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## Interview with Marianne Marcus

Marianne Marcus EdD, RN

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TEXAS MEDICAL CENTER  
WOMEN'S HISTORY PROJECT

**Marianne Louise Taft Marcus, EdD, RN**

**Professor Emerita**

**The University of Texas at Houston School of Nursing**

Before she retired and assumed the title of Professor Emerita in 2104, Dr. Marcus chaired the UT Nursing School's Department of Nursing Systems, directed its Master's of Nursing Education degree track and directed its Center for Substance Abuse Prevention, Education and Research. While at UT, she was elected to its Academy of Health Science Education and named as a Fellow of the American Academy of Nursing. She was appointed the John P. McGovern Distinguished Professor of Addiction Nursing at UT Health Science Center.

Dr. Marcus was interviewed by Natalie Garza in her office at UT School of Nursing on July 9, 2015. The interview was transcribed by Danielle Bustillos SoRelle, PhD.

**NG:** This is Natalie Garza and it is Thursday July 9, 2015, and I am interviewing Marianne Marcus in her office at the UT School of Nursing. Can you begin by telling me your full name?

**MM:** Marianne Louise Taft Marcus

**NG:** Is Taft your maiden name?

**MM:** Taft is the maiden name.

**NG:** When were you born?

**MM:** I was born in October 25, 1932 at Hermann Hospital.

**NG:** So you were born here?

**MM:** Yes

**NG:** Where were you born?

**MM:** Where?

**NG:** Sorry Texas..Houston .... You didn't grow up here though?

**MM:** I grew up in Texas until I was 12 at which time my father died. We moved to Connecticut where her family was.

**NG:** Where in Houston were you living?

**MM:** When I was a child?

**NG:** Yes

**MM:** We lived on Woodhead Street.

**NG:** When I first moved to Houston I lived around there.

**MM:** It's in the Montrose area. The house is gone now, but we lived on Woodhead and then in 1940, we moved to Wichita Falls, Texas. We lived there until my father died. My father died in 1945 and that was when we left Texas.

**NG:** What were your parents' names?

**MM:** My mother's was....Helene Trumphold was her maiden name. Then she married my father, so she was Helene Trumphold Taft. And then after my father died, she married my stepfather and her last name was Tarr, T-a-r-r. My father's name was Robert Newell Taft and as I said, he died in 1945.

**NG:** What did your parents do for work?

**MM:** Mother was a nurse --actually at Hermann at some point. My father worked for the Railway Express (It was Wells Fargo and then Railway Express) as had my grandfather before him. My grandfather was superintendent of the Railway Express, Gordon Avery Taft in Houston. They were from the Houston area in that period of time. They had moved here from New York originally, I guess.

**NG:** Before we started the interview, you were telling me a little bit about your family connection to the medical center. Can you tell me a little bit more about that?

**MM:** Yes. My grandfather Gordon Avery Taft was on the first board of Hermann Estates. He died in 1927, so I didn't know him, but we heard all of these wonderful stories about when they were deciding to build Hermann Hospital. He was a part of that. He was on the board then. His picture still hangs over there somewhere as part of the original board. We heard stories about how he used to come on his lunch hour, I guess, with a horse-drawn vehicle or something, to watch the progress of the building. He also left us a letter, which I am afraid I can't find anymore, which said that none of his family would ever have to pay for health care at Hermann Hospital because of his initiatives. I thought, "Yeah, well try to prove that at this point." No, but he was very much involved

with Hermann at that stage. My mother had been a nurse at Hermann Hospital taking care of Dr. (Ernst W.) Bertner's patients. (Dr. Bertner was one of the founders of the Texas Medical Center. Ed. Note) That is how she met my father, who had come to the hospital to visit his mother, who became my grandmother. They met in the hospital somehow and got married.

**NG:** Your mom was from the Northeast?

**MM:** Yeah

**NG:** How did she come to Houston? Do you know?

**MM:** Oh yeah. She came to Houston. She was married before my father. She was married to a doctor whom she met. She did her nurses' training in New York at Flower Fifth Avenue and she met a physician there who was from Texas. She married him in Peru. He went down to be a doctor for the copper mines in Peru. She married him down there. Then they came back here and settled in Houston, but that marriage did not last. Here she was in Texas.

**NG:** Did she work when you were growing up?

**MM:** No, she did not. She did during the Second World War when we were in Wichita Falls. She went into the hospital and did some work then because of the war effort. They wanted all of the nurses to come in and help. After my father died she had to work full time. In fact she worked two jobs. Two shifts and was a nurse in an industrial factory in Connecticut and did private duty at night to support us. It was amazing. My

brother who was from her first marriage was in medical school and my sister and I were ten and twelve when my father died. She moved us to Connecticut and by golly she went to work two shifts as a nurse and put us all through school. Nursing was very important for her.

