. This is Emily Powers. It is May 27th, Tuesday after Memorial Day. And I'm here with Ann Lynch at the Sunrise Hospital.

How are you doing today?

Oh, I'm just fine, thanks. Enjoying the good weather.

Great. Yes, it is beautiful outside right now. We have a couple weeks until it gets warm.

Then it will be 120, you know.

Yes, exactly. We're used to the routine now, right?

Right. No problem.

Well, can you state your full name for the record?

Yeah. It's Margaret Ann Thompson Lynch.

And can you give us a little bit about your background, where you were born and when?

Sure. I was -- well, when? That tells you how old I am. I'm an old lady. I was born in Kansas City, Kansas, in July of 1934. And I was raised in southern Indiana and went to Baker University, which is in Baldwin, Kansas. I took some classes in a double major at KU, Kansas University, in Lawrence. I did a year's stint in theater. Then I went back to Evansville and became the director of PR at the Evansville University. I came out here in '59 as director of the clubs at Nellis Air Force Base as a civilian. Met my husband there and we married. And we were gone for a year during which time our son was born. He retired. We came back here to Las Vegas.

Just to delve a little bit more into your childhood and your past, what did your parents do when you were growing up?

My father was an owner for a while of a small newspaper. Then he became a columnist for Scripps Howard. My mother was a stay-at-home mom, but a very active community leader in lots of lots of activities. And I grew up with that community giving I guess as part of my background.

One interesting thing, which for my age is very unusual, all four of my grandparents, meaning both my grandmothers and my grandfathers, were college graduates. And one grandfather was a Methodist minister and the other was a physician in Kansas City.

I have a brother who is 14 years younger than I am, and he just retired from the New York Times where he was an editor and he lives in New York. That's the only family I have now. My husband is deceased. I have one son who's not married and my nephew is in college. So we can

have the family reunion in a phone booth, the four of us.

How was your mom involved in the community when you were growing up?

Well, she was very, very active. She was on the Girl Scout board for a long time and was director of the camping there at the Raintree County Girl Scout Council in Southern Indiana. She was president of the Community Players, which was a civic theater group. She was an adviser for the college sorority there. She was an alumni. She was active in the Philharmonic. She was active in the museum guild. She was very active in hospital auxiliary. And she had several AAUW and -- just almost any organization that was up and running, my mother was terribly involved.

Wow. It sounds like she was a busy lady.

Yeah, she was.

That's great. So you went to school at Baker University?

Yes.

And what did you get your degrees in?

My degrees are in journalism and drama.

That's a great combination.

I wanted to go on stage. And I enjoyed it for the year I did. But I didn't particularly like the lifestyle. And because I wasn't the ingénue and I couldn't sing, I would have remained a character actress, which wouldn't have been too bad. Angela -- oh, what's her name? Anyway, she made a big hit in *Murder She Wrote*. I can't remember her name at the moment.

Is it Angela Lang?

Yeah. You know who I mean. Anyway, there were a lot of great character actresses, but I didn't see that as my life's role. So I came home and dusted off my journalism and became public relations director.

And you went to Evansville University?

I was PR director for Evansville University.

And how long were you there?

I was there four years.

And what were some your responsibilities as PR director?

Well, I was responsible for all the public relations that went out from the university, all the PR

with the exception of sports. I did all of the -- I gave information to the alumni groups. My relations were with the media, sending out press releases, arranging for photo ops, selling stories about the university and being responsible for a lot of the brochures and collateral that was sent out by the university.

So that gave you a good background for where you ended up later down the line.

Right.

So you came to Las Vegas in 1959 you said. What did it look like when you first arrived?

It was very small. I can remember I liked it very much then. I really didn't like it. But as I look back on it, I like it a lot now. I can tell you that Tropicana was then called Bond Road. And Sahara was called San Francisco. And Sunrise Hospital was just opening. And in order to open they had to pave -- or gravel and tar Maryland Parkway because it was not finished through. There was nothing past there. There was no Desert Inn Road, nothing. And the builders of this hospital also built some apartments behind the hospital to accommodate staff. They also were involved heavily in the construction of some housing right behind the Boulevard Shopping Center. And that's where a lot of physicians lived because this was way out in nowhere. And in order to attract staff and physicians, they built a golf course, et cetera.

Where the Las Vegas Country Club and the Regency Towers now sit was Joe Brown Racetrack. There was a racetrack there, thoroughbred horse racing. And there was nothing -- they built Western High and it was out in the middle of nowhere. And everybody thought they were crazy. We bought a house, which was way out on the west end of town, which was up near Pinto and Palomino, up near Rancho Circle area. And we were at the edge of town. You could get anywhere in this community in ten minutes. It was amazing. You had to travel a long way to get to Henderson and really a long way to get to Boulder City and Lake Mead and North Las Vegas -- there was land between Las Vegas and North Las Vegas, too. So it was a much smaller community.

