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2009

## An Interview with Helen Smith

An Oral History Conducted by Emily Powers

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Heart to Heart Oral History Project

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

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University of Nevada Las Vegas, 2009

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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.

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## Preface

Helen Smith, born and raised in New Jersey, came to Las Vegas in 1956. She intended to visit relatives for a couple of weeks, but ended up staying. Her aunt convinced her to interview at Southern Nevada Memorial Hospital (SNMH) and Helen worked there for a year. She recalls three hospitals at that time: SNMH, the Eighth Street Hospital, and St. Rose de Lima in Henderson.

Helen worked in the emergency room back east, so it was natural for her to start in the newly opened ER at Southern Nevada. She recalls treating many victims of accidents on the "Widow Maker", or route 95 to the Test Site, and compares the more advanced treatment and staffing back east with the Las Vegas small-town conditions.

In talking about the medical advances she has seen over the years, Helen gives a detailed explanation of autoclaving, describes the duties of an ER nurse, and mentions the shifts that nurses used to work. She also discusses her own progression from relief nurse to day nurse to supervisor, and comparisons are made between hospital stays 30 and 40 years ago to hospital stays today.

Helen refers to doctors and nurses that she worked with or knew of, talks about the types of things children were treated for, and shares several anecdotes and stories of patients and their treatment. She also expounds further on her work history at Sunrise Hospital, with her husband in their air-conditioning business, and as case manager for SIIS in workman's compensation.

As Las Vegas grew in population, a process which started in the sixties, Helen notes that more specialists were attracted to local hospitals. She shares her own more recent experience as a patient and gives her opinion on the use of ERs for general care rather than true emergencies. Her closing remarks include descriptions of changes in nurses' responsibilities and comments on her husband's work with the Children's Shrine in telemedicine.

**This is Emily Powers. It is Tuesday, March 4th, 2008. And I am in the home of Helen Smith.**

**How are you doing today?**

I'm fine. Thank you.

**Great. Thank you.**

**Well, we'll be talking a little bit about the history of health care in Las Vegas. But first I just want to learn a little bit more about you, Helen. When did you first move to Las Vegas?**

March of 1956.

**And you came with your parents?**

No. I had relatives living here and I came to visit and I stayed.

**What did you like about it?**

Well, I was living in New York City and I didn't like New York City. I think the desert climate kind of brought me here.

**Yeah, a nice change. Where were you born and raised?**

I was born in New Jersey, raised in New Jersey.

**Where in New Jersey?**

Near Phillipsburg, New Jersey. It's across the Delaware from eastern Pennsylvania.

**And what did your parents do there?**

My father had a service station and garage, and my mother was a home keeper.

**And did you have siblings?**

I have a brother, an older brother.

**Great. So once you -- well, what did you do in New York while you lived there?**

I was in nursing there. I had been going to postgraduate school there.

**Where did you go to school?**

I went to Jersey City Medical Center School of Nursing and then did postgraduate work at Polyclinic Hospital in New York.

**Did you have any family in the medical field?**

Oh, my dad's cousin was a doctor. That was about the closest.

**What made you decide to go into medicine?**

Well, at the time that I was going to high school, there were only three things girls could do really and that was teach or go into nursing or just be housewives. I wasn't about to be a housewife and I didn't feel I could teach. I was more interested in the nursing profession at the time. And I had several friends that were in the nursing profession.

**Did you work with them when you were living in New York or were you at different places?**

No. Every one of us spread in different directions.

**What were the differences when you came to Las Vegas? Is that what you initially started --**

I came out here to visit my aunt and uncle and they talked me into staying. In fact, my aunt took me over to Southern Nevada Memorial Hospital to try and talk me into staying here. And I had an interview over there. I particularly liked the interview and thought, well, I'll try it for a year. It was just a year. And I stayed here and did work at Southern Nevada for that year, but I didn't go back. I stayed on and on and on.

**What did the medical community in Las Vegas look like when you arrived? How many hospitals?**

Antiquated. There was just Memorial Hospital and then there was Eighth Street, a small hospital. It was a private hospital. And, of course, Henderson had Rose de Lima. And it was small too.

