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#46 ADN

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I was a resident of Springfield, Massachusetts where I was... well I was born in Ludlow but I grew up in Springfield; always lived in Springfield. My early adulthood was seriously shaped by the Viet Nam war actually in that I didn't want to participate in that, like many, many of my colleagues of same age mates. So I was desperately in college after graduating from Cathedral High School in 1965 I think. So quite desperately in college; went to an engineering school -- Lowell Tech -- where I failed miserably. The only class I really passed was English, which was not a big priority for engineers. I enjoy engineering; I just don't have the math for it. I sort of squeaked by my math in high school and that won't do in engineering school. So I came out of a year at Lowell Tech with I think about six credits in English and went to AIC because it was close to home and I could live at home and the money would spread further, and maintain my student deferment and so forth and eventually got a degree in English, which makes sense because I'm good at it and love to read in spite of being dyslexic which is somewhat bizarre. In any case, I get out of AIC and discovered that an English degree and, at that time, seventy five cents will get you a cup of coffee! No jobs, especially in English, particularly no jobs for long hair guys with beards. So... and I was very seriously involved with a young woman at that time and had to find work and I didn't work out. I shaved my beard off, got a job as a cook, did that for about a year, wanted to get something out of my education. Thought I would go back to school and get a teaching certificate and teach at the secondary level. To do that, i needed a job working nights. I looked around and found a night job as an orderly. It seemed like an idea. Got a job at Wesson Memorial Hospital, and enjoyed it. I fully enjoyed the whole experience; it was a lot of fun - 350 bed hospital. There were probably two or three other night orderlies. It was always interesting work, mostly we hung out in the emergency room. Carried a radio pager so anyone else could get a hold of you, but the ER was where the action was. And tried to go to school in evenings to get a teaching

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certificate and discovered when I finally got to practice teaching that I absolutely HATED secondary education and could not STAND the idea didn't have the self awareness to get that because this was my future; I had to do it. So I became clinically depressed. I know that now - I didn't go to anybody about it, with 20-20 hindsight I was clinically depressed. I flunked practice teaching. Now, you have to be deaf, dumb, blind and stupid to flunk practice teaching and became really depressed for a good solid year. Meanwhile I continued going to work and do what I had to do. And being a young married person, I've acquired young children, and more expenses and everything of that nature and the pressure goes up and up and up. So I had ... I finally said I've got to do something and went back to STCC and took an EMT course. I honestly -- this is what depression is like -- at that time, with a bachelor's degree in my pocket, did not think I could pass the EMT course. I ACED it! But I didn't honestly believe I could do it. And it was another year before I could wrap around... discovering that being an EMT pays really well if you're also a fireman, but not otherwise. So then wrapping my head around the idea that I could be a nurse, because I had to get past the whole "it's a woman's profession" thing. And it took me about a year to get my mind around that notion. And here I am, continually working full time in the hospital doing nursing, so I worked as an orderly for seven years on nights and during the last two of it -- that was from '77 to when I graduated from nursing school in '79 -- I was working full time five days a week at eight hours a day at night and going to school at STCC. Why STCC? Well, Wesson Memorial is right across the street: I didn't have to move my car! I'd walk out of work, cross the street and go to school. It was pretty convenient. Also, if you were taking courses in a subject that you could use at work, they'd pay for it. So it didn't cost me a dime to go to nursing school. I was working... it just cost me sleep. As a matter of fact, my daughter who was a small kid at the time, told me a few years ago that Oh yes, when she was a little kid, Daddy was the man who slept in the basement. Which was true. We had a finished basement which was down a flight of stairs. Little children should go down stairs so they never went down there. And I had a great big table that I could spread my books out and a little bed that I

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could push under the table. I would come home from work, help get the kids up, go down there and study as long as I could... excuse me, I would come home from nursing school at around two in the afternoon, go downstairs and try to get in an hour's studying and crash. Get up at ten, get dressed, go to work, and work through the night and go to school again in the morning.

At that time, STCC had recently gone through a nasty court action I think, before I started there, in which they had been slapped on the wrist pretty heavily for taking Federal money for not particularly intense courses. So they had tightened their act up and it was marvelous, it truly was, because you walked in the very first day of class and they would hand you a prospectus of the course that had exactly what you were going to be responsible for, every step of the way, the date on which the exams would be held, what would be covered in what books, what chapters, and the teachers would not vary from that. that was what would be taught.

(That was in what year?)

That would have been '77

(You were one of the first classes...)

Early. But I wasn't the first. I don't remember...

