

Professor Martha Hill, R.N.'64, B.S.N.'66, Ph.D.'87

30 March 2000

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Mame Warren,
interviewer

Warren: This is Mame Warren. Today is the 30th of March, the year 2000. I'm still falling over that one. And I am at the School of Nursing in Baltimore, Maryland, with Martha Hill. I'm really glad to be here. I've been after you for a while. I'm really glad to be here with you.

You have quite a history with the School of Nursing, and so I'd really like to go through that with you. Let's start by what brought you here in the first place.

Hill: I first came here in 1961, in the spring, to interview as part of the application process for what was then the Johns Hopkins Hospital School of Nursing. I had never been to Baltimore. I had been to Washington, D.C., but otherwise it was my second experience south of the Mason-Dixon Line.

Warren: Where were you coming from?

Hill: I was coming from Lincoln, Massachusetts, and I wanted to look at nursing schools that were affiliated with large medical centers, and so Hopkins was on my list of places to consider. I was immediately impressed with the architecture and the history of Hopkins. I was quite fascinated by the neighborhood and the cultural differences in the community. It was unlike anything I had ever seen or experienced before. I remember standing in the window of the waiting room of the admission office of the School of Nursing, which was in a building then called the Main Residence, and looking out the window to what would now be the Broadway parking lot.

Jefferson Street came through there as a street. There was an Arab coming down the street singing to attract attention for people to come out and buy the watermelons and the strawberries and things that he had on his cart. I thought that was very exotic and very different.

Many of those aspects of the community life were attractive, and yet it was obvious that there was a great deal of poverty and a great deal of need, and I found the juxtaposition of that community mix to this high-tech intensive tertiary care center an interesting contrast. I was impressed with all the people that I met during that interview and decided that I'd rather come here than go to New York.

Warren: So you came.

Hill: I came that fall. On the day we arrived to move into Hampton House and start the orientation, it was 104 degrees. There was no air-conditioning, and it was awful. I was assigned to the seventh floor of Hampton House. Everything had to be hand-carried up because the elevators were overloaded. I thought, "What have I done?" [Laughter]

Warren: And what was the environment like, other than 104 degrees? Describe the place. Take me into the hospital diploma program with you. What could one expect when one arrived?

Hill: It was a combination of entering some kind of a quasi-religious, quasi-military, quasi-collage dorm environment. Of course, I was coming straight from high school. It was my first experience with any sort of living away from home, with other young people, in this case all women. There were rules and there were curfews, and you could only be out after ten o'clock six times a month, and you had to be in certain places at certain times. There were very clear expectations and many of them in regard to class, in regard to how you dress, in regard to how you would behave, so that the reputation of the school and the university and of yourself would be protected. There was

a strong *loco parentis* mind-set in the administration of the School of Nursing.

The dorm life was a lot of fun, and you very quickly were into classes, and because some of your class groups and your groups that you began your clinical experiences with were clustered differently than they were in the way you were assigned to the dormitory. It helped you get to know more people in your class quickly.

Then you had some free time, so you could explore the city on the weekend and could walk down Broadway, could go to the harbor, go downtown. Charles Street then had a lot of shops on it. I got to know medical students and other people in the environment, people in [School of] Hygiene. The Welch Library was a great place. Everybody had to go there because you had to go there to get your reading done, and there were no photocopiers, so you had to sit there and read and take notes. So that became a social center as well.

Then there were places like Goony's, which was a sort of coffee shop-restaurant on the corner of Broadway and Monument, and there were drugstores along Monument Street. Then there was Testani's and different local places where students and staff from the hospital would go and meet and socialize.

Warren: You mentioned the Welch Library being a social center. I found a photograph, and it looked to me like it was perhaps taken in the '50s, of a table of doctors sitting under the Sargent painting. Was there a dining room in the Welch Library?

Hill: There was at one point, but it came later than that. They took the big reading room, and it did not have all those stacks out dividing it now like it does, and they put tables in there and chairs and tablecloths, and it was a doctors' dining room. I never ate there because I wasn't a doctor.

Warren: It really was?

Hill: It didn't last long. I don't think it got much business.

Warren: It's a very surprising photograph. Interesting. So it didn't get much business.

Hill: I don't think so. I don't know the exact dates of when that happened, but I think it was probably perhaps closer to the mid '60s.