**So you worked at the largest hospital.**

It was called Southern Nevada. It was the county hospital at the time and still is.

**Do you recall when you first came about how many patients the hospital was able to hold?****What the size was?**

I don't really remember, but it wasn't very big. When I came here they had just opened that three-, four-story that's in the front of the building. It's still there I believe. And that was a big thing because everything else was one-story. And it was these real funny one-stories that went like a long hall in these -- well, sections went off of this long hall. Like one section was orthopedics. One section was medical. There was orthopedics and surgery, OB/GYN -- you know, it was that type of thing -- and geriatrics. It was kind of separated, but they were like hallways off of the main hallway.

**So like a wing for each.**

Yeah. And the high-rise had two. It had pediatrics and surgery in it. I was wrong about that one.

**And where did you work?**

I worked the emergency room. I was emergency room nurse in the east. I did postgraduate work in the emergency room and outpatient care. And I came here. They had just opened their emergency room at the time and I just fit right into the pattern there.

It was quite an education because the medical care here at that time was rather antiquated. Having worked in teaching hospitals in the east and then coming here, it's really -- you had to unlearn an awful lot.

**So what do you mean by that? What were the differences you saw in the East Coast hospitals versus here?**

They were more advanced. They were more advanced in treatments and they were more advanced in the cares they gave. And here they were not that far advanced. A lot of things that we were doing routinely they weren't doing here.

And one big thing -- I had a big problem with being in the emergency room -- was the treatment and care they were giving patients when they brought them in by ambulance. We had a lot of problems with accidents out on 95, which went to the Test Site. There was a two-lane highway called "The Widow Maker" and they had a lot of accidents. And, of course, the ambulance went from here up there to get whoever. Occasionally, the Air Force Base at Indian Springs would bring them in, but they weren't routinely allowed to do that. And when they transported them they more or less just threw them in the ambulance and nothing was done about splinting a fracture or trying to -- so, of course, you had a lot of fatalities. And that was one thing that I couldn't understand. I really had a lot of arguments with the fellow that owned the ambulance department because of that.

And then, of course, the doctors are -- let's see. There were three doctors that ran the emergency room, one on each shift. And they were all -- the one on days was retired. And he really wasn't too ambitious.

**Can you tell us who that was?**

His name was -- I believe it was Middleton or Milton, something like that. My memory's not too good with that. And then we had one from three to eleven. That was Dr. Waters. He was a

retired Indian physician. He was a physician on a reservation before he came here. And the one we had at nights was Dr. Lacana. And he practiced OB/GYN during the day and worked nights in the emergency room. He was a little more up on his medical.

They were good, but I was used to -- you know, right out of medical school, the teaching doctors like they have now at Southern Nevada -- well, it's UMC now. But you have your residents and your interns and your teaching physicians and all your new technology is brought out. Well, this is what we were getting in the east. But here it was just a hospital in a small town because Las Vegas was a small town at that time.

**Right. How many other nurses were typically on staff with you?**

In the emergency room there was just one, one on staff. And you had either a maid or an orderly work with you according to which shift you were on. So there were only two of you in the emergency room and one doctor. That was it.

**That's very small.**

It was.

**What were your typical responsibilities when you handled emergencies?**

Everything. The nurse did a lot in the emergency room. You assisted the doctor. You did anything that needed to be done for the doctor and also for the patient we did general taking care -- I don't know what they do today. But then we pitched in and did everything.

**Do you remember any unique cases you handled or anything that came into the E.R. that was exceptionally difficult to handle?**

The biggest thing I can remember right now is -- and I think I was just working there a very short time -- when we got a murder suicide in. Both of them were alive when they came in, but they didn't make it. And that was about one of the biggest things because we had two people, one doctor and one nurse, trying to work on both people, which was rather hard each time. And other than that there were just a lot of accidents off the highway.

We didn't have a lot of people with colds or anything like this coming in. You didn't see that like you do today. You know, people use the emergency room as a doctor's office. We did in the east, but not here.

