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Interview with
VELMA MYNIER
October 19, 1984

Place of Interview: Sandia, Texas
Interviewer: Dr. Floyd Jenkins
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Approved: *Velma Mynier*
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Business Oral History Collection

Velma Mynier

Interviewer: Dr. Floyd Jenkins

Date of Interview: October 19, 1984

Place of Interview: Sandia, Texas

Dr. Jenkins: This is Floyd Jenkins recording for the Business Archives Project, North Texas State University, Denton, Texas, October 9, 1984. I am talking with Velma Mynier who is the owner and administrator of Southpark Manor Nursing Homes, and where are those located?

Mrs. Mynier: I have a 196 bed nursing home in Corpus and a 64-bed nursing home in Refugio, Texas, about fifty miles north of Corpus.

Dr. Jenkins: Those two?

Mrs. Mynier: Yes.

Dr. Jenkins: And we are talking in her home in Barbon Estates on Lake Corpus Christi.

Okay, let's get started by getting you to go back and reminisce a little bit about your family background: kind of as far back as you know about Grandma, Grandpa or even farther back than that. An idea of where they came from, what kind of life they lived, leading up to your birth. Let's do it that way.

Mrs. Mynier: I will start with the paternal side of my family. My great grandmother was a widow woman and left Mississippi either

just before the end of the Civil War or after the Civil War.

Jenkins: Her name?

Mynier: Her name was Williams. It was the Williams family, and her name was Nora. They called her something else, but I believe her name was Nora. She had four daughters and one son. They ended up with another group. It appeared that a large contingency of Williams's moved there from Mississippi to that area. She brought her slaves with here and bought some farm land. My grandfather left Georgia about the same time. His father had been killed, and he had a stepmother. And he and his brother decided they would go to Texas. They got as far as New Orleans where they became separated. My grandfather was 12 years old, and his brother was 14. Grandpa stayed around there for a long time and couldn't find his brother; so he headed out for Texas and ended up working for Grandmother Williams on the farm out there. This background was given to me when I was a child. He was very distressed during that period of time, he said, because Grandmother Williams would have the slaves rounded up if they misbehaved, and she had a whipping post out in her front yard. She herself would give them a whipping, which he disapproved of mightily. But evidently she was a very strong person. I don't know a lot about what happened to that part of the family,

because the girls never married. My grandmother married; they ran away and got married. And her three sisters never married. I don't know what happened to her son, except I heard that he got married and had children. There are probably still some Williams around there that might be distantly related to me. So anyway, Grandma and Grandpa had several boys and one girl, and they all lived on the farm. And I know that is where my mother and father met down there. Her father was a Methodist minister that traveled from place to place.

Jenkins: Do you know his name?

Mynier: Yes, G.A. Snyder. His second wife, my grandmother, was Sarah Amanda Elizabeth Brown. She also was from Georgia. He was born in Texas during the 6-months period before it became a state, I understand right in that period of time.

Jenkins: Where was he born?

Mynier: Panola County.

Jenkins: What is around there?

Mynier: I don't know. I don't even know what is in Panola County. I never have looked it up. That is one of the things I am going to do this next year, just try to find out something about that, because I think it is very interesting. He had been married to a Rosaline Brown, a good friend of my grandmother's. When she became ill, she sent him to get Mandy Brown to come and take care of her and the boys

while she was sick.

Jenkins: Mandy Brown was...

Mynier: That was my grandmother, Sarah Amanda Elizabeth Brown, called Mandy. She told Grandma and him before she died that she wanted them to get married so Amanda could raise her boys. Well, that is what happened. Then they had, probably, about 6 children, one of which was my mother, Sarah. Really I don't know much about what happened to all these people.

Jenkins: Do you know when your mother was born?

Mynier: No, I don't remember when she was born. I could look it up. Somewhere there is a record in an old Bible.

Jenkins: Now were these folks probably farmers?

Mynier: Yes, they were farmers. Both sides were farmers. My father was a farmer, but he never owned a farm. He was always working on the halves or something. He was a common laborer just part of the time, and we did not have any money at all. We just kind of moved from place to place.

Jenkins: Did you tell us your father's name?

Mynier: His name was Clarence Morgan. My grandfather was John Morgan. He was the one that married the Williams girl, the only one that got married. I mentioned the fact that he and his brother got separated?

Jenkins: Yes.

Mynier: And he ended up finally, after he and Grandmother were married in Brownwood, Texas, out on a farm outside of

Brownwood, Texas. And when they were in Brownwood, he met his brother 25 years later. He met his brother face to face. He was surprised to find out all these 20 years he had been living just 25 miles from there somewhere. That was odd, I think. I was the first child born to Sarah Snyder. I forgot to mention my granfather's name was Snyder.

Jenkins: And you were born when and where?

Mynier: In 1911 in Brown County.

Jenkins: And the date?

Mynier: February 26, 1911.

Jenkins: In town or out on the farm?

Mynier: Out on the farm.

Jenkins: Near what town?

Mynier: Near Grosvenor, and I don't know where that is either, except I think it is right near Brownwood. My earliest memories are living out on the farm around there. When I was about 3 years old we came to Nueces County and lived at Flour Bluff for a little while. Then moved to the Valley and stayed there for a year.

Jenkins: Where in the Valley?

Mynier: I don't know. I just know that we moved. And came back to Nueces County, Flour Bluff, where my father and my mother's brother, a couple of them, fished for a living, the nets and things.

Jenkins: What is Flour Bluff near?

Mynier: That is where the Naval Air Stations is now. That at the time was a farming community. He also farmed and raised watermelons. I know that.

Jenkins: You lived in the community of Flour Bluff?

Mynier: Well, it wasn't much of a community. I was there during the 1919 storm. And Papa had been to town and bought groceries. There had been rumors of the hurricane. He said that in town they said it wasn't going to hit there. But he talked to an old Mexican man, and he said it was. So he said, "I think I would believe that old Mexican man, and I am going to try to prepare the house here." And he started boarding up windows and things like that because the wind was getting up pretty high. Mama put everything... the ants were bad, and she had everything in real tight containers: like coffee, flour, sugar and all that sort of thing. I remember the wind got higher and higher and higher. She had bundled us all up in clothes. There were a lot of sand hills there. Just a lot of them; real fine sand. It made a great place to play, but not just a good place in a storm. I tell you right now, it blistered our hands and every exposed part of our bodies. So we finally got into a farm house about a mile inland--we were right on the water--where we spent the night. The next morning Papa decided to go and see what had happened to my grandparents

and my uncles and aunts who lived farther out on the end of Flower Bluff there. He met 40 people that had huddled down in the low brush during that storm, and they were just so wet. He knew of a vacant house, and he took them all over there. He came over and got us from where we were, so we spent quite a while there at that house. The only food we had for 3 days was whatever we had in those tight containers, which wasn't much, flour and stuff like that.

Jenkins: What container did you say?

Mynier: They had them in some kind of covered container so the ants couldn't get to them. This was kind of fun to me because there were a lot of kids. I don't know that I noticed being hungry. But the men had gone down to the Oso. We were isolated, cut off from Corpus Christi.

Jenkins: What is the Oso?

Mynier: The Oso is an inlet in there. The only way you could get across it was on a bridge or in a boat. There weren't any boats left, but they made a raft and got across and went on into town. By that time the city was under marshal law, and they put them to work. They conscripted them, I think he called it, for the day. A day anyway, and I think they finally made it understood to the authorities that they were trying to get help for people out there. There were 40 families, 40 of us, I think, that were out there at that time. That was due to the fact that there were recreation

places for fishing and whatnot. Well, the Holland's were there, from Holland Magazine, a bunch of people on a summer outing. They were in our group, too. Finally they got some help from the Red Cross or something. I don't know what happened where or when they got food, but I think from the Red Cross. They got back and got back across, and in the meantime we were without any food to amount to anything for 3 days, all of us. As I said I don't have any memory of being hungry though.