Warren: You mentioned it being a social center for all kinds of people. I have to tell you a conversation I had with my husband last night. I said, "I really want to get her to talk—" He was asking who you were, and I said, "I really want to get her to talk about the social life at that period," and especially I know you married a Hopkins doctor—about dating medical students. I said, "But she's probably going to want to talk about hypertension." And he said, "Well, it's probably one and the same thing." [Laughter]

Hill: [Laughter] Well, that kind of tension, yes. Well, the nursing students would be invited to go to mixers at Homewood or Loyola, different places, and if there were mixers held sometimes, I know Hopkins medical students would get invited to go to Goucher. There definitely were some social mores around medical students and nursing students dating. There were a lot who did. Then there were a lot who wouldn't or couldn't for a variety of reasons. I dated—I say "a lot." I don't know how many a lot is. [Laughter] Six to twelve maybe over the course of the years. Of course, they were older and they were all college graduates. Some of my classmates preferred to date people their own age, who were still in college or who were not medical students. So there was opportunity of choice.

But I remember one of the first medical students I ever went out with, he was from New York and he was Jewish and he played the violin and he seemed to me to be very, very

sophisticated. For the date we walked from here down to Howard Street to go to the movies, and we saw a revival of—it wasn't *Gone with the Wind*, but it was a classic old movie. Then we stopped at a Chinese restaurant on the way and we bought egg rolls, and we took egg rolls to the movie. I thought all this was very sophisticated. [Laughter] I'd never walked to a movie in my life. I hadn't ever gone to a review or revival of old classic films except Ingmar Bergman films or foreign films, but for an American film, I hadn't done that. And the idea that you would buy egg rolls and take them, I thought was very exciting, very different.

But there were lots of concerts, there were many free things to go to. Tickets often were posted in Hampton House or Reed Hall, free tickets. You could get free tickets to go to the Lyric. My career as an opera attender began by taking advantage of those free tickets. We could go to concerts at the Lyric. There were many things, opportunities to take advantage of.

My room was 728, and it was right over the front door. If you look at the design of Hampton House, on the seventh floor the three rooms that are sort of balanced over the front door all had little balconies. I could sit on my window sill and barely just get myself into the balcony. It was actually more like a window box. I had a catbird seat, because I looked right down on the intersection of Monument and Broadway, and I could see who was going in and out and with whom, and it wasn't only at Hampton House, but you could see the Pithotomy Club and you could see Nu Sigma Nu, and you could see who was going up and down Broadway, as well as who was coming up and down from Reed Hall and going in and out of the hospital. So it was a nice—

Warren: How did you have time to study? [Laughter] It must have been very interesting.

Hill: I almost never studied in my room. It was interesting. I sort of compartmentalized what was

the social and recreational life in the dorm from studying. I would retreat to Welch or—there was a library then with a reading room in the Main Residence, and then there were several other nooks and crannies and places you could find. There were other libraries in the hospital.

Warren: I don't understand what you're referring to as the Main Residence.

Hill: It was a building that hasn't been in existence since they tore it down. There was something called the Wrecker's Ball that Bob Hyssel's wife threw. It was a great party. It sat—used to be Phipps and then Harriet Lane, the old pediatric building, and then there was an enclosed passageway that hooked to the corridor that goes now toward Wilmer. So it sat where the Cancer Center is, is where it was. It had been the main residence for nurses. If you look at old drawings of the campus and photographs, it was called the Main Residence. It was the nurses' dormitory then for nurses who staffed the hospital. Then they later built Hampton House.

Warren: And Hampton House was for students.

Hill: Then it became the dorm for students. So the classrooms for the nursing school, for the first-year students, were in the basement of the Main Residence.

Warren: I see. I've never even heard this building mentioned. These buildings come and go around here.

Hill: It got torn down to build the cancer center.

Warren: So it was there until fairly recently.

Hill: Well—

Warren: Oh, the Oncology Center that's been there for a while.

Hill: Yes. No, it got torn down in the late '60s, early '70s.

Warren: As opposed to the new cancer center.

Hill: And that party was great. It was called the Wrecker's Ball. It was fabulous. And they were auctioning off parts of the building, and some of the things that I remember, in the bathrooms there were huge marble slabs that were the dividers to create the stalls, and they auctioned those off. People bought them to make tables out of them. I mean, they were large pieces of beautiful marble. They had shutters and they had all kinds of fixtures, beautiful chandeliers. They did not auction off the Oriental rugs that were stunningly beautiful, and there was some very nice furniture. I don't know what happened to that.