**Why do you think that is? Do you think it was the health care here; that people had more**

**access at the time to basic remedies?**

I don't know. It was just unusually noted that we didn't. You know, like if somebody had a severe bloody nose that they couldn't stop or something, we'd get those. That was just typical, but you wouldn't get a sore toe or a sore nose or whatever.

**What was the equipment like that you used and how did you see that evolve over the years?**

It has changed tremendously because you reused all our -- talking about needles and syringes -- we reused all those. And you autoclaved everything. You had packs, like suture packets that you re-autoclaved. You scrubbed up, packed them and autoclaved them and that type of thing. Everything was reusable. And the nurse was responsible for autoclaving everything.

**Can you describe what autoclaving is?**

Well, it's sterilization under pressure. They have sort of a round -- how would I say it? You just put the stuff in it and it's sealed and then it builds up pressure. Like a pressure-cooker type thing except it was up to a real high temperature where it sterilized whatever you put in it.

**Okay. And then you would reuse all of those. Because now we have the current problem with some medical facilities here in town reusing syringes and up to 40,000 people being affected by that. And you never really had any cases where that was a problem?**

No, because you used a syringe on a person one time and immediately you washed it and put it aside to be autoclaved. A needle, the same thing. You would never use a needle twice. Even on the same person you wouldn't use the same needle twice.

**Right. Not something you knew back then, but that is a problem now. We're kind of going backwards it seems.**

Any equipment that you used on a person, you never -- I mean once it touched a person, it wasn't usable again.

**Right. That makes sense for health purposes.**

Even like your examining tables and everything, you wiped them down. After every person you wiped everything down. You didn't just bring somebody in and put them on the same table after having someone in there.

**Right. Well, that's good that was done at the time.**

**Were you at Southern Nevada Hospital the whole time you lived in Las Vegas?**

No. I worked there for about three years. Well, I went from emergency room into supervision. And I did supervision there -- oh, I guess during the three years about half of it was supervision and half of it was in the emergency room. And then I went to work for the police physician, Dr. Swartzwager. And I worked for him for a couple of years.

**And where was his office?**

At 2020 West Charleston, right where the hospital is now.

**The UMC there now?**

Yeah. Our back doors opened into each other. That's more or less -- that's how I went over there. And I worked for him as I said for a couple of years. And then I left there. What did I do? I think I went over to Sunrise. And I worked pediatrics at Sunrise.

**Do you remember what year that was?**

I don't remember now what years they were.

**So you were at Southern Nevada for a few years. And you were a supervisor at Southern Nevada?**

Yeah.

**And what did you do as supervisor there?**

Well, you supervised all -- went to all the floors if they needed help. And any problems they had, they called you. You had the director of nursing and then she had her help, which were the supervisors. I'd work sometimes the 3 to 11 shift. I'd be supervisor of it and relieve on the night shift. So I bounced around quite a bit.

**What was your schedule like? Would you work just a few days a week for very long hours?**

We worked seven to three five days a week or three to eleven five days a week or eleven to seven five days a week. Like in the emergency room there were the three-to-eleven nurses, eleven-to-seven nurse and a day nurse. And then you had a relief nurse that worked there every one of the shifts. Well, I started out doing that. Then I was the day nurse after that, and I went into supervision from there. So I went from relief to day nurse to supervision.

**So you did a little bit of everything there.**

Everything.

**About how many patients would you be responsible for on a given shift? Do you recall?**

As far as the emergency room, you never knew. It could be you would have ten to 20 to 25 or maybe only three in a shift. It varied so much.

**So when you were supervising all the different floors, what did your typical patient look like? Was it someone recovering from a car accident or did you have a lot --**

You had everything. Well, we had maternity. We had surgical floors with surgical patients that typically -- well, years ago as you know the patient stayed in the hospital a lot longer. Surgeries were a lot more invasive than they are today. And then you had your orthopedic patients, the fractures from injuries of auto accidents, falls or whatever. And then you had your medical patients -- cardiacs, strokes, diabetics -- anything you could think of. And then your geriatrics, of course, the elderly -- let's see what else -- pediatrics, your children. It varied. I guess they averaged about 20 patients on a floor at a time.