So that's how I got there. I was really actually quite surprised and shocked that when I went to the school and applied for it they didn't me to get any worse; they didn't want me sad. "You work full time, you graduated from high school. Fine; you're in" Okay. I thoroughly enjoyed it. I had experience at two colleges prior to that time. Nothing ever excited me as much as that program; that nursing program at STCC. I don't know about the rest of STCC's educational process; I didn't have much contact with it. I went... I went very full time because I worked and I went to school during the summer, I had to pick up a chemistry course and I did that at STCC. I had to pick up, I forgotten now, I think I did A and P ? in the summertime too. I just crammed... for two years I didn't read a novel, I didn't watch any

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television, I worked, I studied, I went to school and I slept. Nothing else. My daughter was quite correct: I was the man who slept in the basement. It kind of hurts now but it was what I had to do and I have to say the no-nonsense approach to getting an education; the total lack of busy work and "if it wasn't on the exam you don't need it" doesn't prepare you to be an educator or it doesn't prepare you to write a lot of essays and so forth. But I already that. I had a degree in English literature, whatever good that was. I never ever regretted that. I think the best course I ever took in my life was Shakespeare. I've read all of Shakespeare. Best.... Shakespeare was the greatest writer that there's ever been in the English language EVER. And I've read all of him and I'm still amazed at how often that becomes useful. But that's an aside.

My STCC experience.. I remember the very first day, showing up. I don't think we had uniforms then, I'm not sure. No, they only used uniforms if you were going to a hospital for a clinical. So we wouldn't have had uniforms, but we showed up, all sixty or seventy of us, in this big hall, and... I heard a voice out of the back of the room -- a male voice -- and I was... well disbelieving actually. I didn't think it could possibly be this guy I thought it was because I've been looking for him for ten years. It was somebody that my wife and I had known when we were dating and we both thought, God, he's interesting. We want him to be our friend. And then he got on his motorcycle and rode off across the country and we never saw him. And for ten years I'd hear voices and think, "is that Howie?" No, it's not Howie. Well the next day I'm walking into school in the morning and the guy ahead of me with the hair down to the small of his back and a scraggly beard. I said "Howie?" "Huh? Yea Who?" "Charlie... Charlie and Nap" ? A man I hadn't seen in ten years is in my class in nursing school. He had gone out around the world, he had been all over the country. He did all sorts of interesting things. He had managed a pizza shop; he apprenticed himself to a potter. He'd done all sorts of stuff and I think for a while there -- I think; you'd have to ask him about this, I didn't poke my nose heavily into his life -- I think he was living with a nurse at some point in Boston. Broke up with her but

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the nursing stuck. At this point he was pretty much out of money. His motorcycle was broken; he was living with his parents again near the X in Springfield. He didn't have work; didn't have anything going for him. "Well for heaven sake, I think I can get you a job", and I did: got him a job as another night orderly at Wesson. And my experience in nursing school is tightly bound up with him. I still consider him a best friend. And while in nursing school he met Joanie; ... because they got married, they have a daughter. And it was just a wonderful serendipitous thing that gave me someone to sit and talk with...

(Were there only two men?)

Oh no. Goodness gracious no. The percentage of men in that class actually fairly closely approximates the percentage of men in nursing in general; around six to ten percent, something like that. There were about a dozen who started and at least ten finished the program out of sixty-ish. So you know, six percent. Anyway, yea, there were other guys. I can't remember a single name of one other except Howie... Oh that's not true. We had a priest: Francis and he was going back for another vocation, living in the Franciscan chapel in downtown Springfield as his home base. I didn't even know he was a priest until I think the second year. Father Bruce used to show up in these really awful brown sweaters that were his sort of version of a Franciscan habit. It was the same heavy uncomfortable wool. I never really knew him closely. The only other real friend I had at STCC was a young guy who was struggling to get into broadcasting. And I remember, we used to talk... one time a night... why the hell I was at STCC at night? It was in the evening and it was dark and he was walking across the campus and he was bemoaning the fact that he couldn't get into any kind of actual broadcasting that he wanted to do. And I said, "why don't you try volunteering at WFCR: five college radio. They're a big operation, they must need people". His name is John M. Listen to National Public Radio for a while; he's still there. He's a big name now.

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(Tell me a little about some other things that you can remember as far as the program and the clerical's and...)

Well, as I said, the impressive thing to me was the no nonsense. I don't think they ever asked us to write... well, that's not true. They did ask us to write like one paper, maybe two. But that was it. Papers were just not considered to be necessary. You're going to learn information; you're going to spit it back out on multiple choice tests and... I tested really well because that was the one thing I learned in my education courses was how those tests were put together. So once you know how they're constructed, it's fairly easy to get a decent grade on them. So I knew how the tests were put together and I knew the structuring of them and... I studied a bit and it fell together pretty well so I would be testing pretty well. I got A's. In four semesters, I got As in three semesters. In the one I failed to get an A, I got a B in med-surg, the third semester in the program. Which scared me a little bit because I figured if I didn't put that off I'd cut back my hours at work. But I was able to manage without having to do that. And that was the toughest semester; that was the tough one.