Jenkins: You were about 7 or 8.

Mynier: I was 8 years old.

Jenkins: You had started to school.

Mynier: No, I hadn't started to school that year. I didn't start to school until the next year.

Jenkins: You didn't start the first year until...

Mynier: Until I was until, well...I guess it was the next year. It must have been. I started right along in that time. I was 8 years old, yes.

Jenkins: Why hadn't you started sooner?

Mynier: I don't think you started school until you were about 9. I don't know. I really don't know. Maybe that was the first time I had been near a school. I don't really know.

Jenkins: And you went to school where?

Mynier: I went to a rural...just across the Oso then, we moved just across the Oso.

Jenkins: Is the Oso the name of something or...

Mynier: The Oso is the name of this salt water inlet that goes back into...it cuts off Flour Bluff from the mainland.

Jenkins: And that is the name of that particular one. It is not like a slough.

Mynier: It is kind of a slough all right. I don't know why it is called the Oso.

Jenkins: But it is the name of it?

Mynier: Yes. People either lived on one side or the other side of the Oso. Like a river or something.

Jenkins: That is the name of it.

Mynier: That's right. Now the Oso is a Spanish name meaning something, but I have forgotten what.

Jenkins: Does she know?

Mynier: What does Oso mean in Spanish?

Cook: Bear.

Mynier: Bear. That must be the kind of shape, the shape of that inlet, kind of like that. A bear, come to think of it, that is the way it looks.

Jenkins: How big a school do you remember starting to?

Mynier: It was just a little one room school.

Jenkins: How many grades were in it?

Mynier: I have no idea. I just know that is where I started.

Jenkins: Whatever they had.

Mynier: Whatever they had, that is where I went.

Jenkins: How many teachers?

Mynier: I am sure just one. Just one teacher.

Jenkins: Do you remember much about that school?

Mynier: No, except I enjoyed it, and I had to walk about 2 miles to get to it, cold or whatever. And we had box suppers there.

Jenkins: Oh, it was a community school.

Mynier: It was a community school, oh, yes. Yes, they had box suppers. I thought that was a lot of fun.

Jenkins: What was a box supper?

Mynier: Mama would fix up a box for us with food in it. We would go up there, and people would bid on it. That is the way a box supper is. Haven't you ever seen one? That is the only one I have ever seen.

Jenkins: Yes, but some of the people listening to this might not know.

Mynier: Might not know what a box supper is?

Jenkins: Yes, I have been to box suppers.

Mynier: Well, then that was the way they raised money. I don't know whether they raised money for the school or for the community or what, but I would assume it was for the school. It was a children's box supper; it wasn't an adult's.

Jenkins: What did they do when they had the squares, and when you stopped on a square you won a pie or something like that? What did they call that?

Mynier: Cakewalk.

Jenkins: A cakewalk, did you do those?

Mynier: No. Later on I lived in Kingsville, and they used to have cakewalks there. We didn't have anything to draw the squares on.

Jenkins: Not chalk or anything?

Mynier: I think we had chalk, but I meant I don't remember any pavement or anything out there in the country. Everybody was farming.

Jenkins: You went to school there how long?

Mynier: About 2 years.

Jenkins: And then you moved...

Mynier: We moved into town and went to school in different grammar schools in town.

Jenkins: Did the whole family move to town?

Mynier: Yes.

Jenkins: Your father had been farming.

Mynier: Yes. In town he worked as a laborer somewhere. I don't know where. He worked as a night watchman at a gin. And Mama did practical nursing after we moved into town.

Jenkins: Had she had any kind of training, or just learned it?

Mynier: No, just learned it as she went along in life, you know, how to take care of somebody when they were sick. Some doctor she worked with kept her kind of busy with his patients at home. Hospitals were not very much in those days.

Jenkins: How different was the school in town from the one in the country, the one room school?

Mynier: It was, I think, much better.

Jenkins: Now the town you moved into was...

Mynier: Corpus.

Jenkins: Oh, well, a big town, then.

Mynier: Yes.

Jenkins: And they had electric lights and everything.

Mynier: Well, yes, they had electric lights and indoor plumbing and stuff like that.

Jenkins: None of that you had out in the country.

Mynier: None of that I had out in the country, no. The school, I thought, was very...I enjoyed it much more in town. Of course, I was older. I skipped a grade or two around there, you know.

Jenkins: Got double promoted?

Mynier: I would just tell them I was in another grade, and I wasn't in there.

Jenkins: Caught up for those years then, starting years.

Mynier: Yes, kind of caught up.

Jenkins: How many years did you go to school there?

Mynier: I don't know, but I went through the seventh grade into the eighth grade. I did that in about five years, I think it was.

Jenkins: So you got into the eighth grade?

Mynier: I got into the eighth grade, and it might have been over my head. I don't think so, though, because I always made good grades. That year, then, the next year was when I got married.

Jenkins: In Corpus?

Mynier: In Corpus, yes.

Jenkins: Did you stay in Corpus?

Mynier: For a year. My husband was a mechanic, an automobile mechanic, and he worked for J.C. Blacknall Company, one of the first automobile dealers. Probably was the first automobile dealer. From there we moved to Kingsville. J.C. Blacknall opened up a dealership there, and we moved to Kingsville. I stayed there for many years. They both went to school.

Jenkins: Who are your children?

Mynier: My son was Paul Mynier, Jr. He died in 1972 with cancer.

Jenkins: What was his work?

Mynier: He owned a welding business in Falfurrias. His recreation was spent flying planes. He loved to fly. He got his pilot license and loved to fly. He loved to fish.

Jenkins: And you were saying that this...what is that, elk?

Mynier: Yes, that is an elk.

Jenkins: And he shot that?

Mynier: No, that was my son-in-law who did that. Joyce, my daughter's husband. And my daughter got married, and my son. During

all this period of time when I was living in Kingsville,
this was when I was attending A&I as an auditor.

Jenkins: What were you doing at A&I? Taking?

Mynier: I took anything that interested me. I remember I started
out with typing and shorthand, which really didn't interest
me. I took office management, accounting, psychology
courses. I can't remember what all I did take now, really.

Jenkins: Why did you decide to take courses?

Mynier: I realized that my education was certainly lacking in a
lot of things, and I realized that throughout all the
years, and I have always tried to make up for it by going
to seminars and learning everything that I could as it came
along.

Jenkins: Did you have anything in particular in mind, or just...

Mynier: Well, when I started out, of course, my husband had a
dealarship, we had a dealership. And I worked in that. I
wanted to be sure the books were kept right.

Jenkins: What were you doing in that dealership yourself?

Mynier: Meeting the public and keeping the accounts. It was just
a small dealership.

Jenkins: But you worked there...

Mynier: I worked there every day.

Jenkins: Fulltime.

Mynier: I would try to get home when the children got out of school
at 3 or 4 o'clock.

Jenkins: And you did this for how many years?

Mynier: I did this during all those years until they got into high school, and kept on doing it until the war came.

Jenkins: So you worked in that dealership, you think, for about how many years?

Mynier: Oh, let's see. From about 1930 until the war started.

Jenkins: Ten years or so.

Mynier: Ten or twelve years, yes. I learned a lot meeting the public. Then the war started. I took a Red Cross nurses aid course. We had sold that business.

Jenkins: Before we get to the war, let's go back and graze through the Depression as the Depression, and as you saw the Depression.

Mynier: We had this dealership. My husband was a good mechanic. We had a lot of business for him. Of course, no cars or anything like that to sell. He traded a lot. I know that we certainly had all the fish we wanted. He got...