**And a lot of them would be in the hospital's care for a while for most of these things?**

Oh, yeah. Your geriatric ones were there for a long time, normally. Even your surgical patients were there most of the time for five days or more where now they're in and out and some of them are outpatient.

**Right. Did Southern Nevada Hospital specialize in any services or was it especially good at handling certain situations and not as good at handling others?**

Yeah. It was the hospital because it was the county hospital. It was the biggest hospital. It was the main hospital. The Eighth Street hospital was a private hospital. It was owned by -- I don't remember whether it was four doctors or what. And it was just their patients who were in that. And Rose de Lima, of course, was in Henderson. And that was the Catholic hospital. Basic Magnesium and the different companies in Henderson more or less supported that hospital whereas Southern Nevada served all of Las Vegas.

**Do you know what the difference was between the private and public in terms of affordability for people? Do you know if you had to be especially wealthy to go to the private hospitals?**

I don't really -- no. I think it was just the fact that they were patients of the doctors in the private hospital. I don't know how -- you know, I don't recall about the insurances at that time or anything. And, of course, in those days you treated the patient first and then you sent them or the

family to the office about paying afterwards. You didn't send them first to find out if they could pay, which is the way they do it today.

**That's very true. And it seems like care was more personal.**

Yes. It was.

**I wanted to ask you, too, when you arrived if the waiting rooms in the hospitals were integrated in terms of race or if that was an issue at the time?**

It wasn't here. As you know the town was integrated (sic). But the hospital, as far as I can remember, was not because we did get a lot of people from the West Side coming in. We have a lot of -- I remember we had two policemen from the West Side and they were both black. And they were highly respected. But they were feared by the people on the West Side. And every time they brought somebody in, of course that person was the best patient you ever saw. You know, we never had a problem with anything here as far as -- but that was a little different for me because coming from the east our hospitals and our towns were integrated back then. And to have the West Side as strictly for the blacks at that time -- but at least the hospital was not.

**So patients would be integrated on floors?**

No. Nothing like that. Huh-uh. In even your doctors' offices you saw the black as well as the white.

**You were able to use the same facility.**

And there were no separations.

**What about the staff? Was the staff predominately white?**

Let me try and think. Our nurses were all white at that time because I don't think there were any colored nurses at that time that I knew of here. We had one black doctor as I recall, but I can't remember his name now. West or something. His name is West. I'm not sure. And he treated both whites and so on. So they weren't integrated (sic) then. Some of our orderlies were black. And I think some of our aides were black. So we had both.

**It didn't really seem to be an issue.**

The hospital -- the medical situation was nothing like the rest of the town as far as the separation. And I don't remember about -- see, I had little to do with the rooms, about placing them. So I don't remember anything about them being separated even in the rooms.

**Were most of the nurses married?**

Most of them were.

**And when did you get married?**

I got married my first year here.

**Did you meet your husband in Las Vegas?**

Yeah, I met him here.

**At the hospital or somewhere else?**

Well, yes. He was in the sheriff's office. He was one of the detectives in the sheriff's office. And you know how they would bring in people all the time. And that's how I met him.

**What is your husband's name?**

My husband at that time was Carl Smith. And I married another Smith.

**Oh, did you? Smith's a common name. So you got to keep it.**

Yes. Yeah.

**So in terms of insurance, you weren't quite sure how that worked between the hospitals --**

I didn't know. I didn't have much to do with the insurance part of it.

**Do you know how the fees worked or if people were able to pay off their medical bills easily?**

Again, see, that's a lot of the things that we didn't deal with. That was all dealt with through the business office. And once we took care of them, they went to the business office and we never saw them again. So, in other words, they were taken care of and then sent to the business office. And whether they paid there or whether they made arrangements I haven't the slightest idea because we never followed up on that part of it. All we were interested in was taking care of them and then getting rid of them.

**Were there any education requirements that you had to keep up on?**

Not then. All you had to do is you had to pass your boards. With certain states you had reciprocities with Nevada. And I had a license in New York, New Jersey, Pennsylvania and Florida. All four of them -- and my main license was in New Jersey -- had reciprocities here. So all I had to do was apply for the license with the reciprocities. And I got them immediately.