Warren: What an interesting idea. The Wrecker's Ball. I like that. I'll have to look and see if there are any photographs of that. That's a great tip.

One thing I would like to—well, let's stay with the medical students for one more minute. What were the dynamics, say, in the hospital between the nursing students and the medical students? I'm interested in understanding.

Hill: Well, there were several elements to that relationship. There were many situations where the nursing students knew a great deal more about how the wards or units functioned and what was involved in much of the care of the patient than the medical students did. I remember when my husband—he rotated all the way through most of medical school with the same small group of people. When they were getting ready to go to surgery and they were going to be going to the operating room, I said, "Well, I'll have a little training session for you. I'll teach you how to glove and gown so you don't make fools out of yourselves the first day you go in OR."

They got very little orientation and preparation and rehearsal time for things like knowing how to put on gowns and gloves and maintain sterility, and how to even conduct their bodies and to know what was this conceptual sterile field. It was after they blundered into something. That

they would be told to step back, go re-glove, or whatever.

So I remember borrowing some gloves and gowns and showing them how to do this and how to expect. It was sort of this choreographed dance as the operating room field was set up and who stood where and how, and who helped who do what.

Then when they were learning how to draw blood, explaining to them that if they wanted to create a positive impression, they should go get a chucks. Chucks was a plastic lined, disposable towel. They should go get one of those and put it underneath the patient's arm and then do their attempts to draw this blood, so that as the patient bled, they would not dirty the sheets and require the nurse to have to change the bed. So by going and getting a chucks, they would show that they really knew that they were likely not to have this be a bloodless attempt, and, secondly, that they showed consideration for the consequences of their ineptitude. So little things like that.

The sensitive ones—when I say “sensitive,” I mean the ones who realized that they could learn and do better more quickly by getting some help, would come and ask. They varied in their social skills about how comfortable they were asking, but that was observed and recorded duly. And there were those who were thought to be arrogant and those who wouldn't ask for help, they'd sooner die, and there were those who would be very courteous and polite and say, “Gosh, could you show me something?” Or, “I'm supposed to do this. I don't know how to do it. Could you help me out?”

So there was a full range of those kinds of behaviors, but the fact that by the time someone was a senior student nurse, they knew a whole lot more certainly about the operation of the unit, but also about many aspects of patient care, was, in fact, appreciated by many people.

Interns, it was the same way, and many of those were new to Hopkins, so they even had to begin to understand the environment and the culture and would work.

In July of my senior year, just before I graduated, one of the interns was a very, very nice fellow and he said, "I don't know anything. Help me out." I saw him many years later at a national conference, and we recognized each other on an escalator. He said, "Oh, wait." So I got off the escalator and he came up and he had a whole lot of people with him, and he introduced them all to me, and he said, "Martha taught me a lot of the things that I know. We used to spend the nights together alone in Osler, and she taught me a lot of the things I know." [Laughter] I said, "Well, we'd better explain that to these people."

But that was back when you were charge nurse, you worked alone. If you had an orderly or an aide with you, you were lucky. There would be thirty patients, and this was before intensive care units. It was a totally different environment. And many of those patients were not as acutely ill as the ones we have in the hospital today. They would be there, for example, in their second or third week close to myocardial infarction, and they were diabetics who were being put on insulin and stabilized. So they weren't all as critically ill as we now have, but you'd have two or three patients on Merck respirators and some very ill patients who needed a lot of attention. You worked very closely together and they were often usually respectful and very, very good relationships.

I think the nursing students who felt intimidated or who were shy, it was a little more difficult for them, and then I think where you had some of the medical students or physicians whose interpersonal skills were not compatible with that kind of a working relationship, it didn't go as well. But there was no question that the standard of medical practice was extremely high

and the standard of nursing practice was very high, and they were totally interdependent on each other.

You'd asked earlier about my husband. I first heard about him because he was dating the person in Hampton House who lived in the room next to me. We all had single rooms, so she wasn't—she was the next thing to a roommate. She went out with him for a period of time and then that's how he heard about me and that's how I heard about him. Then we later met. She is still a very good friend of ours and we see her periodically. Some of those friendships are still very active and very lasting friendships.

Warren: Have many other people stayed here at Hopkins?