Jenkins: Paid in fish a lot.

Mynier: We got paid in fish a lot. We got paid with a lot of different kinds of food: wild game mostly from off of the King Ranch. From some of those poachers. Of course, he made some money, got some money for his work. In fact, he finally closed the shop up and went to work for...they were building the Naval Air Station there, and he went to work out there. When he did that was when I...about

somewhere in that area was when I decided to take this Red Cross nurses aid course and go to work at the hospital.

Jenkins: Okay, but the Depression was coming to an end.

Mynier: Yes, it was coming to an end.

Jenkins: Let's go back to that Depression. Your family, then, you didn't particularly feel the Depression, I suppose, greatly.

Mynier: Well, yes, we felt it all right. But we had a house to live in, and we didn't...we had food to eat; although we didn't have any of the...and a car and gasoline to drive. It wasn't as bad for us as it was for a lot of people because, as I said, he traded his work for food.

Jenkins: So he worked all the time.

Mynier: Yes, he worked all of the time. There was always something for him to do.

Jenkins: What did you see around you in Kingsville that was evidence of the Depression?

Mynier: Not too much. It seemed to me like everybody got along in Kingsville pretty good.

Jenkins: There wasn't a whole lot of unemployment?

Mynier: No, and there wasn't a whole lot of need nor want that I ever saw. We were all poor. We didn't have too many of the extras, but I don't know of anyone that really suffered too much.

Jenkins: You didn't have food lines or...

Mynier: No, not anything like that. I don't think we needed them.

Jenkins: Didn't have any bank failures?

Mynier: No, we didn't. You see, at that time Kingsville was a railroad town, and the railroads kept running. Those people that worked in the roundhouse there. That is where all of the trains came in to be fixed up or repaired or whatever they do to them. I never did know what they did in that roundhouse, but there was a lot of people working. And, of course, everybody it took to run the trains, they were all working. I don't think Kingsville was very hard hit by it, I really don't.

Jenkins: Let's pick you up then when you started doing the Red Cross stuff.

Mynier: I decided I would work at the hospital, and I took this Red Cross nurses aid training course. I enjoyed it, and worked out there as a volunteer at the hospital for several years. There was a lady in there by the name of Cora, who had been there for years. She had had a stroke and gave her house, a little house, and her lot to the hospital if they would take care of her. She was in there, and while I was working in that hospital I realized the need of the aged, that they needed some place to go. I saw the hard part of it was they would be in the hospital, they would be sick; then their having to go home, and they couldn't take care of themselves, and somebody having to worry about taking care of them. And both sides, both the

patient and the family, were so disturbed, and that is where it first occurred to me that there was such a need.

Jenkins: This was about what time?

Mynier: It was during the war.

Jenkins: Early 1940's.

Mynier: Yes, I guess so. Somewhere along in there that I realized the need for something, some kind of care for the aged, anyway. We needed someone to care for the aged. In fact, I remember there was a school had been closed up, and I thought to myself, "It would be a good idea if that could be remodelled or fixed up to where you could take some kind of issue with the problem and do a little solving by putting people out there to care for them." I did feel really like working with the sick people, you know, I was enjoying it and felt like I was helping and things like that. But, of course, that was just an idea I had in my head that would come back to bloom some years later. Then after that I didn't do much of anything until I separated from my husband, except I was doing accounting for different people. I worked for a builder, and my knowledge of how to do things grew everywhere I worked as far as making up financial statements and doing things like that. I had a lot of that to do for this construction company I worked for, and I knew accounting, so that came pretty easy. So I learned a lot. I learned a lot about loans and how to get them and

how you worked with it, what you needed and things like that. So that went on, and I worked for this construction company until they sold out. When they sold out I moved over to Corpus and worked over there for a while, and New Orleans.

Jenkins: Doing the same kind of work?

Mynier: Yes, accounting. And New Orleans, and I worked there for a while, about 2 years, for a big dealer. That was the biggest job I ever had.

Jenkins: Car dealer?

Mynier: Yes. We had 13 makes of automobiles. A five story building, we had parking, we had everything you could think of. It was my job, I was the head accountant there, to pull all this stuff together every month, at the end of the month to make up financial statements. The work I enjoyed very much. I really did. I learned a whole lot there. Then I had cancer. I came back to Corpus...

Jenkins: This is about what time?

Mynier: It must have been about '56, '57 somewhere along in there. I don't remember exactly. But I came back to Corpus, and I didn't work for a while until I had my surgery and got over that.

Jenkins: And your children were gone?

Mynier: Yes, they were both married. Oh, yes. I had grandchildren by then. While I was working in Corpus, there was...I kept

going back to this, "If there was just some way I could get into the nursing home business." And I did keep books for this lady that I was talking about, and I watched the way she handled things. She did a very good job.

Jenkins: Let's see now. I think you mostly talked about her, though, before we turned the tape recorder on.

Mynier: Yes, I did.

Jenkins: Remind us of her.

Mynier: Yes, I will go back to her. She had about 15 or 20 patients, I think, in this building. She did a fairly good job. She had no idea, I don't think, of good nutrition. That was one thing that I thought, "I would improve on that." I would see the things that she was doing, and from there I would see, "How can I improve on it." And, in fact, I counselled with her and got her to change a lot of ways, and became real good friends with her, really, and helped her a great deal. And I learned quite a bit about what you needed to do, too, there.

Jenkins: Where were you getting your ideas about nutrition?

Mynier: Just from what I would pick up and read or something.

Jenkins: You were reading...

Mynier: Reading anything I got. I was always kind of interested. I was reading all the time about something.

Jenkins: Was there much literature particularly directed towards the aged?

Mynier: None at all directed towards this that I know of. You know, just pick up maybe in the newspaper or something else about good nutrition. I do remember that she would have potatoes and maybe macaroni and cheese, you know, and things like that. Maybe she would have three and bread, too. It wasn't that she...it was just that she didn't know what good nutrition was. Now she was just so proud of how well she was feeding her patients. They liked that. I mean they really did like it, too, you know. They liked those mashed potatoes and macaroni and cheese and maybe hot bread. They liked all that stuff. But I suggested maybe you ought to get a few more vegetables in here, something like that. But there was a little home in Corpus Christi that had been put out of business. It was a 22-bed facility, and it was out on Lexington Drive, which is now Padre Island Drive, way out of town.

Jenkins: You say it has been put out of business.

Mynier: Yes. I mean the city or county or something had put them out of business. I didn't know why. But anyway, I leased this building furnished, from the lady that owned it in 1958. She didn't have a patient in there at all. I ordered in the groceries, got a staff of what I thought I would need. And I went down to the city-county hospital there, the county hospital and told them I was opening up a nursing home out there, and I would like to have some patients, county patients, because I knew that they had an abundance

of them and no place to put them.

Jenkins: Let me back you up here just a minute, and we will go back to where you asked and told them that you were going into business. How did you financially and otherwise, how did you get this together?

Mynier: I had \$3,500. And I paid this lady 2 months' at \$575 a month, 2 months' rent in advance, and I just bought some groceries and that was all. I had an aide, a nurses aide or two or three, I don't know which, they had been working for this friend of mine. I got them out there, and I got a cook that had been working for this lady I knew. I got my staff there, really, that I would need. And within a month I had it half full and in two months I had it full of patients.

Jenkins: And full was how many beds?

Mynier: Twenty-two, I think. Something like that. These were all county patients. The county was paying for them. In the meantime I had made some good contacts with the nurse and with the people that placed them out of the hospital. These were the most of them, and there was no place to put them, really. And so many of them were being kept there in the hospital annex. That was the way I got started. I got a few private pay patients from different doctors that I had come in contact with, too. I charged \$200 a month for them.