**So during your entire time in Las Vegas, you were licensed --**

Yes. I was licensed up until -- I think I gave it up when I was 68. I kept it up for a couple years

after I retired.

**And how long, then, were you working in Las Vegas as a nurse?**

Well, I worked in the hospital until my son was born. And then I was off for a couple of years. I stayed home. And then I went back to work at Sunrise. And I worked there for about three or four years. And then my husband and I went into business. And I worked more or less for him. And then I went back to work in about, oh, the late 70s. And I worked for the orthopedic doctors for a while. And then I went to work for the state on the State Industrial Insurance System. And I worked for them until I retired.

**So you said you spent some time at Sunrise Hospital. How was that different from your experience at Southern Nevada Hospital?**

Well, it was newer. It was more on the private side, too. And I worked pediatrics with them mostly, which I liked. By that time we were getting more doctors in Vegas and things were starting to change where you had a better medical care than they did -- well, when I first came here, it was so different. And then it just gradually started to get better all the time. It has really improved with age.

**Do you know where most of the doctors were coming from?**

All over. All over. I'm trying to think where all they came from. They came, some of them, from the Midwest, some from the east, a lot of them from California. Some of them grew up in Nevada and came back here.

**Do you remember any of their names, some of the big doctors at the time?**

Ah, let's see. Well, when I first came here, the surgeon in town was Dr. Smith. The orthopedics doctor was Dr. John Payne, but not the John Payne that's here now. It was a different John Payne. He retired and moved to Utah. Let's see. Who was -- oh, Russell Miller was the medical.

**And were these at Sunrise Hospital or just all over?**

They were both after a while. Dr. Boyer, of course, was the dermatologist. And then there was Dr. Taylor and his wife. They were the x-ray people. They had the radiology department there. That was before Steinberg came. Let me think. Midland was here. He was orthopedics.

**Do you remember Dr. Martin?**

No. The name's familiar. I'm trying to think.

**I just read a little bit about him. He lives in Utah now, but we were going to interview him. He was here very early on.**

I'm trying to think who he was. The name's familiar, but --

**That's okay. There's so many.**

By the way, did you interview Bonnie Davis?

**We have her name and we're going to talk to her this fall.**

Yeah. Because she was here long before I was. And I worked with her for a short while.

**Over at the first hospital?**

Dr. Swartzwager's.

**And what did you do there?**

We were just office nurses.

**And did your experience differ much with the pediatrics, the way they handled children's cases at Sunrise? Were your responsibilities --**

Well, pediatrics -- the doctors were fairly up on everything by the time I got to that point. We're talking about five years down the road when I got to that. And they were starting to really have a different -- everything was changing by then.

**Do you remember who the doctors in charge of pediatrics were when you were there?**

Dr. Ryan. Oh, gosh, what was his name? There was a Carter I think. Heavens, I can't remember that now. I can see faces, but names I can't think of. That's what happens when you get to be almost 80 years old, you know.

**Your memory's great. You've given us a lot of information.**

**With the children who came into the hospital, were there any dominant reasons they were there or was it because of accidents?**

A lot of them were, of course, you know, the diarrhea that babies get. We had a lot of those. They get dehydrated. We had a lot of those problems. We had burns. We had injuries. We had young kids with motorcycles.

I remember one particular boy that we had who was injured on a motorcycle. Of course, he broke his leg and his arm and everything else. And he was in the hospital for quite awhile. We had a horrible time trying to get him to eat, so we finally -- patients weren't supposed to bring food

in -- had to ask the parents to bring him hamburgers and hot dogs and things like this because that's all he would eat. We had to get him to eat.

Of course, we had snakebites. We had one real snakebite that -- in fact, I was a friend of the mother and knew the children. And this child came in for snakebite. And he really -- we did all the treatment with the antivenins and so on. And, eventually, we had to -- through Nellis Air Force Base -- fly him to the Children's Hospital in Los Angeles because he wasn't reacting to the medications that were being given. And, of course, it had to be on my shift and I knew the child. And that was really hard.