Hill: No, not that many. I've come and gone. After I graduated, I left and then came back, and then we went to Philadelphia for six years and came back. Then I left and did a postdoc in Philadelphia for two years and came back. But I think I am one of the few. I was a graduate of the hospital diploma school. I then helped set up and took—I was a student in the first nurse practitioner cohort in the School of—what was it called? Health Services. I got my bachelor's from what was then called the Evening College. And then I got my Ph.D. at the School of Hygiene and Public Health, and so in terms of nursing education, I had been on faculty in the hospital diploma school, the School of Health Services, and the now university school.

I think I'm the only alumna to have done all that. I think Stella Shiber, maybe Leah Bonavich. Stella Shiber, Leah Bonavich, Margaret Dear, and myself were the four who worked on the core curriculum for the new university School of Nursing. I guess we did that in, what, '73? No. '83. 1983. And at that time I was teaching what was then the [unclear] program at the Evening College. So I think I'm the only one who was in all of the nursing education programs.

Warren: I'm glad you're explaining that, because I've seen on your resumé that you have a B.S.N. from Johns Hopkins in 1966, and I didn't understand how you could have done that.

Hill: Well, the reason the School of Nursing was set up—I believe this is correct—all of the women admitted to that hospital training school were college graduates. That's what I was told. When World War II came, in order to increase the throughput, they added a second class each year and dropped the requirement that you had to be a college graduate or have two years of college. You had to have had college experience. They dropped that and started taking people directly from high school. By the time my class entered in '61, I think it was about a third of the class that had two years of college.

They had an arrangement where after you did the three years of nursing in the diploma school, if you had the two year of college, you would receive a baccalaureate degree in nursing from the Johns Hopkins what was then called the Evening College, previously McCoy College.

I, having come from high school into the three years of nursing school, could then do two years of college and receive that degree. So as soon as I finished the hospital diploma school, I went full time to college. I originally had planned to go to Georgetown University and get their bachelor's degree, and I encountered some problems when I got to go register because I wanted to take some ancient history and English literature and classical music, and really more of an arts and sciences portfolio, and they wanted me to take advanced surgical nursing and community health nursing. I said, "Oh, no, I've had those already. I went to Johns Hopkins." And they said, "Well, yes, we know that, but you need to take these courses." I said, "Well, I worked at night alone in charge of Osler. I had a census tract in East Baltimore in the Eastern Health District." When I think back on it, I laugh, because I think I thought I knew all I needed or wanted to know,

and I wasn't interested in taking those classes. So they weren't interested in having me as a full-time student for the baccalaureate unless I did. So I ended up not going there.

I ended up going to George Washington University for a year because my real goal was to spend the year living in Washington, D.C. My equivalent of a junior year abroad was going to be my junior year in Washington, D.C. I had a roommate, a place to live, and I really wanted to study liberal arts. So I went in as a full-time special student at George Washington, had a wonderful year, and then transferred those credits back to Hopkins and finished up in what was then the Evening College, where I was a full-time student.

It was very much like that model. The classes were in the evening and I got to study all day, and the teachers were excellent and the classmates were all adult learners. It was a variant on what today is now a model for adult education. So that's where I received that degree.

That program continued until 1983 or '84, when it was phased out because we were starting the new university School of Nursing, and you can't have the same degree granted by different divisions. So the B.S.N. for the R.N. evening part-time program was phased out. The option was for students who still needed to complete that program, they were all grandfathered through, but then no more were accepted. R.N.s who needed a bachelor's could then come into the new school.

Warren: I see. Thank you. That's exactly what I needed to know.

Hill: So if you were to draw an historical time line for the different schools, you would see that the hospital diploma school ended in '73, the nursing program within the School of Health Services, the nurse practitioner piece began in '73, but the nursing department program, baccalaureate program, I think wasn't till '75 or '76. That continued and stopped. In the

meantime, you had that Evening College program running all the way along. It overlapped and then closed out when the new university school started.

Warren: Thank you. That's just great. You mentioned the Eastern Health District. Tell me about that.

Hill: That was one of the premier health departments and health districts in the country back then.

Warren: Back when?

Hill: Well, I was a student in the early '60s. But in the like 1920s, '30s, and '40s, that was a premier department. In fact, Debbie Perrone just recently wrote an article which summarizes all of this, which was in Hopkins' *Public Health* magazine. There was a very strong nursing presence with Ruth Freeman and then people like Anna Scholl and others who were on the faculty of the School of Hygiene and Public Health.