Jenkins: I interrupted you, you said you went down to the county?

Mynier: Yes, down to the hospital, county hospital, who had an annex. And they took care of the poor people there. Some of them, as I said, they had no place to go. They would keep them in that annex. It was the old part of the hospital we called the annex at that time. They would keep them in that because they didn't have any place to put them. There were only two nursing homes there. The Hearth had been there a long time and was full. And then there was another small home, Lynnhaven, and they didn't have any vacancies, really. And they didn't really want to take that patient at that price, either. So that was the way I got started with them. I was working with the County Health Department.

Jenkins: You were charging less than the others.

Mynier: They only paid \$150 a month. That was what they could afford to pay, and that was all that they would pay.

Jenkins: But you named these two other homes, and you said they wouldn't take them.

Mynier: If you can get \$200 a month for a patient...

Jenkins: That is what they were getting.

Mynier: Yes, a minimum of that, maybe \$175. But anyway, this is the way I got started. This King-Anderson Bill, that was the first time the government really started getting interested in...This happened soon after I went in, they started getting interested in the aged in this country and

realizing the need, the unmet needs, I would say; because they certainly were not being met.

Jenkins: Let me stop you again here and we'll come back to King-Anderson, but get you to go back and kind of remember what the general attitude and approach had been toward this problem in Texas and in the area that you were working in. You said you called them what at that time?

Mynier: Rest homes. Some of them homes for the aged, but mostly rest homes. I don't know where the rest homes got started.

Jenkins: Were they called old folks' homes?

Mynier: I think they stayed away from that; as far as I remember it would be So-And-So Rest Home.

Jenkins: That was even earlier.

Mynier: Well, let me see. We had in the Health Department in Austin a man by the name of Watt Hornberg. He had one man working for him. His name was Rogers. I don't know when Mr. Hornberg went to work for the Health Department, but he was in charge of licensing hospitals and later on in charge of licensing hospitals and nursing homes. But through the Health Department he realized that he didn't really know what was going on among these rest homes. There was no control over them or no licensing or anything else. So Mr. Hornberg and Mr. Rogers, I don't know how long it took them to cover the state, but they covered the whole state and went to every one they knew of, and from there

they found out about others they didn't know about. People had taken one person in and then two and then four and then six and maybe eight. They found deplorable conditions in so many of them. Really deplorable in Houston and in the cities.

Jenkins: What kind of conditions are you talking about?

Mynier: Really dirt, inadequate food. They found one man tied under a house somewhere. It must have been up on stilts or something. Some of them just castered, so to speak. Not all of them now. Don't misunderstand me, all of them weren't like that, but he did find so many deplorable conditions that he persuaded the powers that be that something had to be done about this. And, of course, at the same time I think the government was asking all these questions. So he attempted to answer them, and he did. That is when we started getting some financial help. First their pension was raised a little bit to care for them. Then later on the state went around and held meetings and notified everybody. In the meantime, Mr. Hornberg was getting everybody licensed, I believe to keep up with them. I had a license. This licensing had gone in just about the time I did.

Jenkins: What did you have to do to get a license?

Mynier: You had to write in for it.

Jenkins: I mean is that all there was?

Mynier: Well, you had to give your background, who you were...

Jenkins: Mostly it was registration?

Mynier: Mostly it was registration and that's all. That was all you could hope for. All Mr. Hornberg hoped for was registration. That was to get everybody located, you know. And I think it became perhaps a state law that you could only keep 3 people in your home that wasn't related to you; and one that was related to you and three that weren't. I am sure it was a state regulation and not a law. A regulation of the Health Department. And that was another thing, somebody would tell on them if they had more than that.

Jenkins: At that time before, what did you say, King-Anderson, where was the money coming from to support these rest homes?

Mynier: We just didn't have any nursing homes, really. All we had was just a few non-profit, I think.

Jenkins: Who was financing, where was the money coming from to support the few?

Mynier: It was coming from the individual or from their family or in some instances from the county.

Jenkins: The county was about the only...

Mynier: That was the only resources. No other resources. We had improvement on the King-Anderson Bill.

Jenkins: Let's go back now. I sidetracked you when you started to get into King-Anderson in the first place.

Mynier: Like I said, I was at this seminar.

Jenkins: In Oklahoma?

Mynier: Yes.

Jenkins: Give us the background on that again.

Mynier: All right. In some publication I read where HEW was giving out scholarships for people to go to OU and help them to develop a curriculum, study, to teach nursing home administration. I applied and got a fellowship.

Jenkins: This was when?

Mynier: 1962. In the meantime I had progressed quite a bit.

Jenkins: You had been running yours now for...

Mynier: Yes, for quite a while. I will go back in a little bit to why, what made me go or something and show you the help I had there in Corpus. But anyway, there were 32 of us who went up there.

Jenkins: From the entire United States?

Mynier: They had picked out 30 people out of whoever applied, and that proved very interesting for six weeks. The reason that I was able to go, I guess, is that the HEW had given the Health Department of Corpus Christi a grant to set up a group; a doctor, a nurse, an administrator, a physical therapist, about five or six different people working in it, all of them professionals. All right, the two nursing homes in Corpus did not want to be bothered with them. And I thought this was my opportunity to learn to be more professional. Learn to be professional, because this was

what they were to do: they were to come into the nursing homes, the purpose of the grant, and teach them how to be professional. So I was personally happy to get the help for these people to come in there, particularly the R.N. The doctor already had her's. She was the County Doctor, and she served in that capacity. And also all the other people, too: I mean the recreation and the physical therapist was an excellent person to have. They came here and taught the aides, taught the nurses, how to really care for the aged, and they were all great. They were very well trained, and they all knew what they were doing. Due to this group is the reason I became an outstanding administrator in nursing homes. I was willing and I wanted to learn, and I wanted professional people to teach me. I don't know why, the other people, why they resented having an R.N. Actually the R.N. did know more than the administrator did, and that was the whole deal with teaching and caring for the aged. Of course, I couldn't afford to employ an R.N., but to have one practically at my beck and call day and night was great. And as I said, all the other people, the physical therapist, particularly those two. I thought that was just the finest thing in the world.

Jenkins: But the general attitude among...

Mynier: No, the other people didn't want them in there at all. They made it very plain. You didn't have to have them.

It was up to you. I went to O.U. for six weeks and left the nursing home in charge of them.

Jenkins: Okay, now go back and tell us how you went about getting into that program.

Mynier: The O.U.?

Jenkins: I think you said that you had some help.

Mynier: What program are you talking about? With the chronic-disease division that I am talking about, the professionals?

Jenkins: Where you were selected as just one of 32.

Mynier: Oh, I have no idea how that happened, unless they just picked them out regionwise. Maybe there was no one else in Corpus who even thought about going. I was the only one from this area up there. There was a man from the Dallas area that was there.

Jenkins: Had you applied for this?

Mynier: Yes, I saw it in a magazine, a professional magazine.

Jenkins: You may have been the only one from the area to apply.

Mynier: I am sure of that. I am sure I was the only one to apply.

And I think they picked them out areawise, which was true all over the United States. I don't know what else, because they didn't ask you to take any tests or anything. They sure had a smart bunch of people up there. I was real impressed with the people who came. They were nearly every one of them, with the exception of two or three, very really truly interested in what they were doing and

in learning more about it. I suppose the Chronic-Disease Division, the Health Department may have recommended me, they may have written them. I don't know. At any rate I certainly benefited by going up there. Also, I think the University benefited by learning where their weaknesses were, what needed to be done and what needed to be taught.

Jenkins: As far as you know, was this one of the very first attempts to...

Mynier: It was the first attempt.

Jenkins: And at the University of Oklahoma?