We would go dancing at the Desert Inn because they had what they called the Sky Room, which was fourth-floor. It was all glass and you could see the whole area. And we were overcome when they built the Dunes because that was the tallest structure then. El Rancho was ranch-style, the Sands, everything was -- no high-rises. They were all kind of glorified motel area

kind of things. They were much better. They weren't motel-ish. But they were all single story and cabins. You know, you felt -- it was just very, very elegant for its day, but it was all very low to the ground, nothing high.

At the airport you walked right out to the plane and up the steps. And there was a railing and it was -- it is where the executive airport is now on Las Vegas Boulevard. So the town was -- and I loved to go on the Strip in those days because you dressed up. Everybody dressed very elegantly at night and you drove right under the portico. I mean there were no parking lots and parking garages. You just drove up and a valet would come out and off you'd go. You could see wonderful stars. I saw so many great stars -- Harry James, Don Rickles, Della Reese -- in lounges. The lounge show was just exciting. And it was all free. You could have two drinks or have no drinks. You could just go in the lounges. And we were here during the Rat Pack days. My husband had an in there, so we saw a lot of the Rat Pack and saw them after shows and stuff. So those days were really glamorous and fun for me in Las Vegas.

It sounds like a great experience. Where did you meet your husband?

At Nellis Air Force Base.

And he was working there?

He was -- they call it in charge of central base funds. And those are funds that run the club that are not taxpayers' money. Money that's generated by the clubs. The only one that everything's free in is the enlisted club. You had to operate on a budget, so every month I had to go get my budgets okayed by this mean man in central base funds who was in charge of the base funds at that time. Everybody told me I'd never get any money out of him and they were right. So I married him. Even after he's gone, I still am trying to get money out of him. But we met there because I had to go and beg for money I guess.

And what is his name for the record?

Thomas Eugene Lynch.

So how long after you met did you get married?

We were married about nine months after we met.

And then you had your son soon after that?

Edward. He was born a year and a half later.

Great. So you worked on the air force base in the club doing PR?

No. I was the director of the clubs.

So what was your job like there?

Well, it was to plan the activities, do the budgeting, be in charge of the staffs, oversee the ordering. Just what a manager of any club would be -- that was my responsibility at the clubs.

And how long were you there?

I was there less -- just about the time about the nine months or so -- I was there maybe eight or nine months because once we became engaged, my husband didn't want me to work at Nellis Air Force Base anymore. So I went to the Girl Scout, Frontier Girl Scout Council here.

Can you tell me a little bit more about that?

Yeah. I was district adviser for a while and then I was assistant director. At one time we were all ready for camp up at Foxtail, the camp up on Mount Charleston for girls here, and the person we had hired to be director -- I don't know what happened. She just didn't come. So I suddenly became camp director for a season up at Mount Charleston and enjoyed that very much because I had been a big Girl Scout. I went clear through the senior programs and went to international encampments. I was a big Girl Scouter, so I kind of enjoyed that. The only problem is our son was just about a year and a half old. So he had to spend the summer between my mother and father and my in-laws. My mother and father lived in Indiana and my in-laws lived in Pennsylvania. So he got shuttled back and forth that summer. But I enjoyed that.

My other job was I was in charge of training. I trained all of the leaders and boards and everybody who needed training. And I was also a district adviser. I oversaw it and assisted the volunteers who ran the different neighborhoods and units. So that was a big job. And I was there -- we left and went to South Carolina and I came back. I was doing that before my son was born. When I came back, then I went back to work there. Because my husband was TDY, which is temporary duty, I came back here alone with the baby and went back to work for the Girl Scouts until he came home. And then I resigned.

And how many people were involved in the program at that time?

Oh, I can't tell you the number. On staff there were -- oh, there were -- one, two, three, four, five, six -- seven staff members. And there were a lot of girls. In fact, there were just about the same

number of girls that there are now because it was really a big program at that time.

That's great. I was a Girl Scout when I was younger. I had a great experience with it.

It's a great program for girls. It really is.

It is. So were you very involved in -- you said your mother had her hand in everything.

Were you the same way with community organizations?

Not when I first came. During my time as a Girl Scout, I was very involved. It was nights and I had to go for training and I was working. When I resigned and was a stay-at-home mother -- my husband was home now. We bought a home in the west -- I told you up there. And my first venture was I belonged to a couple of garden clubs, played some bridge, played a little golf. Enjoyed that.