**NG:** How influential was that for you in pursuing your career do you think?

**MM:** Well I think.... I did not want to be a nurse. My sister was going to be a nurse and she became a nurse, my younger sister... my brother a doctor... my mother a nurse. I said, "Not me. I am going to do something else because I don't want to do that same thing. I want to be a teacher of languages." So, I started in college with that intent but what I found out was that I was no good at languages. I did not do well. I was getting all 'A's' in biology and science courses, chemistry. My mother said, "You know maybe you should think about.." "I'm not going to think about nursing." "Well let's just talk about it." So she eventually took me to New York from Connecticut. We visited nursing schools in New York. She said, "Just look around and see what you think." So I reluctantly chose Columbia University in New York. Reluctantly, because I did not want to be a nurse. I said, "Don't get me expensive shoes because I am not going to stay there." "Don't put too much energy into this because I am not going to stay there." I loved it from day one. I was so pleased to be able to help patients. I never looked back on that.

**NG:** Did your sister end up becoming a nurse?

**MM:** She did and she didn't like it. She later became an interior decorator. She went to school for that in New York City. She went to University of Connecticut school of nursing and did the program there and came out and it just wasn't for her. My brother became a doctor and he did very well. He died unfortunately when he was 60. He did well.

**NG:** What was it like growing up in your later teen years in Connecticut?

**MM:** We worked very hard. Mother was out working very hard too. I had good friends there. I still maintain friendships with my high school buddies, would you believe, and some of my college buddies. I went to a Catholic women's college. My choices were, according to my mother, a teacher's college. I didn't think I wanted to do that. I wanted a liberal arts education. Then I switched over to nursing. It was a good growing up time. We had good friends and so forth.

**NG:** Were there a lot of other mothers who were working in the same way your mother was?

**MM:** I don't think so... no..

**NG:** Do you think that had any impact on you? You probably weren't thinking about it consciously at the time.

**MM:** Yeah I don't know. I know I wasn't thinking about it consciously at the time. During my teen years I don't remember other mothers working. Mother didn't have a choice. That was one of the reasons she kept pushing education. She said, "You may think you

are just going to get married and everything is going to be fine but you need to have something to fall back on.” She was very much into, get your education and have some kind of career goals at least to start out.

**NG:** Yeah that was one thing I was thinking about if you were expected to further your education and it sounds like yes.

**MM:** Oh yes. When she was taking nursing education, she graduated in 1923, it was a three year diploma program. She said, “Now I understand you go to college to become a nurse.” That is why my sister went to the University of Connecticut and I went to Columbia so that we had a baccalaureate education and not just a diploma in nursing. That was very important to her.

**NG:** So after graduating from Columbia where did you go from there?

**MM:** I stayed at Columbia University Presbyterian Hospital in New York and I worked as a staff nurse there in men’s medicine. Then I became head nurse of a unit at Presbyterian. I said I would never marry a doctor. That was certainly not something I wanted to do. I had seen enough doctors and I did not want to see one in my marriage. Of course I married a doctor and we met when he was a medical student at Columbia and I was a nursing student. They had one of those mixer dances. I wasn’t going to go to that either but my sister was visiting for the weekend. She said, “Let’s just go.” So that’s how I met him and we’ve been married 57 years so it worked out ok.

**NG:** and your husband’s name?



**MM:** His name is Donald Marcus and he is a retired professor at Baylor. He actually goes to work every day but one day a week he stays home. He is theoretically retired. He got recruited to come here to be head of rheumatology division at Baylor. He said, "What would you think about moving to Texas" We were living in New York. I said, "It wouldn't be so bad. I've been there before." I hadn't been here since my father died in '45. We came back in 1980 to Texas. My first coming back.

**NG:** When did you get married? What year?

**MM:** 1958 February

**NG:** How many children do you have?

**MM:** three

**NG:** Do you know or do you remember when they were born? Sometimes I forget when mine were born and it hasn't been that long.

**MM:** We married in '58 and our oldest daughter Laura was born in 1960. She is a folklore anthropologist. She has a PhD in anthropology. She lives in New Mexico in Santa Fe. Then our next daughter Susan was born in 1961. In November. She has her PhD in psychology. She is a professor at Oklahoma University in Norman. Our last child was born in '65, 1965. His name is James William Marcus and he is a lawyer on the faculty at UT in Austin. Plus he teaches death penalty law there. He is very much against the death penalty. He does consultations for the federal government, anti-death penalty consultations. Then we have four grandchildren. Don't ask me when they were

born. Well I know one, Susan Marcus has two and her son is 24 and he is a Baylor Medical student at this point. He lives here in Houston. His younger sister, Kathy is finishing college this year and she is going to law school. Then the other two. Jim's two are six and two. They got married late so they have little ones. They are Sam Marcus and Layla Jane Marcus. So we have four. Two boys and two girls.