(What about clinical?)

Well I remember the first one were our assignment was to basically show up at Mercy Hospital in uniform and be assigned a room and go and make the bed. (laughs). Interact with the patient and make the bed. And Eileen N. was in charge of that and we happened to be assigned to the psych ward at Mercy Hospital; it wasn't a very intense psych ward but it was where they had their psych patients. And we were partnered up with another student: you do this room, she'll do that room. If you need another person, you can call on her to help with someone. And I don't remember the young woman; she was like 17 -- fresh out of high school. At this point, how old was I? I was pushing 30 anyway. Anyhow, this young woman, who was very, very shapely, and we of course had our nametags and our little student uniforms and so on. Well, she was wearing her nametag right over her left breast

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and the patient in the room she had was a mentally retarded man operating with probably a four-year old mentality. And I heard this squawk and she came bouncing out of her room. Apparently he had reached for and grabbed her nametag and gotten a handful of breast at the same time. I calmed her down, got her to the instructor. That was it; she was gone. That was the end of her experience at STCC. Too young. Entirely too young.

I remember my experience also. I'm sure I had a woman who had an abused history. Again, twenty-twenty,, much psych experience now; I can read into it to say Oh gripes, yea, U was really polite and she stood over in the corner of the room and watched me make the bed. And it was like, OK! That was our first day in the clinical. Other things in clinical I can remember the first surgery I was in on, My work as an orderly I had rarely but occasionally been involved as being the circulating nurse in surgery on Sunday mornings when there was nobody else available and "Charlie, ya wanna work a few more hours?" Sure. "Well scrub up and you can go and be the gofer." And so I had some experience: I knew what went on and I still remember my first... my one... surgical case. That's the thing about it. What did they call our school; diploma school...?

(Associate's degree)

Associate degree. Diploma's would have lots of experience. If we didn't have our experience from some other source, you didn't get it, sorry. I had one surgical case which I followed and did all that. I followed his progress and it was a terminal cancer basically. They went in and opened him up and saw they couldn't fix it and put in a G tube so he could continue to eat for another six months or at least get nutrition. And that was it.

But I do remember coming in to my work at eleven o'clock and seeing one of my classmates, again, I don't remember her name - dark haired young woman; slim and dark haired. That's all I can remember about her. Kind of dark complexion but it wasn't our one Indian student; somebody else. Anyway, she was walking out of the

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hospital at eleven o'clock. What the heck? Why are you here? She said: I was in surgery all day. We're supposed to get an hour in the morning. She's walking out at eleven o'clock. What the heck happened? She said I can't talk about it. Well the story on that one, I immediately found out about it. In intensive care there's this woman who had been... basically the anesthesiologist had dropped the ball very, very hard. Among other things, her blood pressure had bottomed out in the middle of brain surgery, and he had pressure infused a unit of blood into a blown hand vein. And she had this hand that was a black shriveled claw. Thank God she died a couple of days later because well like Oy. and watching doctors I've never seen before showing up in the middle of the night to fix that chart. That was... I don't remember much about our clinical other than...

(Did you have a psych rotation somewhere?)

Oh, Did I ever. What you have to understand about psych rotation was that it was the major reason for the solid year that it took for me to get into nursing school between finishing the EMT and applying for nursing school. I was terrified of crazy people. Now understand here I am with about 25 years experience as a psych nurse now. I was terrified of psych patients.

(Where did you go?)

Our psych rotation was at Northampton State Hospital. And Eileen N. was again in charge and I think she walks on water. She took us... she had half the nursing school at a time; about 30 students, and she walked us through all nine wards, including the three back wards: truly horrible places. The front wards weren't much better, but the back wards were awful. And we walked through them and this guy, in the middle of the corridor, peeing on the floor. It was that kind of psych. The next day I had to go to Northampton State Hospital was the only day of nursing school I cut. I could not screw myself up to do that. I got it for the next day -- I didn't blow out of it but that was as close as it came. It was really, really tough.