When Ed went to kindergarten, I took him over to Ruth Fyfe [*Elementary School*], which was a year old at that time. They asked me what I wanted to do in PTA, but I didn't want to do anything. So I looked at the list. And I didn't want to be bike chairman, bike rodeo chairman. I didn't want to be carnival chairman. So they had down parliamentarian. And I had had parliamentarian experience. So I said, yeah, I'll be your parliamentarian. So his first year I was parliamentarian. And the next year the woman who had been elected president moved. They were transferred. So the only person on the board who was eligible who would take the job at that time was me. So when he went into first grade, I became president of the Ruth Fyfe PTA. I moved through that and became president of Las Vegas Area Council. Then I moved on and became Nevada State president. And eventually I became national president of the PTA.

Wow. And what did that all took place?

That took place -- I was national president '89 to '91. You could only serve two years. And all those years, from his kindergarten year clear on through, I was very, very involved in PTA, at the state level, at the local level. And there's a school named for me because of that.

Really? And where is that located?

That's at near Sunrise Mountain. It's the Ann T. Lynch Elementary.

Do you visit it very often?

Not as often as I'd like. I'm very proud this year of Sunrise Hospital. It has adopted -- it's in a poverty area. And a hundred percent of the children are on free breakfast and free lunch. So my

hospital adopted them. And this Christmas we went over and served them a great Christmas dinner. It was catered by my group which served these children hot turkey and all the fixings. And every child in the school got a present. And every child in school got a cap, a woolen cap. And we completely loaded up their library. This next Friday, we're going to be going out and giving 3,000 more books to the school.

Wow. That's wonderful.

And they don't know it but every third grader is going to get their own book to take home. And then we're having Career Day out there. It's a year-round school. So we continually are doing something at that school.

And we started Annie's Closet. We went around to Wal-Mart. This is when it first opened, the school. Wal-Mart generously gave us some clothing that they were going to return or whatever. So a child who shows up at school with, you know, clothes that are too small or their shirt's torn or whatever or the teacher sees that child has worn the same clothes for three days, we will take them quietly -- or in the wintertime when a child comes to school with no jacket -- they'll take them quietly into Annie's Closet and give them clothes.

That's wonderful. That sounds like a great school.

So it's a great school. But that's a result of my PTA involvement.

And then from that PTA involvement I went into legislation and became very active in Washington. I was in Washington a lot. I put a million miles on American Airlines in one year. And after my term was up, the minister of education in Russia invited me and my husband. We went over and stayed three weeks in Russia where I was working with parent groups because they didn't know how to get parent involvement. Then I went to Japan and was involved there and went to England and was involved there. So I did a lot of that and was on President George H. Bush's kitchen cabinet for education. There were 12 of us. And I was one of the 12 during his four-year term. So I've had a really excellent career that started out with my personal involvement.

When I got relieved of some of the duties of PTA, because that was all-consuming -- and I worked all this time at Sunrise, by the way, during that period -- but as a result of that I became very interested in children and in health. And my joy came together when a physician here and I

got the great idea to form the Sunrise Children's Foundation. And we are founders of that. I was one of the three founders of the Public Education Foundation here in town. My co-founders were Ernie Becker and Grant Sawyer. So Grant and Ernie and I formed the Public Education Foundation. And J. Peter Kalinski and I formed the Children's Foundation here at the hospital.

And when were both of those formed?

I cannot tell you. I'm really sorry. I could look it up for you if you want me to.

Oh, that's fine. Just curious.

Yeah. I would say in the 90s, '95, something like that.

And how much work did both of those take to get off the ground?

A great deal. A great deal. Well, we had to fight -- not fight, but we had to convince. At that time this hospital was owned by a company called Humana. And they did not have any -- because it was a for-profit hospital, they didn't have foundations. So we had to really work with corporate to get them to let us have a foundation, a nonprofit foundation. And it took a lot of work. Then we had the good fortune of hiring Dee Ladd, who was our first CEO and she still is. She's president and CEO. They've raised millions of dollars in the last few years, and it all goes to education surrounding health. They do some incredible things.

The Public Education Foundation was formed when Brian Cram was superintendent. Ernie and Grant and I and Brian Cram worked very hard and had to work with the school board and the city and county and everybody to get that because it was unheard of in Nevada. There wasn't a Public Education Foundation, even though it's very popular in other states. It's a group that's separate from the school, but it raises money to do things the schools can't do for themselves. And they've raised millions and millions. Judi Steele was our first and still is our president and executive director for that, and I serve as a permanent member on both boards. The other founders -- Grant, of course, is gone. And Ernie served as president and was on the board for several years and then he just pulled out. Dr. Kalinski was a practicing neonatologist and didn't have time. So I wound up staying as a permanent founding member.

So you're still on the board?

I'm still going to their meetings and their dinners and their activities, yeah.

How often do you have meetings with them?

The Public Education Foundation has an executive board meeting once a month and it has general meetings four times a year. And then they have a gala. The Children's Education Foundation has meetings about every two months, every other month. And then they have two galas a year.