**I'm sure that was difficult. Did that happen very frequently that you would have to fly people to other hospitals?**

There were occasions. Later on we had a man that had an ambulance airplane that he would fly out. And we did occasionally have to fly somebody out. But it was usually something very unusual where they weren't able to treat or the person wanted to be transferred.

**And in that case it was typically to Los Angeles?**

Yeah, to Los Angeles.

**And was he okay once he got to Los Angeles?**

Yeah. He did okay after he -- he was there for -- I don't remember how long. But then when he came home I saw him and he was fine. But we almost lost the little boy. What happened was they were playing outside and behind the house there was a vacant lot. The kids were playing there and he picked up a rock and there were small snakes under the rock. One was a baby rattler and they killed it and brought it in, you know. And believe it or not, even a small snake has a lot of venom. And they're dangerous.

**I didn't even think about snakebite. But I'm sure with the desert --**

We got them. And we got them in the emergency room, too. But most of the time they weren't as bad. You would just give them the antivenin and hold them over for a day or so in the hospital and they were fine. But this little boy just -- he didn't react to it for some reason.

**Were there any other outbreaks or epidemics you can remember that you had to deal with?**

Not that I can remember.

**Not of any diseases or things going around?**

Well, we had a couple of whooping coughs, which is unusual. It just seemed funny because at that time everybody who went to school was inoculated for whooping cough. And we had these children come in this one year with whooping cough. And we had meningitis, of course.

Everything you can think of we'd get with the children and adults.

**So were the children -- as today they're vaccinated before they enter public school, was that the case at the time, too?**

That was years ago that -- I don't know what -- I think now it's a choice, isn't it, or something of the family's?

**I think families can choose to opt out. But for the most part --**

Well, it's better. Even with the possible side effects, it's better to have the child -- because at that time they were all vaccinated before you could send a child to school. I don't know why these children didn't get their shots. To this day I can't remember why the parents hadn't inoculated the children. And the children, where they got it from I have no idea.

**Right. It seems like an easy way to prevent a lot of things.**

**You said the maternity ward was operating at Southern Nevada. Do you know if midwives were used at all or if that was popular at any time?**

I shouldn't tell you this, but the nurses gave the anesthesia because we would get called in there to do the ether. Of course, we weren't trained for it, either. And the doctor would be delivering the baby and telling us what to do. That's how antiquated it was.

**Wow. So did you have epidurals at that time?**

No. They just had regular deliveries. And we gave them ether. And they delivered just like -- but I don't think it's common knowledge that we did it.

**So there weren't really anesthesiologists.**

They had anesthesiologists. But they had nurses that were trained. They had a few of those in town. And they had maybe one doctor that was an anesthesiologist. But, in general, they were just for surgical and so on. And when it came to childbirth, they just gave them ether.

**Sounds like you had a wide variety of responsibilities.**

Oh, we had fun in those days. It was really a different world.

**So going back to your career after Sunrise Hospital, where did you go after Sunrise, again?**

I worked with my husband.

**In a business.**

Yeah.

**And what business was that?**

It was air-conditioning and refrigeration. And I, well, patched up the guys when they got cuts and bruises and whatnot. Anytime they got into an accident or something, I'd go out and make sure they were taken care of. I integrated my nursing with my -- and then after that is when I went back to work in orthopedics for a while and then went to work for the state. And for the state, of course, I did case managements in workman's comp.

**So what kind of cases would --**

Everything. Workman's comp, you know, backs, injuries of all sorts. And then the last five years -- well, I had an injury to my hand. And then after that I was known as the hatchet nurse.

**Oh, really. Why was that?**

I used to travel all over the country and follow -- people would come to Vegas to work. They'd get injured and they'd go back to wherever they came from. And we'd lose control. So I was the nurse that tried to find out what was going on with that claimant in that area, try to get with his doctor who treated him and see if there's any reason why he couldn't return to work. And a lot of them, of course, it was their old family doctor. The family doctor says, well, if you don't want to go to work, we'll just sign the papers and send it in. So, of course, see, we had a lot of that going.

