Interview with Senator Rosa D. Franklin

and Elizabeth Walter

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Note: Equipment noise has diminished the audio quality of this tape recording. Meticulous care was taken to preserve the conversation in its fullest.

Q. If you could, Senator, tell me about growing up in South Carolina and of those who were a significant influence in your life.

S. Thanks Betsie, it's always good to talk about what transpired during my life and getting up to this point in time. I was born in a small rural area of South Carolina which is, oh, about 35 miles from Charleston. The rural area is Moncks Corner, South Carolina which is very prominent because of the Civil War. Part of it was carried on there as the troops moved through the south. At the age of 7, I went to live with my aunt and uncle who lived in Georgetown, South Carolina. My mother and father, of course, live in Cottageville, South Carolina. All of my aunt's children were now adults and off to college, and they had never been in a house without children.They asked my mother and father that I come and live with them. And, of course, my aunt is the sister of my mother. I was the youngest. We're from a large family. So, grandmother, aunts, and all the extended families, were very much a part of my life. And so that is very important for support.

Q. Did you find yourself traveling back and forth between relatives and your family of origin?

S. Every summer. There was a pact that was made with my aunt and uncle that every summer I would come to visit my mother and father, sisters and brothers. That I would never forget them. And promised that my last name would never be changed. My last

name, maiden name is "Guidiron" or Guid-ea-rn" if you put an "e" at the end. French. And so every summer I went back to see my mother and father.That was the extent of the traveling. But really, in a sense, I had two families.

Q. Were there significant events or people that made you feel that going into health care was something important for you to do or was it that you were with so many people all the time?

S. Really it was not one [thing] that centered on [me] going into nursing. Being from a family that was community oriented, or that really cared about people. Never though, thinking of being a teacher, but probably a social worker. And my friends also were focused very much on the tradition that one went on in school. So the thrust was always that you graduated from high school and you ascribed [aspired] to be your best in all things. And, of course, in the era in which I grew up there was a lot of segregation. There were separate schools. That made a difference. You were not really exposed to everything that everyone else had because of reasons of race. Although that happened... we were told to respect. Education is the tool by which you then rise, you rise above. So everyone in my family knew, and that was something that was expressed in my education.

I graduated from high school. During the time that I graduated...I went to work that summer at a hospital in Oak Ridge, Tennessee. And I think that's when I decided that I was going to become a nurse. I lived with a family that summer. I worked in a hospital. And I applied to nursing school. And here I am. (Laughter) That's my early life.

Q. Were you a military nurse? You mentioned being a cadet?

S. No, I was not a military nurse. During World War II there was a shortage of nurses and there were a recruitment of students when everybody went off to war. And so, because of the big war...

Q. How did you meet your husband ?

S. (Facial expression brightens) I was in nursing school in Columbus, South Carolina and he was in the service at Fort Jackson. That's how we met. And, of course, we would never get married while in school. We'd graduate and then got married later. And after graduation he was stationed in Germany, right after we were married. Then he was on a cruise ship. He went to Germany and I then was working in New Jersey at my first job which was the state hospital. When I left from there, he was still overseas. [I] went to work at Brooklyn Jewish Hospital and that was when I was in contact with a lot of refugees who had been in prison camps. So that was my first exposure to post-war era of people who were in prison camps in Auschwitz.

And then I went to Europe on a visit which was in September of 1950. Post-war Europe rebuilding had started. And I stayed in Germany some time and then came back home. In 1951 I went back and stayed for 2 years. My husband was reassigned to the states and that's how we came to Washington.

Q. Was your husband supportive of you [working outside the home as a nurse]?

S. Yes, yes my husband has always been very supportive because I am a very independent woman! (Laughter) And...

Q. And so he did not have much choice?

S. That's right. So then we came back when he got reassigned. I had wanted to continue my education. So then I enrolled at University of Puget Sound and then went part-time and was working full time nights at Madigan [Army Hospital]. And we had two children by this time. So then I had classes at UPS, worked, and then after 5 years my husband got reassigned to Germany before I graduated from UPS. Then I went back to Germany. And so that was in '59, we went back to Germany.