Do the objectives change much for the foundations?

No. They've stayed the same according to what we started with. The Public Education Foundation is to assist Clark County School District or any educational institute. Whether it's the Meadows or whoever, they can apply for grants and do things that they don't have tax money for. And we also have formed an Internet system where kids can go online and talk to kids in Europe and everything else. I mean it's a great -- and we started the interactive Internet for the school district. That was our project. We also give a lot of money for innovative kinds of things for schools. We're in the process of -- right now our big project is obtaining land to build affordable housing for teachers. That's one of the problems here, so we're working with some banks and that kind of thing.

The Children's Education Foundation does things like a program called Baby Think It Over. And it's where they have computerized dolls. They're all different sizes, colors, and shapes, and they're all programmed like real babies. Teachers come in and take a course, and then both girls and boys can sign the babies out for a weekend. It's not like taking an egg home. This baby comes with car seat, diaper bag, all the accoutrements that a baby has. And the baby is computerized so that you may get a baby with colic, you may get a baby who is a crack baby, you may get a baby who's very docile and quiet, but all the babies at different times -- they cry at night. And so you have to take them with you all the time. We can tell by the computer -- or rather the teacher can tell -- if you put it in the closet or something, and you get graded on how you took care of the baby. It's statewide. We have them in all the high schools here.

That's wonderful. What are some of the other projects?

Well, then there's the sign language group that was started by the Children's Foundation. They also run the WIC clinics (Women, Infant, Children) which are the state-run programs. They run six of the clinics here. We have the nursing -- the help clinic at the Andre Agassi School. We have the nurse and all of the clinic over there. We run the HIPPPY program, which is for preschoolers, and we also run the Head Start program here for the federal government. So we've

got some huge programs that that foundation runs.

Yes. It sounds like it. What does HIPPIY stand for again?

I can't remember. But it's the preschool -- it's where they teach in low-income areas. They teach from about three years old up until they reach kindergarten age. They also work with the parent and the student to help them learn to read, to know their alphabet, to get them ready to go to school.

I've heard a lot about HIPPIY. I worked with the Every Child Matters campaign for a while. And we're in touch with Head Start and HIPPIY and all those groups.

We now run the Head Start program, too.

Do you find that the needs are different throughout the state depending on rural versus urban areas?

Yeah, they are. The rural areas are very much overlooked and very much underserved, but it's not anybody's fault. For instance, in Churchill County, which is Fallon, all of the schools in that county are in Fallon. And some of the children live 50 miles away one way. So the school buses -- that's a hundred mile round-trip for kids going to school. So their needs are much different than our needs. When you get out to rural health, they have a visiting nurse or they have a public nurse that comes, you know, two days a week or something. Physicians are very scarce in the rural areas, very scarce. And the services, there aren't as many. I think that the volunteer groups in rural areas are much more dedicated. And it's almost a lifestyle for the volunteer firemen and the groups that are volunteers. But there aren't enough of them to cover the needs of an area. And, usually, when you get into rural areas, you get more of a cost factor. They're not as wealthy. They don't have the money in those counties. So I see that the needs are different.

But, again, when you get to the urban areas, we're just overcome. There's just never enough money. But we need to be more innovative. Our problem I think in Clark and Washoe counties, but particularly Clark, is that if you look at it we've got 75 organizations doing the same thing. If we could get one organization with all 75 pouring into it, we would be effective, but instead we've got all these little pockets of volunteer groups trying to do something and none of them are effective. They may be effective for three or four people. You know, it's like gang stuff. There must be ten anti-gang groups that are volunteers and are wonderful programs, but they're

small. And if we could get all these groups together to be one big anti-gang thing in town, we could make a splash. That's my frustration with urban areas. Las Vegas is not a neighborhood town, if you know what I mean, like New York or Chicago or St. Louis. We're spread out. You're not making much of an indent in your neighborhood, so it needs much more centralization and that kind of thing.

I'm ashamed to say that I was part of helping to develop the Distributive School Fund in Nevada, which is the way you fund your education because the federal government insists that every state fund every county equally. And you can't. Not everybody gets the same amount of money. But every child should get the same amount of money. And with poor counties not being able to contribute -- because the property is not owned by them, it's owned by the feds. So their property intake is not as great as it should be. So in order to do that we had to -- everybody put all the property taxes in a pot and we'll cut it up. So we created a formula so that we could equalize it. But what's happened to that is it's been cut up, amended, jig-sawed around where it's impossible because you have a county like Clark County, which is like the seventh largest school district in the country, and then you have Esmeralda or Fallon or Nye County. I mean the inequity is just ridiculous. And it's hard to get a teacher to go to Beowawe, Nevada, and live in a trailer. So it's very -- on a mountaintop with no electricity. So it's a very difficult thing.