Mynier: Yes. At O.U., it sure was. They taught nursing home administration then for a long time. I don't know whether they still do or not. But I would get the literature, you know, of classes starting on nursing home administration for a while. I was on their mailing list, about it. So I know they taught, and I would know people that would go up there and take the courses in it, you know. That was before we started licensing administrators in Texas. In the meantime, and this is very important, they were just forming or just reorganizing the Texas Nursing Home Association when I went into this or shortly thereafter. I guess I had been into it a year or two. And when I started going to the meetings and joined the association that year that I was on the board, there were only 40 members in Texas when we got to counting them. We got in there long enough to

start counting. All during the years we had lots of educational opportunities. We learned how to work with the legislators, how to approach them, who they were, how to talk to them and all. We kept up with what we needed to do to work with them. And it is a political thing. It certainly was then. You had to have the Texas Legislature, you had to have their cooperation to get the money. I worked on the board for years, on and off, as I saw fit, as I wanted to. And I attended all of the meetings and kept up with everything that was going on. We had some real good leadership in the Association. I think that is one reason why, when suddenly that little nursing home was snatched out from under me, because the Highway Department condemned it to build Padre Island Drive. I am sitting over there with 22 patients.

Jenkins: When was this?

Mynier: This was in...they started about '62, I guess.

Jenkins: You had just really settled in good.

Mynier: I had just settled in. Well, it started before that because I was working on it in '62 trying to get a facility built. That was quite an effort on my part.

Jenkins: Let's go back and summarize again briefly now. You got into the business in '58?

Mynier: '58 I think it was.

Jenkins: At what point?

Mynier: It might have been '60 or '61, when they started condemning

the property. I was able to stay there awhile, two or three years. It was a long process; a much longer process before they ever built. The condemnation and the fighting of it and all that that the owners did and this, that and the other and being put off. In the meantime I am working.

Jenkins: Now you didn't own that?

Mynier: No, I was leasing it. I was leasing it. Then I was paying \$25 a bed for it. I started trying to find a place to build. There was no place. It was a one purpose thing; there was nothing in town that I could get. That was when the work started. That was when your hair started turning grey, because there was just no money for it. I talked to people. I have this builder, the same builder that I had worked with before, you know. They were real good friends of mine. And he was helping me, trying to find money. And you go talk to somebody, and in the meantime I had some property, a property settlement with my husband. I got \$10,000 cash, and I had a little money I had acquired, built along. I know how to fix up, blow up financial papers, which I had done for other people. And talk to people, and they would say, "Well, now, you are going on, soon to be fifty," I don't remember how old I was, but I was approaching fifty, "and you are divorced. You are a woman. You are asking us to loan you all this money to build a one purpose building."

Jenkins: How much were you asking for?

Mynier: I had figured out it would cost about \$225,000. In fact I had even bought the land. I had the plans drawn up. So I would go to this one and that one. I went to FHA. Came out a big article about a year before that, they were lending money to people to build nursing homes. So I go to all this trouble making out this application. I tell you that is something, you start making out applications to FHA. And took it up there. They said, "Well, we are making a loan on this other nursing home over here right near you, but we sure will consider your's, too. We feel like that all this information you have given us..." I had to make a projection based on the census and had to work it out along with the cost of operation and everything else, and it was quite an order to do all that. But I got it done. I didn't even have to go to the CPA to get it done. I got it all done and got it okayed. Just, "I think we can do it," you know. I kept going up there and talking to them, going up there and talking to them, and finally they had financed this other nursing home, and it had been opened about 6 months. I finally went to them and said, "I have got to do something because I don't have much longer there. I can only stay in there another 6 or 8 months, and I am going to have to do something." He said, "Well, I am going to tell you, Mrs. Mynier. I don't

see how we can possibly loan you that money to build that home and that one just two blocks from you as the crow flies. It has been opened 6 months, and they only have 3 patients." And I said, "Well, that is just too bad. I will just have to do something else." In the meantime I had been...the last meeting I had been to in Austin I was talking to a friend of mine, and there were some promoters building this. He got in touch with them, and they came down to see me. And through a promoter, why, I was able to get it built on my land 2 1/2 blocks from that other one that probably had 10 patients by that time. And it was a 100 bed home also or more than 100, I think. But at any rate...

Jenkins: Now who are the promoters? What are the promoters? How do they operate?

Mynier: This one was a crook.

Jenkins: The one that...

Mynier: The guy I got this home with. But he had an honest man building them. He had gone in and built this one, and he built 2 in San Antonio, but 5 or 6 in the east. And they flew me up there and showed me this home. And I had the land, and I said, "Well, it looks like it would be all right. We will get together and fix the papers up." And a friend called me, and said, "I see you have started building a nursing home on your land." I said, "Well, no, I haven't." He said, "Well, they are building over there." Well, this individual

called me and said for me to get out from under that, that this man was a crook and for me to get a lawyer. So I did. I went down and paid \$250 to this man, and I told him the whole story, and I told him about what was happening. What had happened, actually the man had gotten in through his friend in Lubbock. His was the first home built by these people. So I don't know what the problem was or how he managed it. It had to do somehow with the papers he fixed up or something. I never went that far. I went down and got me an attorney, and they didn't come back. They finally came back and they wanted me to sign these papers, and I said, "I will go down to the attorney. I have an attorney, and I have to get him to okay everything I do." So I went down there, and I didn't even ask or anything else to find out. This attorney said, "I want you to know, Mrs. Mynier, I wouldn't recommend that you sign these papers under any circumstances." This fellow's name was Al. He was just furious because I wouldn't sign. They told me not to. He called out there and told the contractor, representative running the job, to stop building. So I drove out there, and I said, "I will take this up with Jack, with the contractor." Really this man hadn't done anything for me yet. He had just done a lot of promising. So between Jack and me we got a man to sign with me, and I went to Mr. Mullins, and I borrowed \$225,000. I had my financial statement, and

had this other one that was...Well, I think it was questionable whether he owned anything or not. I think it was just something that Jack brought along. But the builder got me out because, you know, he also realized he was dealing with a crook by that time. And every one of those homes, I don't know why he fixed up the papers, I never even asked what was wrong with the ones, the papers, that he wanted me to sign; but for some reason he ended up with all of those other homes. I was the only one that got out of it by the skin of my teeth.

Jenkins: What was his excuse for laying the slab? I mean how did you...

Mynier: The builder just went ahead with the building. I mean he was working with a builder, and he told Jack to go start the building.

Jenkins: Yes, I know, but what excuse did he have for telling the guy to go ahead and get started?

Mynier: I don't know. I never thought of that. Just the assumption I was going to sign those papers, I guess. He had gotten to everybody else. He didn't realize that it was getting around, that people were finding out about him. They were closing out on these homes, and then find out. They would start in, and all at once they didn't own them. I have no idea how he did it. I never did even ask. Jack and I got together and worked it all out. We got the money, he and

I together. He said that he would like to have a percentage of it, and I said, "Anytime you want it you just come in with \$20,000." That was what I had put up. So it was all in my name. This went along, and he also had another nursing home, and he was losing so much money on it, and I owed him \$5,000 for extras...

Jenkins: Now Jack was...

Mynier: Jack was the builder. I won't go into his last name. We became real good friends.

Jenkins: Did he become a partner?

Mynier: No. He came in about a year later, and he said, "I didn't promise you I would take half of this, did I?" I said, "No, you didn't." He said, "Well, can I back out?" I said, "You sure can." He said, "Will you pay me that \$5,000 you owe me?" And I said, "I sure will." And that is the way that happened.

Jenkins: Have you ever had a partner?

Mynier: Never had a partner. Almost did that time, and he was the one that backed out. We didn't have anything written, it was just an agreement, and he really didn't want to. Shortly thereafter he was killed in a plane accident.