Now, an interesting chapter in nursing education at the university is that there was never a Department of Public Health Nursing in the School of Public Health. I don't know why. It may, in fact, have been that nurses had expertise in, let's say, occupational health nursing, like Alice Gifford and Anna Scholl did. Or in public health practice, maternal-child health, and therefore they were in those academic departments, bringing the nursing perspective for addressing those areas.

But I think as a consequence of there not being a department or a critical mass of nurses on the faculty of the School of Public Health, the tremendous expertise was never—there wasn't a critical mass enough to build a major presence and have public health nursing be maximized.

I've always thought that Wolfe Street was one of the widest streets in the world. What

happened, the east side and the west side of Wolfe Street was totally, almost totally disconnected.

Warren: Tell me what you mean.

Hill: I mean that if you were a nursing student in the hospital School of Nursing, you didn't know that there were—you knew very little about the School of Public Health. You knew it was there, but you didn't know much about what happened or what they did, what they were teaching, what their programs were. Because you were in this diploma school, and technically the courses for which you did get credit you were an undergraduate, you weren't eligible anyway to be taking courses in hygiene. They were all graduate level. And the faculty, there was no crossover of faculty until you got to community health, and then you might hear about some of the nurse faculty in the School of Public Health, and they might come and give a lecture, but there was no formal connection or relationship.

And the same thing was true of the medical students. They had very little input. They might get a little something on toxicology or whatever.

Warren: What's the relationship now?

Hill: I think it's much, much closer, and there are some joint degree programs. We, for example, have an M.S.N./M.P.H. program. It's a dual-degree program. It's absolutely stunning.

Warren: Tell me about it.

Hill: Well, it's for students who are interested in nursing and in community and public health, and with those two degrees and those two credentials, they can go anywhere in the world and do just about anything. Now, they're not Ph.D.s, so they're not prepared to be investigators, but in terms of training and preparation to go out and to analyze communities, to identify problems, to design and to develop and implement and evaluate programs, whether it's an immunization program or

set up a clinic or maternal-child health program, deliver direct care and services. Some of our M.S.N./M.P.H. students are even going through the nurse practitioner program, so they will be prepared both to give direct patient care to individual patients as well as to give community and public health nursing to groups, be they groups of families or neighborhoods or communities.

Warren: You went back and got a degree in public health.

Hill: I went back. When we moved to Philadelphia, I got my master's degree in nursing at the University of Pennsylvania, and I did it with a double major in both advanced practice. I was already a nurse practitioner, so I was getting what today we would call the clinical specialist credentials and experience. And then I also did a research thesis and was very interested in learning how to evaluate the quality of care that was given by nurse practitioners.

At that time it was still an open question. It had been well demonstrated in pediatric care that nurse practitioners could give safe and efficacious care, meet comparable outcomes to those that physicians met, for example, immunization rates and appropriate diagnosis and treatment of common chronic problems, and with very high rates of satisfaction from the patient, and in those settings where it was carried out, not too surprising, with high rates of satisfaction from the nurses and physicians.

My job at Penn was to set up nurse-run clinics for screening and then diagnosis and management of hypertension, which at that time was newly recognized as a very prevalent problem for which effective drug therapy was now available. So there was a moral imperative, an ethical imperative, to set up programs where you could identify the people who had uncontrolled hypertension and effectively treat them in order to lower the rates of stroke and heart failure and kidney disease. So I did that, but then I was interested in—I realized how important it was to

objectively be able to document why it was that this was widely perceived as a wonderful thing. So that was my master's thesis.

In the meantime, I had also taken on responsibilities for working in clinical trials there, looking at new therapies for hypertension, and became very, very interested in the whole research process, and wanted to get more involved in the design and the implementation and analysis of those studies, and not just be sort of a third- or fourth-tier staff person who collected the data, who recruited the subjects and filled out all the forms. I was getting much more interested in some of the opportunities to test different variables, and particularly some of the psychosocial and care process variables. I knew there was a lot more to this than just the pharmacologic agent.

At that time Penn didn't have a Ph.D. program in nursing, and they didn't have epidemiology and they had no social and behavioral sciences that related to medicine or health care, other than medical sociology, which was a stunning program. And I began to take some courses there. Well, I loved it. It was frustrating because it wasn't at all quantitative and it didn't relate in any way to clinical trials.

Then when my husband was being recruited back to Hopkins, I realized, oh, if I could go to the School of Public Health, that would really be very, very exciting and very challenging. So my attitude about the move changed to a much more positive mode when I appreciated that that could be a goal for me that professionally would make the transition a positive one.