**NG:** So you decided to take time off when you had your children?

**MM:** I did. We were living in New York and I was out of nursing for about 17 years. At that point I was the PTA mother and the Girl Scout mother and the Boy Scout mother. I enjoyed it. I played a lot of tennis and we used to entertain more in those days. I enjoyed that life. My husband at one point when the girls were in high school said, "You know they're going to go the school and you're going to need more to do. What do you think about going back to nursing?" So I thought about it and I thought maybe I would try. Of course no one was interested in hiring a nurse who had been out for 17 years. I was hired at Presbyterian Hospital where I had been to teach in the practical nursing program. I got started doing that in 1975. I enjoyed the teaching. I enjoyed being back in the hospital and I thought maybe I should teach at a higher level. That would mean getting graduate degrees. So I went to Teacher's College at Columbia and I got a Masters of Education and Masters of Arts in Nursing. I was hired to teach at Lehman College in the Bronx which is a University program. I taught there for about two years I think. I then moved to Columbia nursing program and taught there one year. Then we planned to move to Texas, at which point I had just been accepted into Teacher's

College doctoral program. We moved so I got my doctorate down here at the University of Houston.

**NG:** There was something you said in there that I wanted to ask about. Oh, had you thought about teaching before this? Had you thought that you wanted to go into nurse education?

**MM:** In a way, yes, because in the old days, even when I was a head nurse on my unit we taught the medical students how to draw bloods. We taught the nursing students. When the nursing students came to my unit I was responsible for teaching them at the bedside. We didn't have nursing instructors in those days as much so as we do now where they were in the unit with the students. The head nurse was responsible for doing that and I enjoyed that teaching very much which is why I got the graduate degrees, so I could of more of it.

**NG:** Making the move down to Texas did you already have prospects lined up for work and things?

**MM:** Yeah, Baylor arranged for me to interview at Texas Women's. When I got over there they said, "We don't have any openings." Which was not a good thing. "We are not hiring now." For some reason they weren't hiring. I said, "Well are there any other nursing schools right around here?" They said, "Oh yeah UT is right down the street." So I walked in cold and the first person I met was Dr. Otto and I said, "Do you think there any faculty positions at your school of nursing?" She said, "I would think so but let's ask the Dean." The Dean at that point was Arlowayne Swort and she knew about

Columbia and she knew about Teacher's College and she knew I probably had a pretty good education so I got hired. It was interesting. I think I also interviewed at HBU. I had the job before we actually got here. We moved in July and I started in September.

**NG:** At this point your older two children are already.... Were all of your children out of the house at that point?

**MM:** By then, no, Jim was 14. He was the only one at home. He went to St. John's. I still had to do some carpooling back and forth with the 14 year old. The girls were in college, undergraduate.

**NG:** So you said you decided to go at UH. Now at that time were there any doctorates in nursing?

**MM:** There was a doctorate in nursing at Texas Women's but they were not admitting. They did not have enough faculty. So they were not admitting. My choice would have been to go to UT Austin and some of the faculty were doing that. They would go one day a week to Austin and get their doctorate that way. However, I had the 14 year old, a boy, and he needed attention in my opinion. So I needed to be on the premises somewhere so I could get him, pick him up, and do things because he wasn't driving. So I decided that UH had this program and it was also at A&M. It was a combined program with Baylor. So, you got a doctorate in health sciences administration or something like that. You got some of the education courses at Baylor and some at UH or A&M depending upon which you chose. I chose UH. Some of it was repetitive of what I had at Columbia. I think it was a good decision on my part. I've never regretted

it. So I got, instead of a PhD, I got an EdD, a doctorate in Education. It didn't hold me back in doing research or anything like that.

**NG:** What was your dissertation on?

**MM:** My dissertation was a qualitative study on the work of nurses in surgical intensive care units. I was looking from an educator point of view: What kind of information did they need to work in those units? How did they get it? Were we teaching it or did they get it on the job? What I did was follow nurses around on night shifts, evening shifts, and day shifts and watch what they did. Then I had interviews afterwards and asked them, "How did you learn to do this? How did you learn to do that?" It was a pretty arduous qualitative kind of a dissertation.

**NG:** What did you find?

**MM:** I found that they learned a lot of stuff doing what they call "seat of your pants" learning. They learned from being in there. Also that they set up certain parameters. They would say, "This patient is a crani." That is a craniotomy patient. That is a head patient. We don't know what is going on but if it is heart patient or a lung patient we can see it. It is just like plumbing in the heart. They would set up these wonderful categories of describing patients which I thought was very interesting.

**NG:** One thing that I had written in my notes that I wanted to ask about. I was reading an alumni newsletter from Teacher's College where they talked to you. You talked about Teacher's College being the mecca for graduate nursing education. Can you tell me something about that?

**MM:** Yes, I think Teacher's College was one of the first programs for nurses to get a graduate degree. It has always been very highly thought of. I remember when I was an undergraduate at Columbia my mentor and professor, Dr. Dorothy Reilly, was getting her doctorate and she would tell us about her courses. I knew people went there to get their degrees. I always valued that education. Women, mostly women, in the nursing department there were pretty sharp and very good.

**NG:** And you also referenced the transdisciplinary nature of Teacher's College

**MM:** Yes

**NG:** How so?

**MM:** We had philosophers there. We had anthropologists there. I took an anthropology course. It wasn't just nursing or just education. It was other things as well.