We stayed until 1960 and came back to Colorado. And then finally back to Washington in '67 I think it was. Then of course, I re-entered the University of Puget Sound in order to complete the hours for graduation. And I graduated from UPS in 1968. Then, I wanted to work on my post-graduate. Of course, I went back to work at Madigan and then _____ .Then went back for my post-graduate at Pacific Lutheran University. And graduated and got my master's in Social Science.

I was brought up to be involved, and was very involved in working for equal rights. Judging people for not or what they are but who they are, that has been my involvement directly.

Q. Can you tell me a little about the clinic at Asbury Methodist?

S. Yeah, ...that happened.We were working as now, for health care for people without assistance because of their economic status. During that time there was a lot to do to make sure everyone received good health care. And there were grants, federal grants were brought in. At this clinic the women's issue became very important. So that was when I went back to the University of Washington. They had a program for women's health specialists. After I did that, and came back, I was the practitioner at the Alice Hamilton women's clinic working in women's health.

Q. Is Alice Hamilton from Tacoma?

S. No, Alice Hamilton was a woman who from early on was one who had been involved with the issues of women. And that's what that clinic was named for. Then I left and went to work for, became the coordinator for health care, Upjohn health care services. During the interim I had worked for the children's clinic.

Q. Hilltop children's clinic?

S. Yes. Yes I had worked there and I was the coordinator. More or less the outreach coordinator because again of this whole concept of health, of being shut out and not getting health care. And they were people of color and poor people. And the clinic was, they got a new building [later], it was on M street. It was an old building that had been there. Community House, that's what it was. And so a children's clinic had been there quite some time. And then there were federal moneys, and I think that was during the Johnson era. I had some outreach workers. My job was to go, more or less, from door to door within a defined area in order to get children into the clinic. In order to get their screening and immunizations, eyes, ears.

And of course the Health Department was very much involved in the planning. The Health Department became involve in the delivery of services which is not, really the goal of, not what the Health Department is all about. But the Health Department became involved because services were not being delivered. And so they came into the clinical aspect. And so there were nurses, Public Health Nurses. And so, with that, was my involvement with the Hilltop Children's Clinic. And then after I left, it then became aligned with Mary Bridge. And of course, that was during the era also when there was a speech and hearing clinic. A learning center was founded...and some of those things had sort of disappeared. And so it was absorbed by the hospital [Mary Bridge].

And then as we moved on through the era there was Group Health, I was on the board. It was called Sound Health[22]. And so I was on that board in 1977. We were trying to establish a health maintenance organization. Again with the concept of what's happening now. They were trying to get people involved [enrolled]. And then I finally went back and was working for Upjohn. And working home health care for about 9 years. And so that's about...

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[22]Sound Health Association of Tacoma was sold under federal direction to Group Health Cooperative in 1978, after operating at a financial loss due and an insufficient number of subscribers. see Jack Pyle, "Sound Health Sale Approved" Tacoma News Tribune October 19,1978.

Q. When you were trying to get people "involved" in the health care issue, what people do you refer to?

S. We go back and involve people who are traditionally left out, such as people of color, people who are poor, people who are in the welfare system. People weren't really sure, there were those who thought they had health care by virtue of their jobs. Or if they were working and had health care by virtue of their jobs, maybe certain things weren't covered such as [some aspects of] women's health, on your policy. There was no concept of doing mammographies. We were teaching breast exams and doing mammography. I think at the time we probably had one woman doctor. This thing of getting people involved, those on the fringes, if you will, involves trust. It's one of trust. And Dr. Tanbara was one of the doctor's, was one of those physicians who was very much involved.

I think it starts not at this level [in the Senate], it starts at the beginning. Because any time you're [anyone] involved in any policy or decisions or become a part of that instead (of just being on the fringe and saying that you're not involved there).... The challenge for me always up until now has been getting people involved in their own decision making by making sure they have the information in order that they may be able to make decisions for themselves.