So I ended up, after much discussion and thought, deciding to apply to the Department of Behavioral Sciences. I looked at a wide number of departments. Maternal-child health and mental health had money. They had stipends for students, so that was attractive, but it wasn't the right fit for what I was interested in. Epidemiology was attractive in many respects, but it was

tremendously—it was so quantitative, it was a bit intimidating for me, and was not—while some of the variables of interest could relate to the social and behavioral sciences, it was much more sort of focused on disease patterns and outcomes than on the process of how do you deliver care to people and what’s going on in that process of how can you shape it.

So health services research was very interesting and I nearly did that, and health education was then in that department, but I finally figured out that it really was behavioral sciences that I was interested in and the behavior of patients, the behavior of providers, and the behavior of organizations. So that was what I did, and it turned out just to be a wonderful fit. And then you could, of course, take all the courses you could possibly manage in these other departments. You had to do a minimum of—I think it was sixteen or eighteen credits in biostat and then a minimum—you could do another minor, so I took a lot of the epi courses. So it worked out beautifully.

Warren: What a huge range of choices.

Hill: Oh, it’s a stunning range. And now, you see, here with the dual-degree programs, for example, in medicine, the preventive medicine residency and in the general internal medicine fellowship, most of those people get an M.P.H. So one of the beautiful things about this environment now is that the walls of the three schools are really very, very permeable for students, and people can cross over and take courses in different schools, and some of the courses are co-registered or co-numbered and co-offered by several divisions. It’s a very positive environment in that respect.

Warren: So you’ve, I presume, seen that and been part of that.

Hill: Actually, the M.S.N./M.P.H., I think it would be correct—it certainly was an idea I had,

and I had put it forward back at the time when we were very first organizing the nursing school, the university nursing school. We started out with the baccalaureate program. Some of us were very much in favor of starting out with a master's program, even just having a master's program, including not only for people who already had a bachelor's could come, but you could do a master's with a preload so it could be your first professional degree.

In fact, that's just about the way that it's turned out, because the majority of our students now—and we could check the exact percent, but it's around ninety, I think—have at least one bachelor's degree before they come to us here in the School of Nursing. We have people with master's degrees, we have lawyers, we have engineers, we have two Ph.D.s in one of the classes now. It's an extraordinary, extraordinary student body that we have. So the majority of them go through what we call an accelerated undergraduate program to get a baccalaureate. They can do it in fourteen months. It's very intense, sort of like going through the M.P.H. They are really rigorous and intense programs.

More and more of them now are going directly into the master's program. That's where they can get their advanced practice credentials, including the nurse practitioner credentials if they want that, or they can now do a master's, a joint degree, you see, with M.P.H. or you can do it with an MBA or you can do it—we have several degree programs with other divisions of the university. Since they're such exceptional students, they're very, very quick and they move forward rapidly.

Warren: It must be fun to work with people like that.

Hill: It is wonderful fun. It is challenging. I mean, they are very stimulating, but they are just—they're delightful and they're very appreciative because they are so eager to learn and they

are so ready to maximize every opportunity.

I'll be taking three with me in June to Cuba. They're all Spanish-speaking. I solicited Spanish-speaking students. One was in the Peace Corps in Ecuador. One has spent a great deal of time in South America. She's working now in our joint MSN MBA program, and she's interested in health care systems and delivery in South America and how nursing fits into that or doesn't. So I've been invited to come to Cuba to speak at the first ever National Hypertension Society meeting, and so I said, "I'd like to bring some students with me and we would like to interact with nurses and find out what the situation is, if we could set up some kind of an ongoing relationship." So students will go and they will do an assessment. They'll get independent study. We're contracting for what are the expectations of that.

The delivery will be that they write a manuscript that will be submitted for publication to the *International Nursing Journal* on their trip to Cuba and what they observed about nursing education and nursing practice in regards to the issue of hypertension. What's in the curriculum in the schools and what's the standard of practice and if blood pressure is routinely measured on all patients regardless of the contact and setting and what are the opportunities there for nursing to contribute to improving blood pressure care and control.

We understand they have very little equipment. Most places don't even have cuffs, never mind cuffs of various sizes, and they have almost no medication, we're told.

Warren: It'll be an education.

Hill: It's going to be an education for all of us.