**NG:** How much of that do you think has been incorporated at UT or some of the other nursing schools here?

**MM:** Well I think it is getting to be more that way. The type of research that I have been involved in is not just nursing. It can't be just nursing. My funding has not, my grants and thing, have not come from nursing at all, in fact. You know because I do research in addictions and I could not get by without doctors and others.... social workers and that kind of thing. So I think it has to be....for me it has to be and I think they are trying to be more like that in general. Educate people together in healthcare and then they work together.

**NG:** Yeah I think that is kind of an interesting trend throughout academia of looking at transdisciplinary... interdisciplinary... and recognizing that there's connections, that we've created these kind of artificial boundaries.

**MM:** It's much richer, I think, that way.

**NG:** How did you come to focus on the substance abuse research?

**MM:** That was very interesting. My background, as I said, was not psych, which is the usual way of coming up into that but medical surgical nursing. When I was first.... I am trying to remember which year it was. It was the late 1980s, I think. There is a program called Cenikor Foundation, which is a rehab program and a long term therapeutic community for recovering. It's residential. They came to the school of nursing and said, "Do you have anybody who would open a free clinic for us? So that when we have a client with a minor problem like a cold or a cut finger, we don't have to send them to Ben Taub. If we do, then they are out of treatment and they have to go with a buddy. Sometimes they run away. So, is there anybody who can come and have a primary care clinic?" I went to visit with them. The person who was our department chair.... I can't remember her name. We went to Cenikor and I just thought this is a great idea. They can have a clinic, and I can bring students here. They can take care of these patients. We have our own little case load. It's a wonderful learning experience. So I decided to do it. It was down in the old William Penn Hotel downtown, which is gone now, I think. When I got there and it was very interesting and very wonderful. I thought I know how to take care of the cuts and the colds and so forth but why are these people here? I didn't know anything about addiction. We hadn't had anything in my nursing education

about how people got addicted or all that stuff. So I became really interested and about that time there were some grants, federal grants, going out for faculty development in addiction. I thought let me apply for some of this. When I finished my doctorate, I applied for grants. I had three successive grants one right after the other to train faculty and the faculty then would change the curriculum of our school to include more addiction. We developed a graduate program in addiction nursing. We developed lectures throughout the curriculum, and I still teach some of those lectures throughout the curriculum. It was just because I needed to know to work out there that I got really interested in that. I've never regretted it. It is still....there is so much you have to learn in that field. We haven't solved those problems yet.

**NG:** Right. What was your first position when you came to UT?

**MM:** I was a faculty member and then I think I became head of the RN to BSN program. It is the program whereby RNs with a diploma or an associate degree education come back to get their baccalaureate courses. I was department chair for a number of years. I was even the acting dean for six months at some point. I was the acting research dean and all that stuff.

**NG:** So your position, chair of the department of nursing systems, what is that? What is nursing systems?

**MM:** That was and now its... it still is nursing systems... it was nursing systems and technology. What that is is courses in things like community health, gerontology, and it is the research courses. Also, it was kind of the underpinnings of the curriculum. The



only thing that is specialty, I guess, is the gero. It is mainly sort of support things: education courses, the administration of... when you get a doctorate in nursing administration, that's in there as well.

**NG:** What sort of conclusions about the treatment of substance abuse did you come to with all of the work you've been doing?

**MM:** The work I've been doing is looking at stress and how stress influences....we know stress causes people to start using substances to kind block out. "I'll go home and drink rather than face whatever it is that's wrong in my life." People tend to use substances to shut out what they don't like. My research has been about mindfulness meditation or opening up, having people face whatever problem they are trying to hide from. My biggest research has been about that...has been about teaching people mindfulness meditation and we find that they reduce their stress two and three times faster than if they don't have it. It gives them a coping mechanism to deal with that problem. The other thing that I have found is that treatment never ends. It really is a chronic brain disease. You can't just say, ok I will put you in this program for six months and you will be cured. Because people relapse. It is a chronic relapsing brain disease. That's the thing that I have learned that is very important. Some of the other research I have been doing has to do with community prevention. I've worked in a disadvantaged or let's say a community school where there is a lot of poverty to do some prevention work there. So those are kind of the two facets I have been looking at. Stress reduction for people in recovery and community prevention.

**NG:** So um the stress reduction has to be.... maybe I am not correct... Does it have to be with people who already want to recover? How do you get people who are trying to avoid their problems to face their problems?

**MM:** It's not the main treatment. At Cenikor foundation where I still do some work, they have a recovery program where they are learning skills to deal with their... cognitive skills as well... to deal with their addiction. Then we have them, or we did in the study, have them do the mindfulness as an adjunct to that treatment. I still have some data to analyze but they say that it is very helpful. Instead of going out and just saying, "I'm just going to use." They are taught to stop and think and take a breath and try to get past that impulse. It is people who are in recovery, but it can't be the only thing. They have to have cognitive help too.

**NG:** How have you seen this approach to substance abuse care change in the medical field in general?

**MM:** I think there is a lot more interest in it. It used to be thought of to be squirrely stuff, you know, out there. I think there is more interest in it. We now have studies. We have evidence-based programs that you can look at. We tested the stressors by looking at salivary cortisol. It wasn't just, "tell me if you are stressed or not." We had biomarkers of stress as well. We are seeing that evidence. I've done a fair amount of writing and even chapters in medical textbooks on this subject. It is fairly well accepted that this is a research based approach to recovery. I think it is more accepted.