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Eileen was wonderful about psych. The psych thing was a truly excellent experience. Now we didn't know a whole lot about psych. In a two year program you aren't going to get a lot of background material. I'm sure we had an abnormal psych book but she said to us... she assigned us to these units: not the back wards, the units over the active... she said find a patient, follow that patient. I don't want you to go into the nurse's station. I don't want you to open a chart. I want you to determine for yourself, what is going on with your patient. So I found this woman on one of... I've forgotten... each of the three floors had a male side and a female side... I found this woman who was psychotic; clearly schizophrenic probably now, but psychotic anyway and developed a relationship with her. and a number of other patients too: I can remember working with this man who was at least six feet tall, in perfect physical condition; had a shaved head and was a practitioner of yoga, and totally around the bend. But he was much smarter than I was, and I watched him do a full head stand on the concrete floors, and I'm not talking hand stand. Arms folded over his chest, balanced on the top of his head on the concrete floor, not against a wall... And the time he tried to explain to me how everything in the universe is connected -- yes, of course -- and specifically how astrology, astronomy and relativity were connected and that there was a definite relationship between the position of the stars and Einsteinium relativity. And I knew he was crazy, I knew this was a crazy idea, and was totally... I'm sorry astrology, not Einstein. And I could not find the place in his argument where it went crazy. And I'm saying, this is crazy. I know it's crazy, I know this is simply not... it's delusional. but this is a really, really smart person being delusional! A lot smarter person than you are. That was kind of important to me because I realized that you could be helpful and you didn't have to be smarter than they were. Smart as he was, I was the student and he was an inmate. And I realized that at no point is it ever a contest. It's not about me being smarter than they are. It's not a relevant fact. And Eileen said a wonderful thing. She said everybody has their health and everyone has their crazies. She described some of her own crazies, and each of us could find some of ours. But... and working with my patient, I remember coming into the hospital and

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I looked around for her and she's over at the elevator, tapping at the door, obviously Morse code on the elevator shaft door, sending messages to the State Police. And she catches my eye and she knows that I know what she's doing, and the embarrassment on her face and at the same time she couldn't stop. That's the illness. Oh. And that's probably when I stopped being afraid of psych patients. They are terribly sad patients who can't function any other way. This is where they're stuck. I didn't immediately go into psych. I graduated and had a job immediately at Wesson. They plunked me on a med-surg floor. I was supposed to be the second nurse with a very experienced mentor who, two weeks into my stay with her, got a job in industrial nursing and was gone. And suddenly I was in charge! Orderly to charge nurse... Boom! It didn't work well. It was a rough first year but I had a friend who had been my mentor when I was an orderly and he was now in charge of the nursing at the emergency room over at the Springfield unit: Cliff T. And he said to me, you want to work for me? Get a year of med-surg and call me. Well, I got ten months of med-surg and said, Cliff, I can't stand this. Can we get... and ye said, yep, we've got a job for you. And I worked evenings for three or four years in the holding unit there, which was also very, very interesting work and got me connected with the psych people, because the crisis team -- a bunch of folks of which I cannot say enough good stuff -- varying disciplines: social workers, psych nurses, so forth... psychiatrists of course, worked with the patients I was babysitting basically for them. And my engineering finally came useful because they handed around the blueprint for the new emergency department they were going to build and I looked it over and looked it over -- I read blueprints -- and it didn't have a holding unit.

(Was this for the Baystate Medical Center? The new one?)

Well this would have been the old one, but they were building a new one and they needed it. There was no holding unit. And all my peers, we've got a full 24 hour coverage in this holding unit: nurse's assistants, nurses, and so forth, probably five or six RN's anyway, not all of them full time... there's going to come a day when they're just going to say, oh, we're sorry, you'll just have to find work somewhere

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else. We'll shift you somewhere else. That was Baystate all over the place. They didn't want to let the peons know a thing.

(I don't think it's changed.)

I don't it has either but I really don't know them that well any more. When they formed Baystate, they didn't even inform the doctors that there was going to be a merger. The merger happened and then the doctors were informed. They were not thrilled. That's the way it worked. So we started squawking and they finally sent somebody down. This was like in August? And we pinned her down and asked well how long will you guarantee that this unit will be opened? And she said uh... January? Six Months! That's not a lot of time to find yourself someplace else you want to work, you know. And in fact it didn't last that long. It didn't last past November. By that time I was out.

The psych rotation was fascinating. The other one that stands out in my mind was OBGYN. At this point I've had three kids you know, so I've had some relatively focused experience about this. (laughs). I'm an orderly, right? and a lot of us were going to school: people in the emergency department and so forth. There had been an... I think she was an LPN already. I remember her name was Peaches.... Mary Ann. She was an African-American woman of one of those oddly mixed up variations... she had naturally red, a curly almost kinky red hair and lots of freckles but she was clearly African American. And gee Gods, whatever it was, she died within ten years of that; she was dead. But my wife is pregnant with our first baby and she hands me her maternity nursing book. Talk about being terrified! But I went into it knowing how to set up for a home delivery, how to fold and sterilize linens. Oh my God, the stuff that could go wrong. So anyway, we did again these brief, very intense clinical rotations, like three hours in the evening. "You'll get three hours in the evening at Wesson's Woman's. Three Days a Week". Bink, Bink, Bink. Then next week: Bink. Bink, Bink. That's it.