Warren: I know we're getting low on time here. I want to jump back and ask you a question that I kind of skipped over, about when you were here as a student. Were there any teachers who

made a particular difference to you, and in particular I want to find out—I don't think your times overlapped, but did you know Anna Wolf?

Hill: I did not know Anna Wolf, no. When I came, Mary Price was the director of the school. She was a rather regal figure and somewhat distant in that her office was up on the second floor of the administration. We were all over in the Main Residence. Although she lived in Hampton House on the first floor—there was an apartment—we didn't see much of her.

The person who made the greatest impression on me was Margaret Courtney. Margaret, when I first came as a student, was the head of the freshman or first-year program. Then she moved up and became, after Virginia Betzold retired, she became the head of the whole school. When we moved back here from Philadelphia in 1980, Margaret was then, you see, because the diploma school had closed out, was out at the Homewood campus in the Evening College, directing that R.N./B.S.N. program, and she hired me to come and work with her.

The goal and the intent at that time was to grow that program and to get it accredited, and we were working very actively on that when we heard that the talk had been reignited about the hospital putting support behind the university opening a university school of nursing, which meant we'd have to close out, but that was okay, because the greater goal was far more important.

Margaret was a remarkable woman, just a tremendous intellect, but a person of enormous intelligence and integrity and a very, very funny, outspoken personality. She was a very good mentor and colleague.

Some of our classes were taught by physicians, and one of the ones that impressed me most, that may have a lot to do with what I ended up doing, was Dr. Mary Betty Stevens. She was a prize-winning, award-winning teacher in the School of Medicine and was a rheumatologist,

but she taught us cardiopulmonary circulation. We were doing the cardiovascular system. I remember her coming into the classroom and saying, "Put down your pencil and just listen. This is not hard. Just follow me. We're going to talk about the principles of flow and pressure and feedback loops and what obstruction does to flow and pressure." She just drew on the board as she went, the heart and the four chambers and the cardiopulmonary anatomic architecture, and then went into the physiology and then the pathophysiology. It was so clear and it was so interesting, and the implications of what causes these increases in pressure or these obstructions, these backups and overloads and underloads and these different alterations in normal physiology were so intriguing.

It was a very, very valuable conceptual thing to understand because the same things applied to endocrinology or nephrology or other parts of the body. She was a master teacher. She could reduce such extremely complex phenomenon to such clearly understood basic principles.

Warren: I need to turn the tape over.

[Begin Tape 1, Side 2]

Hill: So the nursing students here in the old diploma school benefitted because we had the best teachers in the medical school coming also teaching us. And then on the wards, for example, we went on rounds every morning and we had the experience of watching the house staff and the medical students have to present, and then we were often called upon. Some of the physicians would call upon us, in part because they enjoyed teaching and they valued our education, but also I think often it was because we knew the answers. We were the ones who had been there all night with the patients or we were the ones who knew more about the patients' social environment or family situation or knowledge of, let's say, readiness to take care of themselves or whatever.

So you learned early to be prepared. You learned to answer concisely, and you also were impressed with reliance on knowing what the literature was and knowing data. Rarely was it acceptable to say “well, I think.” The expectation was that you would know. So some of those—you were constantly being asked why. I think that’s part of the hallmark of a Hopkins education, is you’re expected to know why. Why is this patient here? Why didn’t this patient take their medication? Why is the creatinine dropping in the face of this uncontrolled continuous elevation of blood pressure? Why this? Why that? So you were constantly being intellectually stimulated and challenged to understand what was going on with a patient and then what you were going to do and why you were going to do it.

Warren: Did you know Helen Taussig?

Hill: I knew who Dr. Helen Taussig was, and she was a remarkable individual in just her physical presence and her demeanor and manner. It was really watching something very, very special to see her interact with a patient and with a family. I did not know her personally or well until after she’d retired. She moved to Kennett Square, Pennsylvania.

Another woman physician here at Hopkins, a Dr. Gemma Lichtenstein, I had gotten to know personally when I was working part time in Marburg, and her husband had had a heart attack. I came on to work the evening shift and was making my rounds on Marburg 3 and I went into his room and introduced myself and I asked him if there was anything that was troubling him or anything that I could do for him. He said, “Well, the only thing that’s troubling me is I’m not sleeping well.” I said, “Why do you think that is?” And he said, “Well, it’s that television across the hall.” The volume was very loud and it was very annoying to him. I said, “Well, we’ll take care of that.”