**NG:** And ... I mean I don't know in depth but there is also scientific research of, as you said, it's a brain disease. There is scientific evidence of that as well.

**MM:** Yeah, the American Society of Addiction Medicine (ASAM) has defined addiction as a chronic relapsing brain disease. I tell students that this is very helpful because it keeps you from being judgmental. You may look down.... and they do. The stigma on people who do this is awful. "They're terrible people. Why would they do this?"

They may choose to dabble in drugs, but once their brain gets hooked, then they have a disease. That's very helpful if you are a caregiver because you can say "this is like diabetes or like anything else." It's a disease.

**NG:** Within the field of nursing, how have the approaches changed? In treating people with...

**MM:** I think there is more recognition. First of all, one of the other things I teach strongly about is that in the field of nursing is that every nurse needs to know how to screen somebody for it. If you come into a nursing clinic, for example, or to a hospital or any setting, I should feel, as a nurse, comfortable in asking you about substance use and not ignoring it. So every nurse needs to know that should be part of the practice. I think that is changing and I hope that is changing. If tell me some indicators like, "I come home at night and I sometimes have three drinks." "How often do you do that?" Just in a non-judgmental conversational way. Then if I think you are at risk, then I feel comfortable referring you to a treatment center or for further assessment. I think that

should be part of every nurses' practice at this point. Not every nurse is comfortable with that but I try to convince them that it should be that way.

**NG:** There are fields focusing within in nursing just on substance abuse?

**MM:** Yes, there are people who are specializing just in addictions nursing. We have, and I still think it's the only one, Dr. (John) McGovern endowed a professorship for me here and I think it is the only addiction professorship in nursing in the country still. I may be wrong at this point but I don't know. Now it is vacant because I am retired. I think that's a very important thing to have the recognition. We should be able to recruit somebody who is interested in following this kind of research again.

**NG:** With that professorship, what were you able to accomplish here?

**MM:** First of all, I was able to do some of the smaller studies. I did have a National Institutes of Drug Abuse funding for my big study. I had about five million dollars over the course of my research career. Looking at the faculty development and all that of Federal funding. Then I was able to do, with the money that I had there, I was able to do smaller studies that got pilot work for the bigger studies. I was also able to travel and give papers at international meetings and national meetings. It helped to hire a research assistant, and between grants, it was very helpful in that respect. He was very generous, very interested in my work and called me to come and meet him in his office at one point. He said, "Tel me why you're doing all this. I hear you are doing all of this addiction work?" He heard from somebody in Rhode Island about it and everything. I said, "Well I went to Cenikor..." I told him the story I just told you. He said, "Well, here's

what I'm going to do. I am going to endow a professorship so that you have more funding to do it." That was a very big highlight of my career. He was a very nice man.

**NG:** Now when you started this work in the 1980s, this was the outbreak of the War on Drugs campaign. How do you see your work and those political and social projects impacting one another?

**MM:** Yeah, I think that the wonderful thing about this field, the sociopolitical thing, is that I met and worked with people. It was sort of like we were all in the dark. You know what I mean? I worked with some outstanding physicians and some outstanding academic social workers and physicians, psychologists and we were all learning together. So I think it wasn't like we were competing with each other. I am very active and have continued to be with an organization called AMERSA, which is the Association for Medical Education and Research in Substance Abuse. We were all in it together, medical, nursing everything. It was very interprofessional and we all tried going to the Feds together. We were not stabbing each other in the back. I haven't seen that kind of sociopolitical thing in any other academic setting I think that I have been in. This was really..."Well gee, maybe this is going to work or that's going to work or let's try this..." Do you know what I mean? The teaching went along the same way. "Let's all train our professional students to deal with addictions, and let's do it together." We still do. I am on grants for people at NYU and Dallas. We are still all working together. Nobody is killing each other over this stuff. Which is great.

**NG:** What about our approach, as a society kind of, criminalizing versus treating it as a health problem?

**MM:** I think we still have a way to go on that but I think we've gotten better. For example, here in Houston we've got, what do they call them, sober house where people are not automatically put in jail. If they are drunk and disorderly, they are taken to the sober house. I think that sentences have been reduced, but we still have a lot of people incarcerated for small amounts of marijuana, depending upon their behavior but I think it's gotten better.

**NG:** Can you tell me about Project MAINSTREAM (Multi-Agency Initiative on Substance Abuse Training and Education)?

**MM:** That was part of this AMERSA project. AMERSA, the organization, had funding to do interdisciplinary fellow training. As I said, I had had fellowship programs, I had three of those for nursing and then interprofessional. AMERSA got this big grant. I think it was about four million. Something like that. The goal of that grant was to have people apply in fellowship groups, so that in other words it would be like in Houston, we had somebody from Baylor and the University of Texas School of Public Health, different disciplines, social work at University of Houston (UH)... Three people together with a mentor. We called them the interfaculty groups. We reviewed all of their applications then we selected 13 groups initially. Then we put them through a training program nationally. Then we watched them develop their own careers in substance abuse education, mostly emphasizing education. "So you are a fellow in social work, what are you going to do in the social work school?" So they worked together to change the curricula at their various schools. So we had that and I was the associate director for

that initially and then Rich Brown from Wisconsin was the director. Then he stepped down to do other things and then I became the director of that program.