(You'd better be there)

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You'd better be there for good. I was shown up with... oh dear. I had a partner there too. I liked her a great deal. I remember telling her at graduation that if I could wrap her up and take her home with me I would. I really like her. I can't remember her name for sure, it might have been Virginia. But the problem was confused because there was also a Virginia that I worked with in the Emergency Room. And so we walk in and you know we're instructed, "You're going to go in and watch this person get anesthesia and in this case a -- called a block I think -- some sort of spinal anesthesia and part of the process is you're going to ask permission of the patient to..." So I walk in with my partner and say, "Oh, hi Virginia. Would you mind if me and my partner watch you get your block here? I worked with her every day (laughs)

(laughs)

"Okay, Charlie, I guess so" (laughs). "Do you mind if your co-worker watches your ass hang out here?" (laughs again)

(And she of course said....)

Yes sure.

(Believe me, you have no choice)

You have no choice. but you have ? about watching you. But she was okay with it. The other thing, let's see. We were a very close class. I don't remember many names but we liked each other a lot. I was the nursing school representative to the student government. The only reason I applied for that thing was that it allowed me to park on campus. I swear, I sat in meetings and resolutely kept my mouth shut. You don't open your mouth, you don't volunteer for anything. Keep your mouth shut. You're a student legislator, you're not going to change ANYTHING. I knew that -- I've gone to college once. I knew what kind of idiots did this. And there was the is young woman, I can't remember her name, but she was one of these very social

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girls: the kind of girl who knew everybody and had cliques, and all that kind of stuff. And she wanted the job.

(Give it to her)

I would have but I didn't. She ran against me for it and I think I got it pretty much on a fluke possibly because the teachers liked me better, I don't know, they kind of had enough of her manipulation. She had promised her cohort that they could get absentee ballots and didn't have to show up like everybody else to vote. And the instructor said, we're not doing that. And she withdrew in a huff. She was probably an okay nurse but she's not an okay person. I heard later about her when I was working for Baystate. A couple of my supervisors came to me and said do you know this person? I said yea, I know who she is; she was in my class. Well, she wants a job here and she's worked for three hospitals already and this is like less than a year. And so I told them about my interaction with her and she didn't get hired.

Over the years I've learned to dance around people who have agendas, if I possibly can. I have a philosophy of life, based on my religious background I guess, but it's... there's a phrase in the bible that says seeks first the kingdom of heaven and all things will be added to... and in St. John: God is love. So I translate that into "seek first the path that maximizes the love and don't sweat the small stuff." Also because my father was worrier and drove himself to an early grave by worrying about everything - thousands of things that he could not change he still fretted about constantly. And I watched him kill himself that way and I said I don't want to do that. He had his first heart attack at 55. I'm 63 and have yet to have my first heart attack and I'm just fine. That has steered me very, very well. It steered me into psych as an area where I could do a good job. And it steered me to the emergency department which is clearly my second love: I love emergency medicine. But I know that I'm not as good at it as some people. I'm great. I can do a hell of a dressing, I

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can set a bone in a pinch. I was a good ski patroller for about 15 years; I can do that pretty well. On the other hand, I will always be somewhat at sea with cardiac meds. I can do CPR until the cows come home, but I just can't quite wrap my head around those... what does what. And that's not something you want to be a little bit foggy about. And should it happen that there isn't the right person there who knows what they're doing and can tell you, you don't want to be the foggy one on that.

(And the patient doesn't want you to be the foggy one.)

Exactly. exactly .At one time I could get an IV line into a child in shock. I was good at it. And I was good with transfusions and stuff like that. I was very good at it. in a job you got to get good at a lot of stuff. I could even do an EKG if I read the book again before I tried.

(They're easier today.)

Oh much. I've seen the new equipment. But with the basic skills there and trauma I would have no problem with trauma; trauma doesn't bother me at all. I do really well in emergencies. Good for the kind of work I do now.

(How does that translate to what you do now?)

If the shit hits the fan I get calm. I get calm when everyone else gets nervous. I calm down, I start taking slower and speaking lower and keeping things calm because at the same time moving as fast as possible because I understand emergencies. I've worked years and years in the emergency world. I know these things. I know that things will work out most of the time if you do everything you can that you're supposed to.

(Can you site an emergency example of what you're talking about?)

Well, I'll tell you one story. I was in charge of the substance abuse program which is the most medically intense...

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(Where were you?)

Oh, Brattleboro. At the Brattleboro retreat. I'm in charge of their substance abuse program. This was about at least seven or eight years ago. And I had a patient who was having black tarry stools. Well, alcoholic gastritis: this is a serious issue. Esophageal varices he's probably blown one. And so we informed the psychiatrist and the psychiatrist wrote a clinic consult. Ok that means he's going to be seen at the clinic by a nurse practitioner in about 36 hours.... NO! I said No doctor, He goes to the emergency room, he goes there NOW! I've already called the ambulance. You will rubber stamp this order. Not in those quite words because I liked him and I respected him but nonetheless, I pushed damn hard. And next day he got back to me. He said Charlie, well I've learned one thing after talking to the doctors at BMH, or the Brattleboro Memorial Hospital: If I ever see you that scared again, I will not even hesitate...! (laughs) You know, the guy had an hour or two. The window was an hour, not the next day. So yea, frequently for a psych nurse, you are the person on the team who has medical understanding. Psychiatrists got an MD but he's an MD for a reason: he didn't like it or didn't do well at it. And if somebody's going to catch it, you know, the problem, it better be the nursing staff.