We need to re-look at the funding mechanism for education. We need to really look at sizes of district and figure out a way that we can guarantee, or we'll be in violation of federal law, that every county gets the same amount of money, but we need to have some more autonomy. And we need to redo the Distributive School Fund because Carl Dodge and Floyd Lamb were the senators that were responsible for that. I think both of them are spinning in their respective graves at this time because it is not anything like it started out to be. It's like the Social Security in Washington. It's been chopped up and picked up. It's not the same bill that was throughout. So we need to start over I think. So there are great needs.

And I think public health -- terrible. And I'm delighted that the USOM, University School of Medicine, one of their priorities this year is public health because I think the biggest lack this state has is public health facilities and resources.

Getting more into the public health aspect of everything that you do, how long have you been

at Sunrise Hospital now?

Oh, my goodness. Well, I started out at Sunrise Hospital -- I can't remember the year because I started as a volunteer. Then the volunteer director had surgery and was not able to come back. So they asked me. I was getting real involved in PTA at this time, so I told them that I needed more money than I thought they could offer me and that I have to have all this time off. And they said okay. So I became volunteer director.

Then the MGM fire happened. And my office at that time -- the hospital's been redone -- my office was right next to the emergency room and I heard all this. So I went in and stood up on the desk and started giving orders. And I ran a -- I didn't leave the hospital for 72 hours. I was the only one in town, regardless of who hears this, that knew where everybody who was a guest at the MGM was. And I arranged for the cab companies to pick the people up. I got hotels to take them in. And got the Salvation -- I mean we were really running a big triage over here. Of people who were looking for people, we were the only ones who knew where everyone was. We admitted people that night, but that was a lot more than we had room for. We had to get a lot of people out.

So following that they said, gee, why don't you come up into administration. So I said, well, you know -- and then they found out I had a degree in journalism and had been a PR director. So I became a public relations director. And I went through that.

Then I became marketing director. Then I became marketing vice president. And this was the time when I was gone nationally. But I worked closely with an ad agency. And we did great things -- they did great things. I was able to communicate and keep on top of it enough. And about six, seven, eight years ago now I guess, because I was very interested in politics and legislative mandate -- because what they were doing to hospitals mandated the hospitals have a little more interest in legislation. So they moved me from marketing vice president to government affairs vice president. So now I've been that for eight or nine years. And that means I have lobbyists. I have a group of lobbyists that I hire. I go to Carson City for the legislative session. Where I was today, I was meeting with a candidate. I meet with all the candidates and I run the PAC money, which is the money we distribute (indiscernible). My job is also to articulate to candidates our positions and to be at hearings, so I go to all the interim hearings. And I'm also the one who communicates with the state on regulatory issues that we'd like changed, not the

regulatory ones that we have to adhere to. But I work closely with the Attorney General's Office. I work with the director of human resources. I work the financial people up there. I work with all the state boards, the Governor's Office. So I'm kind of the go-to person. I'm going to Washington. I went to Washington a couple weeks ago and I'm going back to Washington in a week -- two weeks. I lobby in Washington for HCA.

Do you see a big difference in the lobbying that takes place in Carson versus D.C.?

Oh, yeah. Oh, yeah.

What are the differences?

What I find is that in D.C., it's a whole different world. In D.C. most of the lobbyists live there and are there 24/7 and spend a lot of money. They lobby more with the pocketbook and the checkbook. People like HCA, we don't do that. We send people. And you'll find that it's very different here in this state. The only way you can help a candidate is through their campaign. I can't give money to somebody, a bribe to somebody.

And the other big difference is in Washington all of our representatives have staff that work for them. There will be a staff member who's responsible for the health-care issues and their farm-related issues or mining. And they're all chopped up. Each of their staff members become specialists in those areas. They read all those bills and they give advice and all that. In Carson City, with our citizen legislation, they don't have that. They have a secretary who does their scheduling and is a big help to them, but is not an expert in anything. I mean they may be just by happenstance and a lot of them are, but they're not assigned it. So you take a citizen legislator -- they could be a lawyer or a schoolteacher or a farmer or a rancher. And now for 120 days we expect them to know everything about health care, mining, transportation, energy, you know, home land security, budgeting. We expect them to suddenly become experts in all the fields. So for the lobbyist in a state like Nevada, their job is more of education than anything else, to be a resource to these people because they don't have it. So they have to learn an area they don't know by listening to people they trust.

The first thing you have to do is prove to a legislator that good, bad or indifferent you'll tell them what they -- they'll ask you a question and you'll give them a truthful answer. And they learn to rely on you to give them truthful information so they can make a decision. The lobbyist who in

Nevada fibs a bit for their own benefit soon is not a trusted lobbyist. So the lobbyist who goes up and can give information as a trusted person -- and that's the way it should be because it's a citizen legislature.