Jenkins: Well, let's go back and, I guess, move you then from your facility that they bought for a highway or something and get you into this new one.

Mynier: In the meantime I had been doing business with the bank, and

I had to have some money to buy equipment with. I went down to the bank and borrowed enough money to buy the new equipment because none of this equipment belonged to me; I was using their equipment. And I had to have beds, all sorts of furnishings. I opened up in November of '62, I opened the new facility. And I don't think I mentioned that I took a lot of PR courses, and I learned a lot about PR down all through my lifetime. It seemed like to me the way to go was good public relations, getting along with people and things like that. So I opened up this facility in October of 1962. And as I mentioned before, this other nursing home was just across there, two blocks from me as the crow flies. At my opening I opened 40 beds first, just one side of the building. At my opening they said over there that there were more flowers accidentally delivered to them than they got at their opening, because they couldn't figure it out. You know, when they had this opening they didn't invite the public, they invited doctors, and doctors are not going to come to something like that; and just some important people in town, maybe the banker or something like that. And they ordered cases of liquor. And I put an ad in the paper. In order to get so many flowers I got hold of a florist, and I said, "You call all these people I have been buying from and tell them to send flowers." And then, of course, I got some anyway, but not many if I hadn't done that.

Jenkins: Florists are used to doing that, I suppose.

Mynier: Yes, the florist is the one who suggested it, in fact, come to think of it. I worked pretty closely with them. So anyway, just little things like that that shows up good for the people, you know, make the people think a lot.

Jenkins: So you just invited the public.

Mynier: I invited the public, yes sir; I had a big ad in the paper.

Jenkins: What kind of turnout did you get?

Mynier: Great, absolutely great. Everytime I do this, I have a good turnout. Like I opened up...

Jenkins: Well, did you serve them barbecue or anything?

Mynier: No, just hor d'oeuvres and stuff like that. No hard liquor, no big heavy meals or anything like that. Just a pretty table with hors d'oeuvres on it and punch, things like that. And that is all it takes. As far as that goes, it is the administration of a nursing home that takes everything you have got. It really is.

Jenkins: What kind of facilities change did you make in your new place from what you had been operating with?

Mynier: As far as I can remember, nothing in particular. Just more of the same thing.

Jenkins: You had pretty well got it going the way...

Mynier: By that time I had two or three years' experience. I had been going to every seminar the Association had, and we had lots of them.

Jenkins: And you were putting those in...

Mynier: Oh, yes, I was using everything that I learned. I will say one thing, not only being a leader in the Association, I worked with great leaders.

Jenkins: Who were some of those people?

Mynier: C.D. Francis, the first president. Down through the years there have been some really good ones. James Baker.

Jenkins: Did you build your building much different from what you had had?

Mynier: Well, yes. Yes, I mean I had a little 23 bed, neat little home with concrete blocks. It leaked when it rained and different things like that, we have that anyway once in a while. I built a bigger home. I built a 100 bed.

Jenkins: But the plan was not greatly different?

Mynier: Yes, it was. Not greatly different, no. I mean it really wasn't, come to think of it.

Jenkins: On a larger scale.

Mynier: Just on a larger scale, yes. The first little one I had was built in an L shape. This was built in an H shape.

Jenkins: For what purpose?

Mynier: You have got hospital beds on each side of the corridor. That piece of land I had was a real skinny piece of land, but I think I would have built it that way anyway.

Jenkins: What is in the crossbar of the H?

Mynier: The kitchen facilities, recreation area, offices.

Jenkins: So that is where all of the business is done, right in the center?

Mynier: Yes, right in the center.

Jenkins: And the rooms are on...

Mynier: Yes. Now these new homes, I like them real well, too, in a way. They are built like a spoke, and everything is right in the center of the spoke. And this is a real good plan for nursing homes, I think. I like this one I have all right. It takes a little bit more personnel to staff it, because you have got with the spoke, a nurse in the middle can watch all the different rooms and things like that. But you need the staff anyway, I think. You need more staff. You can't have too much staff. Well, you can have too much, but you can't afford to have too much.

Jenkins: How long did it take you to fill all of your beds from the time you opened that new facility?

Mynier: Just as fast as I could get the personnel, really. It just seemed to come. I filled those 50 beds up on one side, and within 3 months I opened the other side and filled it up. Within 6 months I was full.

Jenkins: And you have a waiting list?

Mynier: Well, yes. Always it stays full. And then later on I built another 96 beds in addition to it.

Jenkins: In that same...

Mynier: Area, yes.

Jenkins: I mean an addition to that building?

Mynier: An addition to that, yes. I built it off to the side. In fact it faces on another street. Y'all go by and look at it.

Jenkins: Yes, we'll do that.

Mynier: I would love for you to go by there and see it. That old part of the building, we are trying to remodel it now.

Jenkins: What all do you offer at this home?

Mynier: 24 hour nursing care under the supervision of...we have one R.N. and L.V.N.'s on all shifts on all 4 floors. I have 2 floors over in the new building, and 2 in the H.

Jenkins: That's a 2 story building.

Mynier: No, no 2 story building, it is all one story. Just scattered around.

Jenkins: When you said 4 floors...

Mynier: We call floor areas, I guess you would say.

Jenkins: Each leg of the H.

Mynier: Yes. The A side and the B side on the old building and the east wing and west wing on the other. We have taken care of an awful lot of people through there.

Jenkins: Do all of the people who come there need nursing care?

Mynier: Yes, they all need nursing care. They need a lot of it, too.

Jenkins: You provide 24-hour nursing.

Mynier: 24-hour nursing care.

Jenkins: What else?

Mynier: Everything they need.

Jenkins: Feed them?

Mynier: Yes, their diet and everything.

Jenkins: You spoke of nutrition. What do you attempt to accomplish with nutrition? An individual approach or just kind of general?

Mynier: It can't be with that many people, an individual approach, except for special diets. We have special diets, whatever the doctor orders. If he orders a mechanical diet or... Our menus are made up by a nutritionist and supervised. She is in there once a week. We have a kitchen supervisor and cook and cook's aides. Their trays are prepared. There isn't anything served cafeteria style. Trays are prepared and put on carts and sent to the rooms.

Jenkins: So you have no dining room.

Mynier: We have a dining room, but they are served off of the cart in the dining room individually. So many of them have to have different things.

Jenkins: A lot of them do come to the dining room?

Mynier: Yes. Yes, we have a dining room that is full. It stays about full.

Jenkins: What percentage of people probably have to have it brought to their room?

Mynier: I would say about 30 percent of them eat in the dining room. The rest of them have to be taken to their rooms. Some of them are not competent to come to the dining room.

They have to be fed. Most of them, a good part of them have to be fed. That takes everybody's time. It takes a lot of time, because they eat slowly.

Jenkins: In terms of shifts...

Mynier: We work 7 to 3, 3 to 11, 11 to 7.

Jenkins: And a complete turnover in each one of those?

Mynier: Yes. Except in emergencies and somebody has to work overtime.

Jenkins: Are any of the shifts smaller?

Mynier: Yes, the 11 to 7 shift is the smallest. 7 to 3, the morning shift, is always the heavy load. That is when the bathing is done, and so many things are done during that shift. 3 to 11 after 7 o'clock or so is kind of quiet. People are pretty sick. Always with that many people you have got somebody that is critical.

Jenkins: That slow shift is kind of maintenance, not much feeding...

Mynier: Yes, mostly sleeping, the 11 to 7 is. They are usually sleeping. I have people that have been there 18 years, 20 years.

Jenkins: Workers or patients?

Mynier: Workers.

Jenkins: Some have been there almost all the time.