I have a problem with nurses who want to go directly into psych. I don't think they are doing themselves any favor. I hated med-surg. The year was miserable; I had a horrible time there. I did okay but it was painful and I didn't like it. I didn't like the experience, I didn't like the people I worked with -- not the ones on my shift but the day shift. Unpleasant to give report to. But I knew a great deal of stuff when I came out of it. Made a lot of close-call mistakes. I remember in nursing school... or just after nursing school. Orientation at Baystate. And for orientation they had me do meds for the cardiac step-down unit. Mind you, this was a job they usually spread out among three or four units. Everybody on the unit had meds every two hours

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by every possible route. And I can remember getting to the point, inserting the needle into the Heparin lock and realizing that the Heparin I had in that needle was supposed to go into the tummy, not into the Heparin lock. Not pushing the plunger -- Oh my God, a puddle on the floor is what I could have turned this person into. And the black woman - I don't know if I ever registered her name, but she was an older black woman; very dark skinned and I had to give her a Ducolax suppository. Run run, slammed in the suppository and I was going up the corridor afterwards I'm thinking, Damn, she didn't have any sphincter tone at all. (laughs) And so I went to the supervisor, what the heck was her name? Something Rose; her last name was Rose. And I said, I don't know for sure, but I don't think I put that where it was supposed to go. And she started to go Gasp, Gasp... and I said what are we going to do about it? I ain't going to go down there and point my nose in and look! Either the Ducolax is going to work or it's not. (laughs) It was just...

The thing that sticks in my mind often is the amazement at my own mental process. She didn't have any sphincter control at all... sphincter tone. It was like my one experience with a nude beach. I was on Block Island and I went out to the beach with my borrowed bicycle on my vacation and I was sitting there eating my lunch, and I looked down the beach and there were about 100 yards away a group of people sitting down and looked down and remember thinking gee, that woman's top doesn't give any support at all. And it wasn't until the guy she was with stood up that I realized they were nude! (laughs). I think she was wearing dark bottoms and I thought she just had a mismatched set. I was just stunned.

So that's the kind of emergencies... those were the biggest ones.

(And you're talking medical emergencies, not psych emergencies.)

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Where do we get a lot of... well, psych emergencies, the psych crew are going to be able to handle on their own. They're not going to call the supervisor over that.

(You're the supervisor.)

I'm the supervisor. I'm in charge of the whole facility. I've got... oh dear, about six nurses and a total staff of about 20 people or so... the night shift. I'm on the top of the pyramid at that point.

(Go back down that pyramid a bit. You weren't always at the top.)

Okay. Where was I? I started... I told you about working in the holding unit. and when they decided to up-speed their psych dept at Baystate they suddenly went from...

Well, they discovered there was money to be made. They went from one lowly psych unit to suddenly they were going to have an emergency psych unit and they were going to increase the size of their current psych unit and they were going to build a children's or adolescent psych program. So suddenly they went from one to double the size of the one and make two others. So they had to suddenly hire 30 people. Well this was a golden opportunity and I pulled in all my markers and said, hey, you, you, you all work in psych... I want one of those jobs! I don't often do that but probably the only time I actually have... they offered me the night charge and I didn't take that because I wouldn't learn anything being in charge. Instead I took the day staff nurse position and knew that I had fallen on my feet almost immediately. I've been a med surg nurse, I've been an emergency nurse it was all about doing stuff. And I was passing meds and I had meds to give to patients and the charge nurse said there's a meeting you're supposed to be at. And I said there's meds that need to be passed. And she said meds can wait. Go to the meeting. (laughs), I'm not in Kansas anymore! That and walking into the psych department the

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first day and watching one of the psychiatrist repairing a chair. He has the chair up on the desk and he's squirting glue into the hinges or the spokes or something or other. A doctor is doing manual labor where people can see him.

(He must be crazy)

I work with crazy people. And doesn't care about his prestige. He doesn't need anybody... he's not the least bit fragile about his ego; his ego is just fine and intact. And he can do what needs to be done and doesn't have to fuss about it. So those were like... alright, this is a different mindset and I really like it! So I knew then I was going to be a psych nurse, in spite of the fact that I had been terrified of it initially. I had come 180 degrees. I worked I think another five years for Baystate in their psych department, eventually became the "clinical nurse manager" for the night shift. A fancy name for a charge nurse because it was a buffer against a union getting in. All the charge nurses and senior people were management. I liked working for Baystate but I didn't like them. They had a bad attitude; a bad managerial attitude. Not that it wasn't efficient. It was just not kind.