In Washington it's more about money and power and trading votes and that kind of thing than it is in our legislature. So the lobbyists -- usually in Washington it's a dirty word. But the lobbyist in Nevada often is a real treasure to people to give them information. And that doesn't mean that everything is peachy because a lot of lobbyists run companies that run campaigns and things. And so the candidate is far -- let's say that I'm running a PR or I run campaigns for a living and I get you into office. Well, I got you elected. So I come to you and Susie Jones comes to you and we both tell you the truth. You're more apt to lean toward me because you owe me something, you owe me your position. That does happen in Nevada, but not like in Washington. I'm not a lobbyist in Washington. I'm just a citizen who goes, but a lobbyist in Washington -- that's all they do. And we have lobbyists here in Nevada and that's all they do. But in Washington they really specialize a lot more, the mining lobbyists and the transportation. Here our lobbyists have several clients in different fields. And as long as there's no competition or overlapping or conflict, they get along fine because one day my lobbyist may be working for the mining company or the bankers and the next day they're working for me. That's okay. But in Washington you have to really know that stuff so well and so in depth that you really specialize in Washington.

What are some of the issues that you have been lobbying for in recent years and how do you think that they've changed from what you've seen as government affairs director?

Okay. Let me go back even further. When I was president of the Nevada State PTA, I had as chairman of my health division a housewife and mother. And her co-chair was a nurse at the Clark County Health District, who later became a pediatrician, who has since died very untimely. Her name was Dr. Linda Golden. But she wasn't a doctor at that time. She was a nurse, an educator. And the two of them came to me and said you know what we need to do is we need to be sure that all these kids coming in new to the state -- and that was way back before immigration and all this stuff happened -- said we need to have a law that says children have to be immunized before they can go to school. That was the first bill I ever got involved with. And we passed that bill. So I was very proud of that.

One that's very unpopular, but we passed, was the helmet law. That was when I was state president of PTA also.

In the past years what I've seen is that with health care up to eight, nine, ten years ago there was very little legislation. They didn't pay any attention to us. But there is a shift now in our legislature, which says there shouldn't be private hospitals. They should all be publicly owned. But they can't be. If you look at Las Vegas there's only one government-owned hospital in this county and that's UMC. The rest of us are either for-profit or nonprofit. The Roses -- St. Rose Dominican and St. Rose Siena -- are owned by the Catholic Welfare out of California. The rest of us are owned by corporations.

And we're the ones who have brought into town robotic surgery and tamper-proof, absolute foolproof pharmaceuticals because we don't make errors in this hospital -- in Sunrise, Mountain View or Southern Hills because we have a system which prevents medication errors. We have brought robotic surgery. We brought the Gamma Knife. The Gamma Knife works this way -- you can do brain surgery on me this morning and I can go to work tomorrow because you haven't gone into my brain. They put a colander on your head. That's what it looks like to me. But it's 201 rays of laser beam and each one going through your head. Your brain doesn't do anything. It's just like the light coming in from your eyes. But when they all hit one area, they zap a tumor. And so inoperable tumors can be eliminated by that -- a tumor behind your optical nerve, a tumor at the base of your skull, a tumor in the center of your skull, in the center of your brain -- because your brain does not regenerate. So if they say it's inoperable that doesn't mean they can't get it out. It means that if we go in, there won't be anything left of you because we will have destroyed so much of your brain, you'll be a vegetable. So a lot of people have inoperable brain tumors. Now, the Gamma Knife can't do all tumors, but it can do a great number of them. And we do a lot of that. There are 65 in this country. Las Vegas has one, thanks to HCA. A lot of innovation and a lot of medical advances have been brought on by this.

But the legislature in its thinking feels it has lost control of hospitals. In the last several years they have brought more and more and more regulation and costs. An example of that was in the last -- two legislative sessions ago they ordered the schools of medicine to double the nursing graduates from all the nursing schools here. But they didn't fund it. So the hospitals were charged

to fund it. So then they saw your health-care cost is too high. Well, where do they think we get the money? So I mean we get all -- I mean they keep passing these laws, but they don't fund them. But the hospitals then are forced to fund it. And then they yell at us because our costs are high. Well, where do we get the money? We get it from other people.

An example, Medicare patients, we get about 75 percent of the bill from Medicare. And when people see these huge bills they get, that's not what they pay. Medicare, they don't pay us. We might as well not send them a bill. They don't pay any attention to it. Medicare pays by DRG and by regulation and there's all this big formula. And it boils down to what our costs are, not what we bill them, but what our costs are. We get about 75 cents on the dollar for every Medicare patient we have.