**NG:** And how long were you the director?

**MM:** I was the director for about one year and a half, until it ended.

**NG:** Okay how long was the project going on?

**MM:** I think we had something like four years of funding. They were measuring our outcomes at the federal level and measuring whether or not these people stayed in the substance abuse field. We still could do I think some kind of an evaluation to see how many of the original fellows from the 13 groups stayed in the field. You see them at the meetings. I think they did.

**NG:** This was one way to increase studies of substance abuse for people to start actually looking at causation and treatment and everything like that?

**MM:** Yes, and to learn how to do the screening. We emphasized a lot the screening. They should be able to ask their patients, whatever field they were in, about drug abuse, comfortably ask them. So, we did a lot of that. We did a lot of problem-based learning and we did a lot of having them practice these skills. We did a lot of teaching in that respect at our various meetings.

**NG:** That's interesting that one of the first hurdles you needed to go through was to be able to talk about it.

**MM:** Yes, it is true isn't it? I still teach that. In fact, on August fourth I am teaching a lecture on substance abuse in the elderly for our undergraduate students in Gero (Gerontology). How do you talk to an old person about drug use? Ok, it is just like sex. How do you talk to an old person about sex? So, some of these things that the students might not be comfortable with. Why would you do that? Is it important to do that? There is substance abuse among the elderly, and it is getting more. So, they need to do that.

**NG:** You also.. In talking about prevention earlier, you mentioned bringing in community stakeholders. Can you talk about that a little bit more?

**MM:** Yes, one of my favorite things that we've been doing is working in an elementary school which is just four miles from the Texas Medical Center and yet the people there, you know their health care there is not that terrific. One of the biggest concerns in the community has been the health of the children. They tend to be overweight, they tend to be exposed to drug addiction, prostitution, and various things within their community. So I have worked with a wonderful African-American pastor for a number of years. We started working together at Windsor Village and then he got moved to this community and his church and the people in his senior ministry wanted to reach out and do something for those kids. The stakeholders, they identified that as one of the major things, and they were right across the street from this elementary school. So we went in and we trained the senior members, the 55+ ministry, to work with kids. We did the health prevention teaching with our students, which was wonderful. They sat with them and mentored them in learning the lessons about what to eat, what to do. They taught them how to do... what was it called? .... It was fabulous...seated volleyball. The kids



had a ball doing that. We did the actual heavy teaching of the content. The latest thing we've done out there... a guy got a small grant, to do a garden. So the kids have learned how to dig up dirt and plant carrots. They have corn now. They have a number of different things. They learned how to eat it, to make salads. We are teaching them healthy behaviors in terms of eating, but they are also growing it. I think that's very important. The school is on board with it. We are teaching within the science courses and that kind of stuff.

**NG:** This is kind of not... do you see it as directly related... I was thinking like drug prevention, but you are talking about over all holistic health prevention here.

**MM:** Yes we are talking about overall health here. We do have some content in curriculum that has to do with alcohol and drugs, and when we bring that up, it's kind of like we talk a little bit about not doing it or why would you do it? It is interesting to see the kids relate to that and say, "Oh that's why my mother does this or my father does that." They may identify a member of the family that is using. We had at one point one of our teaching things was we had some special goggles that if you put them on your vision is so distorted as if you were drunk. We had the kids try to walk between furniture and things that way. We taught them how you really saw things when you were drunk and how that was dangerous. The pastor, unfortunately, he is not there anymore, he went on to another church. I worked with him for a number of years and he was just, he was about the age of my kids, young, well now they are not so young. A very impassioned man trying to help, not just go to church and pray, but reach out and do something for the people you are living in the community with. That's just wonderful.

That's still going on. Some of the stuff is still going on. The kids go over once a week from school to the church and do part of it. Then we have student nurses in the school doing part of it. Project SMART.

**NG:** So it is a project.

**MM:** St. Mary's Academic Research Team, Project SMART

**NG:** So that's continued connection with the schools that the nursing students can go over there....

**MM:** Yeah **community health they learn community health there.**

**NG:** That's a great program, and good teaching tool.

**MM:** It is because they really get in there and see it. We have some wonderful... there's one wonderful lady and I shouldn't use her name but she's a member of the community but by golly she watches. She lives diagonally across the street and she watches what we are doing. She will sometimes bring coffee over for the student nurses. She told me, "You know Dr. Marcus, I don't think you should plant that garden. You are not going to have enough light in the spot."

I said, "Well we got some input from urban harvest people and they said it was a good spot."

She said, "Well I don't know."

Of course it turned out ok, it was fine. She'll come over and watch to see what we are doing and watch the community, which is wonderful. She's just wonderful. It's wonderful walking in there and have everybody greeting you. My research assistant and I have gone over on the Sundays and Saturdays when they clean up the neighborhood and pick up the trash. We've gone over and done that with the community. We feel very much a part of what goes on there.