I was in that position and it wasn't going that well because there were too many empty slots in the managerial frame. I was the only clinical nurse manager. There were two empty shifts. There was supposed to be a supervisor above me and then there was supposed to be a department manager. But there was no supervisor above me and no one in the two other spots, so I would be trying to spread.... and people were saying, "no you're not our boss." Okay, you don't want to.... you know. So I wasn't doing well with it and I didn't like it. they eventually got a person into the missing supervisor's spot above me and she didn't like me. Had a different approach to things. I'm not feeling comfortable in the position and looked around and also didn't like living in Springfield. I had asthmatic kids and in the summer time the air is crap. When we were going out the door at the Wesson unit and looking across

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the valley in the morning or evening or anytime and seeing the brown air and realizing were breathing that crap. So my kids would have trouble all summer long. We'd spend every weekend I had off we'd spend the whole day driving up to some mountain lake and staying there just so the kids would have a chance to breathe and not have their eyes burn. So it's not good.

So I said I'm going move somewhere where the air is clean, probably north and I took my vacation time in August I think. I set up my interviews at Brattleboro, at Dartmouth Hitchcock and at Fletcher-Allen. At Brattleboro I interviewed with... what was her first name? Lilly was her last name.

Anyway, the supervisor at that time and Sue U ? who was a psych nurse who dyed her hair purple, and I liked them and they liked me. They had a position in their women's specialty program which was borderline women and they asked me what do you think of borderlines? And I said I kind of like them.

WE WANT YOU. And I went to Dartmouth-Hitchcock after that and Dartmouth-Hitchcock had scheduled a retreat for their staff on the same day they scheduled an interview with me, so there was nobody there. They weren't well enough organized for me, sorry. I went to Fletcher-Allen. They had an all RN psych unit. that's very impressive; I was quite impressed. I spent a whole day talking to them. I didn't like them; they didn't like me. So I went... I terminated on the 30th of September; started at Brattleboro on the 9th of October, just after my birthday in 1989 and I've been there 20 years. I worked the evening shift in the women's... day shift and evening shift actually in the women's program which I would have to say was the hardest work I've ever worked. I truly love working that program, on the other hand I can remember four times when I went home crying, crying in my car on the way home. Pounding on the steering wheel. There's a thing called secondary PTSD. I've had it I know where it's at. We've been working with woman who have had the most incredibly horrendous abuse histories. We worked with victims of satanic cults. Not exclusively but they'd show up; they'd get in

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there. This is a tiny, tiny, tiny fraction... there are not a lot of people out there. But we were drawing from the entire eastern seaboard and eastern Canada, That's... thirty, forty million people. If you're getting one tenth of one percent of thirty, forty million people, you're getting a lot of folks. So yea, and we got to know... I remember reading... having an officer from the Massachusetts State Police come and talk to us about these groups who they knew were there but couldn't get a hold of and why they couldn't press charges against them because basically juries would not believe it and they'd throw the whole case out because of what... if you brought in the satanic beliefs the whole case would be thrown out because people didn't want to believe it. It was heavy.

I did that for four and a half years and then they were reshuffling things and it was either take a cut in hours or become a float nurse and insurance was important; I had growing children, I couldn't fool around with a cut in hours, so I became a float nurse. And two months into float nurse, I'm thinking I'm paid the same as the charge nurse. I'm never in charge. I'm never doing anything more complicated than doing the meds, mostly. Why the heck was I fighting this?! I did that for a couple of years and as part of the floating there was one of those people we were discussing who always rubbed everything the wrong way. And she was the nurse in charge of the residential adolescent program. We had at one time a residential adolescent program that had 24/7 RN coverage. The only reason to do this at the residential level is because you wanted money from CHAMPUS. CHAMPUS never really sent us enough patients, it wasn't really a viable proposition but I did that for a couple of years. But anyway she had that position on evenings and she gotten the residential mental care workers, the people at the residential care level, who are very, very sharp cookies. They're the people on the front line managing the kids, she got them so angry at her that they wouldn't work with her. And she only worked three days a week. And she said Charlie, why don't we