Mynier: That's right. Some of them have been there since I first opened. No, one has left now. They have grown too old. They are like me. They retired. They started out with me. But there are a few of them that started out with me there

that are still there. They went to work when I opened up the new one.

Jenkins: Tell us the size of each shift, and the type of personnel on each shift.

Mynier: Let's start out with the 7 to 3, the morning shift. There is the R.N., the L.V.N. on every floor, there are 4 L.V.N.'s, probably 6 aides--anywhere from 4 to 6 depending on how heavy the floor is. We have heavier patients, you know. There are 2 maids on each floor, each unit.

Jenkins: That's 8?

Mynier: That would be about 8 people in the morning shift. It is cut down to about 4 on the 3 to 11, and 3 on the 11 to 7.

Jenkins: Your total payroll numbers about how many people now?

Mynier: I wish I had noticed the last time I signed the checks. It is over 100 people.

Jenkins: To cover those 3 shifts?

Mynier: Yes, over 100 people. I don't remember how much over 100.

Jenkins: And your highest skilled people are?

Mynier: On the morning shift.

Jenkins: And what are those people?

Mynier: The highest skilled people, of course, is the R.N. as far as nursing is concerned.

Jenkins: She is there all the time.

Mynier: She is there on the morning shift. And she comes in on Saturday.

Jenkins: I mean she is a fulltime person?

Mynier: Yes, she is a fulltime person. She works 5 to 6 days a week.

Jenkins: M.D.'s are called in.

Mynier: Yes, every patient has to have his own doctor.

Jenkins: They choose their own doctor?

Mynier: Yes. If they don't have a doctor, we get one for them. We have some doctors that come in. I know one that has 30 patients. It is nice to have one doctor to have quite a few patients there. That way he can afford to...I really don't know what the state pays him. Eighty percent of our census are supported by state and federal funds. We have about 20% private pay. Maybe a little bit more than that now. It used to be about 10%.

Jenkins: What is the government's obligation financially? What do they pay?

Mynier: You have to be without funds to get on the rolls, and they pay about \$31 a day.

Jenkins: Does that cover it?

Mynier: It sure stretches it to cover it, I tell you. It covers it there because my homes are paid for.

Jenkins: I see, but if you were still paying for them...

Mynier: I would sure be hard pressed. I don't know how they are paying as much as they are paying for nursing homes when they are buying them, I really don't. We had a good thing

when we started out with it, and then the chain operations got into it now. I think it is due to the chain operations that we have to have so much federal interference. I have heard, and I think it is true, that for every dollar that the government pays to the poor, and these are poor people, 70% of it goes out of pocket: only 30% of it gets to the patient. Bureaucracy gets 70% of it. This is what I am hoping that under Reagan, another 4 years under Reagan, these 100 people that they called to Washington, J. Peter Grace called 100 people out of the most knowledgeable business people in the country, and at their expense they studied the bureaucracy to see how much could be cut out.

Jenkins: Of the nursing homes, you mean?

Mynier: Well, everything.

Jenkins: Bureaucracy in government.

Mynier: Bureaucracy in general, which will cover nursing homes. I am no different from most of them, and I see what percentage of it, anywhere from 75% to 80% they pay for it.

Jenkins: Do you have any patients who are self-supporting, I mean who pay all of their own...

Mynier: About 20% of them are private pay. They have their own funds.

Jenkins: And no government...

Mynier: No government subsidy. They probably all get their Social Security. Some of them get pensions, V.A. pensions. Veterans

Administration will pay for disabled veterans, I think it's \$860 a month.

Jenkins: Does the Social Security check go to the person, and then they pay their bills? Or are there arrangements where the home may get the Social Security check?

Mynier: We have a real bad situation there. It used to be much easier because we could send in and get the Social Security check sent to us where we would get the patient to either sign it or make their mark and apply it against their care. But evidently for some reason, maybe it has been, you know, like people do where some people are just naturally crooked, I guess, but for some reason now the Social Security doesn't like to do that. They want their family to take it. We run into this a lot: the family goes ahead and spends that money, and we have a hard time collecting it. It makes it much easier if the check would come to us, rather than having to chase the relative down who has probably spent it, because it goes towards their pay. The state may be paying the rest of it. The state pays what the Social Security is lacking. Of course, nobody has a Social Security check to pay that much.

Jenkins: You don't have much problem, then, of people falling behind in their payments.

Mynier: No, not much. The only trouble that we are having now is getting the family to bring us those Social Security checks.

But other than that we don't have any trouble with them falling behind in their payments. We lose some money, but not a lot.

Jenkins: What is your approach when that family is slow in bringing that in?

Mynier: The only approach we have is just keeping after them just like you try to collect anything else.

Jenkins: Do you eventually get it?

Mynier: Yes. We usually get nearly all of it. Sometimes we lose, but not too often.

Jenkins: Have you ever had to dismiss a patient because they couldn't...

Mynier: No. In the first place we wouldn't. We wouldn't do that. We would tell the Social Security people about it. We would tell on them.

Jenkins: Do they have...

Mynier: They know that the family is not paying the bill, then they will go ahead and do something about it, let it come to us.

Jenkins: So they can accomplish that.

Mynier: Yes, they can. It is real slow to get it done, though. They don't work with you too closely. This is not their business, really. But when they see that, that is when you bring it to their attention, why, when they see there is a problem, they will do something about it.

Jenkins: You were talking about the chains. When did they start coming in and what have been some of the effects of the

chain operations or how you have to face it.

Mynier: Of course, it was a good thing for the money making people to go into chain operations for buying, purchasing food, a lot of other things. If you are a large operator I guess you can make a better profit. They don't generally give as good nursing care. The nursing care is not as good. A private enterprise, a person who owns it or something like that naturally takes more interest, I think, in the patient and the families. A paid administrator who doesn't make a lot of money anyway, and I think they gave poor nursing care, and that started the State with more stringent policies of supervision. There is too much now. We have too much of it. It takes so much personnel to do all the things they require.

Jenkins: Who are the major, who are some of the chain operators?

Mynier: Well, there is ARA, there are several of them. ARA is one.

Jenkins: What does that mean?

Mynier: I don't know what it means, really.

Jenkins: Is it a national?

Mynier: Yes, they are national. There are a bunch of them national. I really don't pay attention to them anymore.

Jenkins: Is there a Good Samaritan down in this country?

Mynier: No, I don't think Good Samaritan is that kind of a deal. It may be, I don't know.

Jenkins: They have...

Mynier: They are a chain operation, they could be.

Jenkins: I don't know how you label them, but they have...it is a church thing.

Mynier: I haven't heard anything about them, so I think they are probably all right.

Jenkins: Do you know other chain operators?

Mynier: I don't really know them. The chain came in about the time I quit working steadily, you know, going to and attending all the meetings.

Jenkins: About when was that?

Mynier: I would say about 6 or 8 years ago.

Jenkins: You started pulling in your horns then.

Mynier: Yes, about 6 or 8 years ago.

Jenkins: Let's go back to your expansion. You said you expanded some?

Mynier: I expanded about 8 years ago.

Jenkins: What led you to that?

Mynier: Just because I was having so many calls. There were too many people wanting in, and I knew that there was a need for me to add on. I could add on now if I had any more room.

Jenkins: So you are out of space.

Mynier: Yes, I am out of space. It is big enough anyway.

Jenkins: So that is your original facility; I mean you moved to that.

Mynier: Right, that is my original facility.

Jenkins: Now you say you have another one.

Mynier: The reason I have that wasn't my idea. There was a group of people from Refugio approached me to build one there. They got the land for me, and they arranged the financing, and I built one.

Jenkins: When was this?

Mynier: About 20 years ago. I am sure it was about 20 years ago. So it is still there.

Jenkins: Does it operate basically the same way?