**NG:** What is the name of the school?

**MM:** It is called Foster Elementary, and St. Mary's Church is right adjacent to it.

**NG:** How have you seen the school of nursing change since you've been here?

**MM:** That's an interesting question. Right now we've moved in to having, because of a nursing shortage, we have a larger enrollment of the undergraduate students. We also are emphasizing our doctoral programs. We did not have a PhD program when I came. That started. We did not have a DNP program. Nobody did. That started. So we have more graduate education too. I think there is more emphasis on faculty doing research and really becoming academics, which is great. I think that informs your teaching. They sometimes say, "I can't do everything." You can, because if you are doing the research, you can teach about it and involve students in the research. I think there is more of an academic climate.

**NG:** I think that is just a reflection of how the nursing profession is changing overall. Can you talk about that change? What's happening and your opinions about it.

**MM:** I think it's good. The only thing that bothers me, and it still bothers me is that I sometimes get the impression that we are trying to compete with the doctors. That bothers me because my experience has been so wonderful in working with them in this addiction stuff that I don't think we should be out there saying, "We can do this too." Some of the initial, and maybe it is some of my own craziness too, but some of the nurse practitioner stuff, seeking more and more independence from physicians, I worry just a little bit that we are trying to compete. We are making enemies instead of making partners. That worries me, but that's just.... I guess that has to happen. I don't know.

**NG:** So, how do you remedy that? How do you promote collaboration in health care?

**MM:** By teaching them together. Maybe having some combined courses. There are certain things you can learn together that are helpful. Also we have this, whatever it is called, it's in Gero I think, where teams of professionals work together to solve case studies. They have little competition every year. I think that kind of stuff is very nice because you learn to do it with someone else. The nurse has some input, the medical student some input, social worker. We had that years ago when I was teaching at Lehman. It was called the pregnant families course, where we had multidisciplinary students taking care of a pregnant family. They all went together when it came time for the birth. They all went to the delivery. They all took turns in taking care of the prenatal stuff and everything. I think that works. I like that idea.

**NG:** What do you see as the changing role of nurses as they become more educated and it becomes even more professionalized and things like that.

**MM:** Well I think they are doing much more difficult things. The critical care, for example, is much more difficult. They are much more technically savvy. The professional nurses that are being educated now have to know all of the technical stuff but they also have to know how to supervise other people monitoring all of the technical stuff. You see incredible things going on in critical care. When I first graduated from nursing school, we didn't have a critical care unit. The sickest patient was put in a bed outside of the nurses' station so that you could watch him. Really. We didn't have crash carts. If a patient was on the verge, we had an intracardiac needle on a tray. That's dark ages from the 50's, I guess. Now we have all of this technical stuff, and they have to really be very savvy about the technical stuff. Hopefully they will not lose how to talk to patients too, which is important.

**NG:** The medical center, how have you seen that change? Aside from I know physical growth.

**MM:** Oh yeah, physical growth has been exponential. But I think again there is more collaboration. I was head of the education tract just before I retired, and I was able to reach out to all of the nursing units and say "can you help us?" Educators here there and everywhere. I felt very comfortable getting to know the people in the hospitals. I think there is much more collegiality. At least that is what my experience has been. I had students at St. Luke's, MD Anderson, Herman, and Methodist. There is interest in working with the education of students. I think.

**NG:** What do you see as the future for the nursing profession?

**MM:** That's a good question.

**NG:** It's a big question.

**MM:** It is a big question. I don't know. I think that we, I am hoping, that it will always be an important profession. I think that we, this idea of working with other people is the way I'd like to see it go. I am hoping that will be the case. We are getting very, very intelligent people coming into nursing. Very good students. Very well prepared from their undergraduate stuff coming into the master's program. So I think we are going to see a higher academic standard, more research, more intellectual. It is not just going to be... My husband's uncle used to say, "How can you get a master's in bed pans? What's that all about? Why do you have a master's in bed pans?" I think it's going to be at a higher level, and I think it should be at a higher level.

**NG:** What about for kind of the clinical side of nursing? How do see the future of that progressing?

**MM:** Well, I think it's going to stay... What I am seeing now is that we have more and more care aids at the actual bedside and less of the professional nurses at the bedside. The professional nurses are doing a lot of the technical things and supervision and the care aids are doing the hands-on stuff. I think that might continue to be that way so. Your nurse may really be the care aid and your nurse will be somewhere else monitoring something. I am hoping it won't be that you don't get to know your nurse when you are at the hospital. That they will still be somebody that will come around and be part of your care.

**NG:** What about you said the DNP?

**MM:** Doctor of Nursing Practice

**NG:** How is that changing healthcare?

**MM:** The Doctor of Nursing Practice is really the nurse practitioner who has gone on to get a doctorate in more clinical application of things, as I understand it. The PhD in nursing is doing more of the research and so forth. The regular PhD kind of program. I think there is a little bit of confusion at this point in these two roles in some ways. For example, educating. If you have a DNP, is that ok for an educator? I think it is ok if you are doing clinical education but if you are trying to help somebody with a research grant, it has to be the PhD. I think there is still some sorting out to do in that. You see the DNPs are out in practice doing primary care and they are out in hospitals doing elevated clinical skills.