For Medicaid, which are the indigents, which have nothing, we get about 86 cents or something -- don't quote me because I can't remember what the current number is -- on the dollar. An example is that Sunrise Hospital -- well, UMC, which is the public hospital, treats 50 percent of the indigents, meaning people who can't pay anything, in the state of Nevada. They don't treat them all. They don't come here from Washoe. But if there were a hundred, they treat 50 of a hundred. I mean that's the number of people. If you've got a hundred in the state, UMC is treating 50 people. But 28 to 29 percent of those people are treated in this hospital. And I get nothing from the state for it. It's just nothing.

Then they say how come your price is so high? Well, there's 28 percent of these people that I've treated in this hospital. Somebody's got to pay for it. So I've got the insurance companies. I've got coalitions. I've got everybody saying your prices are too high, your prices are too high. And I've got the state saying, here, you can pay for this, you can pay for this, you can pay for this. And we don't print money. So those are the kinds of issues we've been fighting.

Also, the nurse unions have come in and brought some very interesting things. They want us to have nurse ratio and we do have nurse ratio. Ours is on flexibility by your condition. In our ICUs it's one nurse for every two patients and a CNA for each patient. In neonatal it is one-on-one. In cardiac ICU it's one-on-one. As you step down and you get better, the nursing numbers get bigger. You may have six on one, six patients on one, but you're going home, most of them. But if somebody gets bad or you need more attention, we have a flexible plan where you

take care of this one. If you had a rigid plan, which said you have to have six nurses on this floor at all times, I have to close a hundred beds and I have to hire about a third more nurses because that means that when nurse A goes to lunch, I've got to bring in another nurse to take her place. When nurse B goes on a 15-minute break, I've got to bring -- I mean I have to hire a third more nurses on each floor and I haven't got them. They're not here. We're not anywhere. We're killing ourselves trying to hire nurses. So if they got that passed, access would go down because I'd have to close a hundred beds. I'll bet you UMC would have to close -- I mean it would be awful because we would need a third more nurses than we've got now. Well, we know they're not here. So how do you get those so you're not in violation of law? You have to close beds and bring more. But nobody's thinking it through. They're just thinking we need more nurses here. So those are the kinds of things that I fight in the legislature.

Wow. It sounds like you have a lot on your plate.

Yeah. But it's fun.

What do you think has led to the nursing shortage? Do you just think it's the population explosion?

No. It's national. I'm so glad you asked. I have a theory and I really think it -- well, somebody ought to prove it. It's anecdotal, but I bet we could prove it. After every war -- well, let me start with when I graduated from high school and college, I was a rare bird because there weren't too many occupations that women could go into. Teaching or nursing were about it if you were a college graduate. Now you can be an astronaut. You can be anything you want. You know, you're not stuck in those two things.

The second thing was that years ago, several years ago every hospital in the country almost without exception had a nursing school attached because it was three years. And the first two years were classes where you learned the anatomy and you learned the surgical instruments and, you know, book learning. And you spent some time on the floor. But your third year as a student you were on the floor as a nurse. Well, this gave you extra hands on the floor while they were learning and they were being taught, student nurses. And you only had to spend three years at the school. So it was cheaper. Well, the nursing profession said, whoa, that's not right. Everybody's got to have a bachelor of arts. All the hospitals closed the schools because they couldn't afford a

college, so there are no more nursing schools. In order to be a nurse you have to go to a four-year school to get a BA. So that eliminated a lot of people from getting a nursing degree because their family couldn't afford it. A lot of people who went into nursing went nursing 50 miles from home. And now they have to go 400 miles from home to get into college. Their family can't afford the tuition it's gone up so. Housing -- I mean just a mess. So that eliminated a big hunk of our nursing population.

The other thing that happened is after every war -- the only good thing I guess that ever comes out of war is great medical advances. Right now out of Iraq we have great advances in prosthesis. They're coming up with wonderful -- because they're seeing more -- because of explosions, road bombs and stuff, more and more of our soldiers are coming home with missing limbs. Well, they started a lot of that during World War II and did a little more during Vietnam, but they've really come a long way, baby, in both reconstruction of half your face or whatever and in what they're doing with prosthesis. And penicillin came out of -- I mean (sulpha) came out of -- I mean a lot of stuff has come out of war. If you've ever seen M.A.S.H., you'll see the meatball surgery. A lot of that innovation and great surgical technique came from war.

The other thing that comes from war is fellows that have been trained as medics who use the GI Bill and went on to nursing school, okay. All right. All of those things are gone. Right now there are more women across the country in medical school than there are men. Women who once would like to have been a doctor but couldn't afford it went into nursing. Most of those female doctors would have been nurses today if that glass ceiling had not been broken. So those three things alone just eliminated the largest percentage of our nursing pool.

That's very interesting. Some things I hadn't thought about before, but that makes sense.

But that's what happened. I mean you look at it. The numbers are gone.