So my involvement has always been one to have that person, or people, if you will, get the information and say "come on, let's make these decisions together." Look at the League of Women Voters. I was very involved with the League of Women Voters. They are non-partisan political women's group who work on issues and seek for involvement. So that has been something [I've focused on] through my adult life, because of what I [experienced] not only through my adult life, but seeing what goes on around you in regards to whether it is social or whether it's you know, education. It's the whole spectrum that involves one's life. So I'm constantly trying to get as much information as I can get out.

And I have people come to Olympia through my invitation. At this level it makes it even more important to say, not be afraid, "this is your government, come and see what we do."

Q. Your idea that people cannot be healthy without having shelter was very appealing to me. I learned about your Washington housing bill.

A. Yes, yes, and I ran for city council in 1972 and that was my platform then. You cannot make a viable city unless you have healthy people. And your environment, housing, everything is dependent on this. And so when I ran for city council in 1972 on that platform, they said "talk about something else". They didn't want to talk about [it] ...and of course, it just kept going down, down, and so now they're [the City of Tacoma] trying to revitalize. There never really was forward thinking. You know, you have to think to the future.If you don't do that you have to go back and try to fix and by that time you've lost ground. So that is a constant challenge, it is a challenge from here to say "think about the future." That is why we are having some of the problems. I think it's always "let's hurry up, let's do it, let's get on with it". And that's not exactly the way good public policy is made. So I'm sort of the...conscience...(laughter).

Q. Yes, you are.

S. And we have a Death with Dignity Act, in the sense that we want physician-assisted suicide which I am against. And will oppose any kind of physician-assisted suicide because we have come to the point that our technology can control pain. We can control pain and that is what some people are looking for. I think it's incumbent upon us in health care [to make people aware of] how we provide care.

And how, philosophically, who gets health care, how much? I believe very much in universal access to care. An access in that it's available, a basic policy for everyone.

Socialized medicine [as a criticism of universal access]...you don't hear that term much anymore. Because they've arrived at the point that we must have care, that we cannot continue at this cost. But try to really address the issue, there's always a roadblock. You want to socialize medicine, look at the industrialized countries, Germany, Holland. You see, they have the economic benefits and everyone will have care. Now they need environmental health because I guess, of the smog and cars.

But this thing of universal access and that you have within a basic set of benefits. And in our country I think we've come to the point of prevention and such. We would have a much better people. And I keep on saying that when you have that you also increase your profit because you will not have people out sick. And then you minimize [health care costs]. The more people you have producing, your profits will go up and you don't have to pay for them for being sick.

Prevention [is needed], where we have the medical knowledge. Otherwise we work in a crisis method. We get 'em in the emergency [room] because the could not get in [to the doctor office]. And so they have to go to the emergency room for non-emergency conditions and utilize their services. What about the follow-up? You may get a prescription but you have no money to pay for it. That's not treatment.The whole issue [is] access, ethical, how much health care, and when. Because we keep from getting care because we cannot, for one reason or the other. We wait, it's too late. They discover there is a cancer [for instance] and then they get the world [the most extensive of care] And that kind of response is, when the issue comes up-- well, how much are you willing to spend? And then at the other end as we discussed earlier, is the philosophical and...spiritual issue, I guess. One of the things I do believe, you need to have your choices. You should have the information.When it comes to the living will, when it comes to tools, you have the information while you are "sane" if you will. Not when you're going through a crises. When you are sane and can think things through. Once you have the information you can think things over. So, I think what is happening is, in all of

this... I think back and having worked on so many of the issues over the years...that information is knowledge and gives you the opportunity to make the right decision.

So this whole health care debate and access and cost, and that really now our problem is really because of cost, definitely the cost. We as nurses are very much, very much concerned with the problem. We rush in many ways to do things in the health care reform, and to lose it all...

The thing about it is, I guess is that you never change. (laughter) Because I can relate back to my family...my family were people who were very kind and who cared enough to not put themselves first. And they always put somebody else first. And never be...don't think yourself any better than any one else. And by doing that [you are] being respectful. And always be yourself (joyful laugh).