**NG:** One of the questions I always talk to everybody about is this balance between professional and personal life. How do you approach that?

**MM:** Ok. Well it has changed so now that I am retired. I am 82 years old. I am retired and an emerita professor, so I kind of come in and do what I want to do. I have much more time to do things on the outside. I think when I was right in the midst of it with the kids and all of that stuff it was much more difficult. My children, when I initially went back to school, were used to having mommy home to make dinner every night and that sort of thing. That was difficult, but I still value the fact that I'm responsible for dinner every night. It may be a little less arduous dinner preparation. Finally, they tell me, they

didn't tell me initially, that they thought my struggling to do the education while raising them was very instructive. They valued that I was able to do that. They give me good praise for having done that. I was a role model for them to go on with their education and they could still carry on and be a mommy while doing that. I always go to the gym. I've always done other things. I have my own mindfulness practice, go to the gym. Saturday nights out with my husband. That kind of thing. I think it is possible. I really do. Sometimes I look back and I think, "What would happen had I not gone back to school and if I had just been a mommy?" I probably would have been bored as my husband thought was the case that I might have been. So it is worth the effort. I think.

**NG:** What sort of advice would you give to women, in particular, of pursuing nursing as a field?

**MM:** I would recommend it if they are at all interested. I think it is very exciting. I think you can do varied things with it. It is not just the.... You go through the training part and you get educated to be at the bedside and be a clinician and so forth. Then you can branch out. You can be in community. You can be in management. You can be in all kinds of things at this point and be a nurse. We have people in Congress, I think. Certainly at the state legislature they were informing health care policy. I think it is open for what you want to do. I don't have any grandkids that are doing it though, yet. Maybe Lyla Jane?

**NG:** You've received several awards and recognitions and things like that. Can you tell me what of those have meant the most to you? You talked about the McGovern professorship.



**MM:** The McGovern professorship meant a tremendous amount to me to get that. I was also recognized by AMERSA, this medical organization, for... they have a John P. McGovern award for outstanding educator and I got that. I also got the Outstanding Teaching award from the University of Texas Board of Regents recently. That was extremely exciting. It has all been in recognition of the teaching I've been doing for addictions. I've carved out kind of a place where I saw the need to expand teaching, and that's what that has been about. Teacher's College recognized me and my alumni association at Columbia recognized me so there has been a lot of that. It has all been related to the work in addiction.

**NG:** You retired in May or in 2013?

**MM:** It was January of 2014 when I stopped.

**NG:** Ok. You now have the emeritus position. What have you been doing since then?

**MM:** I don't know if this should be on the record or not. Whispers I have cancer.

**NG:** It is up to you.

**MM:** I retired in January. I had bad arthritis so I had all my joints replaced. I don't know if you want to know all of this or not. In the spring, after I had my shoulder surgery in 2014, I started losing weight and having some problems. Finally in September and October, I went for diagnosis and found out I had pancreatic cancer. I had surgery and pancreatic surgery is a bad one. Next Monday, I will complete 18 treatments and I have become really appreciative of nursing care getting those treatments. I will tell ya'. I am

hopeful. My tumor was small. It was resectable. I am hoping. What I have been doing is really taking care of this problem because the chemotherapy is very fatiguing. I managed to do some of my consultation work, some of my writing work, working with students, and working with young faculty. I am tired so I can't always promise to do everything I would like to do.

**NG:** I think it is amazing though that you still come in and you said you are working with people and taking part in this project.

**MM:** I think I don't know what I would do. Right now, of course, our house is a mess so I have to... I know what I would do there. I don't think you can turn it off. I've seen it with my husband. He's in clinic today. He's in Smith clinic taking care of patients and supervising fellows and that kind of thing. I used to say, "It's retirement. We are supposed be having fun." Well, we've traveled a lot because for both of us have been presenting at international meetings. The only one place that neither of us had been was China, so we did take a cruise trip to China. Then he hadn't been to Russia. I had already been to Russia. We took a trip there last year. You name it, we have pretty much gone everywhere with our presenting at meetings and working internationally. It wasn't as if "Let's retire and travel all over the world" because we had already done so much of that. There was no kind of nervous energy to get out and travel, which is good.

**NG:** Is there anything else you thought we would be talking about today or that you would like for anyone listening to or reading this to know? I mean people interested in either in substance abuse or people interested in what's been going on in the Texas Medical Center?

**MM:** I don't think so. We've covered quite a bit. How about you? Is there anything else you think we need to cover?

**NG:** No I generally spend a lot more time on the beginning of people's lives and we got fairly quickly into your professional life but I wanted to ask a lot about that. I wanted to get information about your work.

**MM:** Yeah and you did get the beginning being born at an early age at Herman Hospital. You did get that part too.

**NG:** Well, thank you.

**MM:** Thank you.