Right. What do you think is the future for that, then? How can we rectify that?

Well, I think a lot of people like Johnson & Johnson, the company that has medical stuff and household goods and all kinds of stuff, they spent a year of their advertising on national television praising nurses and saying, you know, I saved a life today. I don't know if you ever saw the commercials. But they were nurses actually talking about it. More and more people are beginning to encourage nursing as a career. And right now I can tell you that any nurse in my hospital -- I

could take you to any nurse -- she knows more than a doctor did 20 years ago. So it's become a very highly skilled, a highly technical, well-paid profession. And it's an honorable profession. I think that we do a lot of recruiting on college campuses, but we're not getting much -- I'm sorry UNLV -- but we're not getting much support from the campuses on increasing the numbers. And there are all kinds of problems. Someday we'll be able to learn that. But we're not producing enough nurses here. And colleges have to step up and really push their nursing programs. And we have to get more men involved in nursing because it's a very honorable profession and it's not sissy or anything else. And I just think it's a public awareness. We have to raise it again.

I hate to have this on the record, but I guess I'm gutsy enough to say so. The unions are no place for nurses because the minute -- it's like teaching. The minute you become a union group you lose the professional thing because professions are standalone. I mean you don't see a lawyers' union. I mean the word profession means that you're skilled singularly in this field. But when you meld together you as an individual are no longer a professional. You're a part of a group. And that distresses me. I wish they weren't unionized. But that speaks to administration in all hospitals I guess across the country. They didn't do well. I'm not downgrading the union. I'm just saying that when you see nurses striking, suddenly they lose their -- when they're out picketing I mean, they lose their Florence Nightingale attraction. You don't see them as caregivers and tender and with TLC, et cetera. You see them as they're fighting. And that's a little weird, you know.

You mentioned that Sunrise has been on the cutting edge of a lot of things with equipment and technology. What are some recent developments and other new procedures going on here?

Well, the robotic surgery. It's a robot that can go into your abdomen and whatever else. You have three little holes. An example is we had an 85-year-old woman two years ago that had ovarian cancer. Several years ago she would have either not made it through surgery or she would have been in the hospital two weeks and then probably in rehab because she would have been so (indiscernible) and everything else. She went home in 36 hours because we go in with a robot. You have three little holes and the doctor does it all by the robotic thing. And you have nothing -- you lose less blood. There's less chance of infection. It's not as traumatic. And you're not cut

open, which is what makes you suffer. So that has been a big movement.

The stroke center. The window for stroke used to be if you didn't get somebody to medical attention within a very short period of time, that golden hour, they would be permanently -- they would lose one side or, you know. We now extended that to six or eight hours because of the protocol. We're using new protocols here, which we're developing and which we have developed and which are being used by our hospital. And all three of our hospitals are able to do that through teleconferencing and things. So we can save you. And our record has been outstanding of people who have very little damage when they leave here after a stroke, which was not the case years ago.

We opened the neonatal center here. We had the first open-heart surgery in this hospital. We had the first cancer treatment Cobalt. That's long gone, but that was our first. The first of everything except burn and trauma were started in this hospital. The first open-heart surgery was done on a dog by the way. They wanted to be sure that -- the team wanted to practice. So they did it on the dog. Now we do open-heart surgery. We are the only ones who do open-heart surgery on children in the state. And they do open-heart surgery on babies who are 12 hours old here. It's amazing, the technology that's been brought in to do that. Our pharmacy is probably a shining star. Well, we don't have medical error because of the precautions we have. And it's all robotic and it's all done by computer and everything. So those are many of the innovations that are here.

The breast center. We're the first one to have a breast center, which means that they diagnosis you with breast cancer. Well, instead of one doctor saying that's what we'll do, we have a whole team that meets. And you're bringing in innovative surgeries and innovative reconstruction and innovative kinds of things. The case is followed by a whole group of people, so we take you from the diagnosis clear through to recovery. And that is innovative and brand-new in technology here.

Can you tell me a little bit about some of the things that the Children's Hospital is doing?

Well, the Children's Hospital has been named -- we've been open about 16 years. And we're now the 21st best children's hospital in the country. We do the only open-heart surgery in the state. They're brought down from Reno. They're from all over. We get them from California, Utah, Arizona and Colorado. We do a lot of open-hearts here for kids. So we have a great open-heart

program or cardiology program. We also have a tremendous cancer program for children. We do a lot of the cancer programs here, protocols. We have oncologists for pediatric. This children's hospital also has a 24-hour pharmacy, which is its own pharmacy because children's medication is different than adults. And we have the only Ph.D. pharmacists. They have their degree in pharmacy, but then their doctorate is in pediatric pharmacy. And they're in our pharmacy 24/7. We have intensive in-house 24/7 for children. We have a pediatric emergency department.