So I went across the hall and asked to turn down the television, said that the volume was disturbing other patients, and that patient said, “Oh, fine. Okay.” And turned down the television.

So Mr. Reisner slept well that night and I became a saint. He was so grateful and he could not stop talking about how appreciative he was that I had been able to wrought this miracle that allowed him to sleep and how much better he felt, and then his wife was so appreciative.

One night when my husband, who was then my fiancé, he came to pick me up to go to dinner in the cafeteria, and Gemma saw us together. She knew Gary because she had taught him physical assessment, physical diagnosis. So she didn't know that we were engaged. So they were very interested in all that and basically sort of took us under their wing and subsequently invited us to their home for dinner, and became very good friends, very good friends.

When they then planned to retire to Kennett Square, Pennsylvania, Homer, interestingly, died of a heart attack one night at the ice-skating rink. They took ice dancing together, and even though he had angina, he continued to ice skate, and he would take his nitroglycerin. He died just the way that he wanted to, which was having had a wonderful evening of ice dancing and quickly and suddenly.

Gemma went on and moved up to Kennett Square, and Helen Taussig subsequently moved there. They became very good friends. So in that connection, when we would go visit Gemma, that's how we got to know Helen Taussig.

Warren: You have given me more than I can possibly use. Is there anything that we haven't talked about? I mean, there are a zillion things we haven't talked about, but that you'd particularly like to—

Hill: Well, I would say, you know, Hopkins has given me what I feel is a stunning education. It

has prepared me to do what I have ever wanted to do, and at any opportunity where I have felt the need to, if you will, back and fill, to identify deficiencies, you can go and get yourself brought up to date, up to speed, this is certainly true today in terms of things like information technology and that area.

So when I had the opportunity to be president of the Heart Association, which was an absolutely amazing and entirely unexpected situation, the support of the university was extraordinary. Bill Richardson was then the president and I told him that this was a possibility, because I knew that I was being nominated. This was when we were in a dean search, actually, for the School of Nursing. You had to have the permission of your institution to be a formal nominee, because they didn't want to go through this process of selecting someone and then you say, "My boss won't let me do it."

So I spoke to Bill about it, and he said, "Oh, that would be wonderful. That would be so wonderful. It would be marvelous for nursing." He said, "Think of it." He said, "It would be wonderful for Hopkins." He said, "Do they have any idea what they are getting?" [Laughter]

So then later Sue Donaldson became the dean, and she was very supportive as well. So I think Hopkins means what it says when it says it's part of its mission to prepare leaders. It gives you not only the technical and cognitive and conceptual skills that you need, but it also gives you the support that you need in terms of many faculty here are presidents of these societies and they're leaders in different areas of your field of expertise. You are expected to be world class in your field, but you can't be world class in your field if you don't have the support of the institution, in other words, if there isn't congruence between the mission and the way it's actually carried out.

So often people would ask me, when I was president or afterwards, “What are you going to do now?” There’s a very high rate of people, after they’ve been president of the Heart Association, moving on to other jobs. And I said, “I can’t think of anything I’d rather do than be at Hopkins and be a professor.”

My primary appointment is in nursing, but I have joint appointments in public health and medicine. To be in that environment where the standard of intellectual rigor are so high and where the creativity and the scholarship is so cutting edge—in fact, it’s not only cutting edge. Hopkins, I think, actually helps define where the cutting edge is. I mean, we’re always pushing and stretching. To be able to be in an environment where that kind of creativity and that kind of vision is rewarded is very, very exciting. And then with the quality of the students we have, and now there really is a recognition that we have to have much more interdivisional collaboration.

I mean, today’s science is not in the silos that we’ve got in our divisions. It isn’t about nursing and medicine and public health; it’s about urban health, and urban health is about more than the care of individual people in terms of disease or even prevention. It’s about economic opportunity. It’s about the problems of poverty and racism. It’s about issues of nutrition. It’s about what’s a healthy community.

That kind of discussion is not the exclusive purview of any part of this university; it’s going to take the whole university in terms of the Urban Health Initiative. So to be able to do this sort of horizontal interconnecting, integrating work and bring it to influence the research agenda, the teaching agenda, and the patient care agenda, is very, very exciting. And no one in government or industry has made me an offer, or any other academic institution has yet been able to make me an offer that I would seriously consider, because I can’t imagine why I would leave.

Warren: I can't imagine a better conclusion to this interview. Thank you, Martha. This has been just wonderful.

Hill: Good.

[End of interview]