So what we used to do is we used to send them to -- well, when we couldn't get anywhere about finding out whether we could end the case or not, we'd send them to a center where they would be evaluated. And then they would evaluate the patient and tell us whether or not there was any more treatment needed for this person or whether this person could go to work or whether they needed to be rehabilitated in some other field where they were able to do something. And we'd have to go and have conferences with them. And I'd go with the nurse who was handling the case. And we'd go all over the country to these things.

I've had some real interesting cases. I had one man from Cleveland, Ohio, who had been living here in Las Vegas. He was a pharmacist and he ran the pharmacy over on the West Side. When they had the riots on the West Side, he was badly injured because they went in and tore up

the pharmacy and they actually beat him up badly. And he was in the hospital for quite a long time. He had a head injury and everything. He got a job with the V.A. as a pharmacist in the V.A. hospital in Cleveland. So they moved back there. And I guess he just started becoming very difficult to handle because his brain injury was causing him troubles. He had memory lapses and things, so they had him working with another pharmacist. He couldn't work alone. He kept getting worse and his wife was very concerned. So she wrote a letter to the state wanting to know if there was anything the state could do for them. Well, you know that they're not dropped. And they didn't realize that they could get more medical care.

So I got the case and what I had to do was find a place to evaluate the head injury. So we found this place in Illinois. We sent him there. He was there for a couple months. And they did complete evaluations and tried to see what could be done with him and everything. And here they had no idea that they could get more medical care, that they could get more compensation or anything. And it really felt good to know that in the job that I could help this person. So that was one of my high points of my career.

**That's great. And when most of them were evaluated, you said there was a center in Las Vegas that did that or were there just different centers?**

No. We had a place up in Reno. And there was a place where we used to send them at Washoe Hospital, whatever it's called now. It's not Washoe anymore. They had them in San Francisco. We had two places we sent them. In Los Angeles we had one place. In Long Beach we had a place for backs and spines. In fact, two of the doctors from that spine clinic came up here to practice afterwards. I had a place in Houston, Texas, where I sent them. There was a place in Baltimore for people in that area, and then I had one in Arkansas where we sent them. So there were different places all over the country that we became familiar with that we could send people.

**Yeah. You really were all over the country.**

Oh, yeah. Well, like my husband says I'd come home on the weekends and I'd be gone all week. Every Monday night I'd go up to Reno because I had conference things on Tuesday mornings. Very rarely did we miss a Tuesday up there. About twice a week I'd go to San Diego -- or twice a month I shall say -- and then maybe twice a month to San Francisco. And then all these others would be fit in between. So I traveled an awful lot.

**And how long did you do that?**

Twelve years.

**Wow. That must have been tiring.**

Well, I shouldn't say -- a little over five years of the traveling and the rest of the time I was just case manager.

**Did you see any differences in the health care systems between the different states or cities?**

**Do you know what Reno looked like at the time, if it was pretty comparable to what we had here?**

It's pretty comparable. Las Vegas has really come up in their medical cares. You have a lot of excellent, excellent doctors here. At one time I used to say if anything happened to me you get me out of here because I knew too much. And now I have to say we do have a lot of excellent doctors. It's just a matter of knowing who to go to and what to expect.

**When do you think the big changes here took place?**

Oh, I'd say probably in the 60s because that's when the town started to grow. And then as it grew your changes really started to happen.

**What do you think changed most in the time from you moving here to now in Las Vegas with health care?**

The population. The bigger the population, the more attraction you have for the doctors and for the specialties to come in here. And as the town grows you have people coming here that were specialists where you didn't have specialists at first. All you had was the general medical, orthopedic, OB/GYN, obstetrics and pediatrics. That was it. General practitioners took care of geriatrics, and you had a lot of general practitioners that did everything -- took out tonsils, took out appendix. We had one, Dr. Cherry. I don't know if you ever heard of him. He did everything.

**And where was he?**

He was at Southern Nevada. His son is an attorney here or a judge now I think. But he was one of the old-timers. He used to walk around with a cigar in his mouth and chew on it all the time. Oh, he was a character. I'm trying to think of some of the other doctors that were characters. But we had them. We had the characters.

**Just different habits that each one of them had. That's neat to hear, though. It humanizes**

**them. Now there are so many doctors and hospitals and so forth.**

Yeah. It was small. You knew all the doctors. It was so much different from what it is today.