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switch? You work three days a week on the residential unit and I'll be the float nurse. I'm going to sit in the office, chat with fairly healthy adolescent kids, work with maybe one or two staff at the time... is there a down side to this? The down side is two other days of the week I have to be a float nurse! I did that for a while, and there was an opening for a residential nurse for days. Jumped right into that for a year or two; couple of years. I worked every shift that involved me being there every Saturday. And my job was to take the kids for a walk! I'm being paid (laughs) I'm being paid a nurse's salary to take a nice five mile walk with pleasant kids. Basically they're pleasant kids; they're messed up one way or another but they're basically pretty nice kids. I remember we used to walk through... well Brattleboro is a pretty pleasant town to be in anyway. But I was a couple miles out to one road to the Friendly Ice cream place and back another two miles and that was a reasonable thing. I remember walking my bunch of kids out; half dozen kids or so. By that time I actually had a budget for the walk. Like \$40 I could spend every week. We never spent that... but someone had decided hey, you're doing a good job. I had a 13 year old anorexic and I watched her order and eat an ice cream sundae and not throw it up. Yes! Good work being done here. But yea, we took the kids for walks. I remember one time I rode the... drove out to Mt. Snow and rode the gondola up to the top and we walked down Mt. Snow. That was a heck of a trip; it ran a little over, we didn't get back in time for lunch. We did some nifty stuff. Did some nifty stuff.

We also had its scary bits. Talk about psych emergencies. We had a kid there who was psychotic. They were trying to make him a residential kid but he just wasn't. He really needed an in-patient level of care. And he was a half a head taller than me and 50 lb. heavier. And it was late fall; early fall rather, and we were walking out through the corn fields. There was another staff person with me; I'm following up. I had a wonderful staff person who had become too heavy and had become a health nut so she would always lead and

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I would follow. So I was in the back of this group -- I can't remember his name --- call him Jim, but I don't think he was a Jim. No hint that anything's going on, suddenly he takes a 90 degree turn and takes off through the corn stalks. And I ran after him. Now, I'm arachnophobic; mildly so.

(Oh, I'm fully...)

Okay so imagine running through taller than your head corn stalks?

(No.)

No. Things live in there you know! Whoosh right after him I went. And I caught up with him but of course I had to leave the rest of them behind. So psych emergency was getting control of him verbally, never getting closer than 30 feet, telling him to stop, to turn... step by step... turn down hill, turn left, walk down the road. This kid was truly... he was responding to a lot of internals... I had to cut through all the stuff he was hearing that no one else was hearing. I walked him back to the unit and put in a request for portable phones for people who had to be out in those sort of things... cause it would have been really nice to call for some backup.

(Cell phones weren't around?)

Cell phones weren't around but portables were. I still don't own a cell phone but that's because I'm stuck in my ways.

(It's okay...)

But anyways, he had run across a main street right in front of an ambulance at one time. He never saw it, never heard it. It's like... He was a spooky kid.

Out of that time frame the other one that sticks in my mind and this is for history so I won't use his name so we'll call him Bob. But I do remember his name very well. And he was in our program because his dad had considerable

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money. He was a Jersey kid. He was one of those archetypical Jersey kids, okay? His dad had a car dealership or something. And at 17; 16-1/2, Bob had purchased his own car because he had all this money that he made dealing heroin. And he had purchased his own car and had run over a three year old and killed him. So rather than going to jail, daddy got him into a psych unit where it wasted eight months with us. Never ever said anything to any of the staff that wasn't a veiled, "look I'm smarter than you, look I'm smarter than you, look I'm smarter than you" remark. Except once. Once we were out on one of those walks. It's Brattleboro. It's Vermont. It's springtime and he says, "how come those cars around here made that funny noise, sort of like a dog's toenails on linoleum? Everybody has studded tires in Vermont. Brattleboro is a very vertical town. You can go from one block to another and there's a five story difference in height between the ground levels. I can actually think of a building -- McNeal's brewery. The basement on one side is five floors lower than the bar on the other... And that was the only time he asked me a question that he actually wanted an answer to. That sticks in my mind because he didn't last a year after he left us. He's dead. He OD'd on heroin and he was dead at the age of 18 maybe. Sad. very sad. It sticks in my mind and on my list of horrors actually; him and a number of things I saw in the emergency room. They stick in my mind as just horrible events. In the ER there was, well, it wasn't terribly horrific. I looked out the window one night from the fifth floor of the Wesson unit as an orderly. I'm looking out one winter night. I see a car come across the side street, turn up the hill, stall, and start sliding down the ice down the very precipitous hill. And the passenger tried to jump out just as her door hit a no parking sign. So I'm seeing it, I ran downstairs, grabbed a stretcher, got a couple of security guards and we went right out and dealt with it. Her leg -- it would be this one -- was severed right there, hanging on by threads. The ever popular pillow splint, couple of ABD pads and wrapped the pillow, wrapped it up and things, pick her up, put her on the Gurney, and went to the emergency room. Her

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name was Ann and damn it all, she didn't lose her leg because we didn't do anything right. Of course getting a surgeon in the middle of the night to reattach a leg for a black 17 year old probably on welfare didn't happen so they missed the window of opportunity. But it ain't because we weren't fast enough.

(We're into good things but I'm going to stop at this point.)

END