**Well, even talking about the emergency room just being used for emergencies -- now it seems to be overflowing with people for all different reasons.**

Everything. I know I had fallen and injured the back of my head. I had gone in the garage and fell backwards here about a year or so ago. Well see, I had one hip replaced and then I fell. And I went to Quick Care, which is fine. They took care of me. But I got an infection. And it's knowing, you know, there was a problem and I needed to get something done. Well, the Quick Care told me if it was after hours if I had a problem I had better go to Sunrise because they'd have to do a CAT scan. Well, about six, seven o'clock that evening I started getting really a headache and, you know, started running a little temperature and everything. And I said, well, I think we better go over to Sunrise. So I went over there and I waited something like three hours before they took me in. Of course, they finally took me back and gave me IV antibiotics and the whole schemer that they do for infections. And, of course, with having a new hip you have to be very careful with infections. So they overdid it and gave me all this stuff and did what needed to be done and I was out of there in two hours. But I waited a good three hours or more before I was seen.

**And, unfortunately, that seems to be typical now for a lot of places.**

And a lot of people you could see were just there because -- you couldn't see anything really wrong with them other than maybe a runny nose.

**What do you think that means for the future of health care?**

They've got to do something. People have to learn to use the emergency rooms for emergencies and not for general care, which they're doing. And I don't know how you're going to change it because a lot of them don't have family doctors. They don't know where to go. They're not that acquainted with Quick Care and the first thing they think of is the hospital. And I don't know how we're ever going to change them.

**It's a big problem right now just in terms of getting insurance and paying for all the rising costs of everything. It's going to be a big challenge I think for everyone to address.**

Well, if you don't have insurance, you really have a problem as far as how are you going to pay

the amounts they're charging for things. I mean things are so out of proportion. Have you ever gotten a hospital bill?

**I haven't. I've just heard horror stories.**

They're amazing. They're amazing what they charge. And even with your insurance you usually get a copy of the hospital bill. And what we used to do -- that was another thing we did when we worked for the state. Occasionally we'd go over hospital bills and we'd have to cross out all the stuff that was unnecessary because the state wouldn't pay for anything that wasn't actually necessary for that person. They charged like five dollars for an aspirin. Things like that. And you have to pay for it.

**What do you think has changed the most with nurses' responsibilities in Las Vegas? Do you think that they have more specific responsibilities?**

More specialties now. You have your specialty nurses, which we didn't. We were generalized nurses. You did have operating room nurses who were specialized. I've got an operating room nurse story for you, too. And we have ones that -- well, I worked on surgical floor. Well, she took care of surgical patients, but that didn't mean she couldn't take care of anything else. I mean she wasn't just that specialized. Now they have ICU, CCUs, surgical, techs. You have your different physician's assistants and all these other specialties which in our day we didn't have. If you were a nurse, you were a nurse. You did every kind of bedside nursing. You did every kind of supervisory -- whatever was there for you to do, you did. And Vegas was very typical of that because this was a small town and a small town hospital and anything that was a specialty that somebody had to have something done about went to Los Angeles. You didn't stay here in Vegas.

**Sound like at the beginning it was typical.**

Your doctors would refer you to doctors in Los Angeles. I remember having a friend that had to have back surgery. He was referred to a doctor in Long Beach for his back surgery because there was no one here doing back surgery at that time.

**Yeah. That seems like it was a lot of the cases.**

**Did you say you had an operating nurse's story?**

Yeah. She came here I think around '60, '61. She worked in the operating room for many, many years.

**Do you have her name?**

Yeah. My memory's getting gone. Betty Blevens. I can probably give you her phone number, too. Let me see if I can find it.

**I actually had her name from someone, but I couldn't find her contact information. I've heard of Betty Blevens.**

Oh, I have it. My husband works with telemedicine with the Children's Shrine. He's in charge of telemedicine and she's one of the nurses that worked with him in that.

**I can call you at a later time. You don't have to worry about it right now.**

I know I've got it right handy. I'll find it in just a minute. You can shut that thing off if you want to.

**Yeah. I'll stop it.**