Mynier: The same way, yes. I have an administrator over there that has been there about 10 years, or 15. And some of the same people, a few of them, are still working there that I employed when I went over there and got it started. I stayed over there and got it started.

Jenkins: How big is that facility?

Mynier: 64 beds. I am going to have to do something with it, add on to it or something because I think the aged community is growing. I really don't want to, but I guess I will get busy.

Jenkins: You are considering expanding that?

Mynier: Yes, I am considering expanding that home. Either that or sell it and let somebody else expand it.

Jenkins: And you have run out of space for the other one.

Mynier: Yes, I don't want any bigger deal than I have there in Corpus. That is enough, more than enough.

Jenkins: You are not thinking about going out and starting another one?

Mynier: No, I have earned my rest.

Jenkins: That's plenty?

Mynier: I have earned my rest. In fact, my family is running it.

Jenkins: Who is your family?

Mynier: Buddy, Susan's sister. And for five years I leased it out to Leonard, Katy, Betsy, Buddy, Joyce, a whole bunch of them. Then I decided I lost a lot of money in another enterprise.

Jenkins: What were you after when you were leasing?

Mynier: Retirement.

Jenkins: Trying to get out from under it.

Mynier: Yes. Tired. But it sure is hard to turn it loose. I mean my heart is there. It is just like home, really. You get so fond of the people. You get fond of the residents. And you are especially fond of all those people working there. You taught them. You taught them, job descriptions, you worked with them for years. I have got some that have been there so long.

Jenkins: What are your major labor problems? Do you have much turnover?

Mynier: Well, among the nurses aides we do have. A certain group of them we have a lot of turnover. And that is true of every place. I think we are having less turnover now than

we used to. For one thing they have all been there a long time; they make a little bonus.

Jenkins: You have a bonus system, then.

Mynier: Yes. I give them a Christmas bonus, a percentage; then I give them bonuses during the year when the nursing home is full and it is working well, doing all right, depending on what I am making, I share some of it. It is kind of a profit sharing plan. It depends on how long they have been there, though.

Jenkins: Are your nurses aides, you say you have some turnover, is that your least skilled?

Mynier: Yes, that is the least skilled people, except for the maids. And we don't want to ever in the nursing home, I always make it very plain any time I have had a meeting or anything else, the maids are just as important as anybody else. They really meet the public more than a lot; the aides are busy doing things. The maids can do just as much PR work as anybody in the nursing home, and that is where they fall down sometimes is that they don't do the PR work they ought to do. They do their job, I will say, but they just don't do the PR work they should.

Jenkins: Do you make them conscious of what their PR job could be?

Mynier: Yes, we try to all the time, but you have always got some that just can't fall into that, you know. Some people just can't be that way.

Jenkins: Do you have a training program of any kind?

Mynier: I don't work with them myself much any more. But Cathy, who is in charge of all the nursing service, she is also an administrator, and she is also a nurse; so she works with that pretty good.

Jenkins: And do they have a formalized training program?

Mynier: No, no formalized training program anymore. I mean most of them just come in, and they are trained by the staff now. We used to do this a lot. But now since we have so many people there that are well trained, we let them do it there on the job.

Jenkins: Just one to one.

Mynier: Yes, on-the-job training. Have them teach.

Jenkins: Now you said that the maids can be important in public relations. Are you talking about with the outside people that come in?

Mynier: That's right. Families.

Jenkins: How about with the patient themselves, how important can the maids and maintenance people be in their exposure to the patients themselves?

Mynier: Very good. They can do a lot of it to the patients themselves when they are cleaning their room or when they are cleaning up a room. We have a lot of incontinent patients, and all they have to do is just be friendly and nice to them and considerate and the patient themselves. They are

not allowed to do anything for them, but just saying "Hello" and "Please, Ms. So-and-So, may I do this or that or the other?" Being courteous and kind.

Jenkins: So it can make a lot of difference on how the people feel about the day.

Mynier: That's right, the maids themselves can. You may be inclined to think that maids are important only so she cleans the floor or mops it.

Jenkins: We use case problems many times in management, and since we have that facility on campus we get some cases from them. It is interesting to see how students respond to maintenance people, what their attitude is toward how important or how little important they are. And I always attempt to stress this, because I assumed that they could be extremely important in how people feel in that home.

Mynier: Every time we used to have a meeting, I would remind them again. I would say, "I know you get tired of hearing this. I want to tell you all how good you have been." You know, tell them some of the good things they have done. I said, "I want you to remember," and I will call some of the maids by name, I get them in there, too, "I want you all to know that you are the ones that goes to get the chair." It usually is them, you know, they will go and get a chair for somebody, a family comes in and she will go get an extra chair or something, maybe take them an ashtray if

they want it or something like that, because they can smoke when they go into a patient's room. The patients themselves can't smoke except with supervision. It is a state law, and a good one, I would say. So I think that now that I am not there and I am not doing these things I hope this is still being done.

Jenkins: Now to what extent have you stressed to the other people, other than, say, the maids and the nurses aides, how important...is there any tendency sometimes for these people to be treated kind of poorly by the highly skilled?

Mynier: Yes, there sure is, very much. A LVN can, especially. Generally the RN's, no. But an LVN, I think, they are noted for being this way. So with meetings with them and in conversation just all the time you need to stroke them, too, you know, and give them responsibility in making the maids feel like they have had a stroke, you know. I think employee relationship is the most important thing in a nursing home. I think the only way you can give good nursing care is to have them operating together.

Jenkins: What kind of competition in your area do you have in nursing homes, and how do you in terms of size compare to those?

Mynier: The fact that we are always full. There is a real nice nursing home over there farther south than we are, really real nice. They closed up their bottom floor and only have their top floor open. They are always in trouble with

the state. So they are not giving good nursing care, or something is wrong there. I don't know what it is. It is a chain operation. I don't know what chain it is that even owns it any more. I don't pay any attention to it. The fact that, I suppose, there...and in Corpus Christi we have a lot of nursing homes now.

Jenkins: How many, do you suppose?

Mynier: There are seven of them. I don't believe but only Lynnhaven, who is also a single operator, private enterprise, and Southpark are the only two really full. That's all the PR you need is to be full.

Jenkins: And you say from the time you first filled up that you have always been full.

Mynier: I always have except we had a little problem last year, because they weren't doing a good job over there. The census kept going down and going down. I went over there and I got onto Buddy and Cathy. They are the ones that are responsible for keeping it full up. And I stayed over there for a week or two, and I sent them out to do this and that and the other and do some PR work; and to go call on the hospitals and go find out what was wrong, because I didn't want to be like those other people were. My friend, Johnnie, was full. I knew if she was full, I should be. It took them about 6 months to get it full back up, because they were way down low.

Jenkins: What did they...

Mynier: It was the first time they had ever been low.

Jenkins: What were they told?

Mynier: Well, they were told, you know, they better get it straightened up.

Jenkins: I know, but why weren't the people coming?

Mynier: Well, I will tell you why: they weren't being paid attention to when they came in. When they called, there wasn't any good public relations going on. No change in the nursing home itself, the operation of the nursing home, except for the persons responsible for the PR, getting them in there.

Jenkins: Outside PR?

Mynier: No, the inside PR.

Jenkins: Just patients themselves.

Mynier: No, the administration. The administration was not...well, frankly, the administrators were just falling down on their job.

Jenkins: What I am after is, were they falling down on the care of the patients or falling down on the outside?

Mynier: They were falling down on the outside, the PR on the outside.

Jenkins: The patient care was...

Mynier: There wasn't anything wrong with the patient care. I investigated that, and there wasn't anything wrong with the patient care. So I made a few suggestions, and they started working on it. It didn't take long until they had

it full up again.

Jenkins: Now you talked to some of this, but let me kind of summarize a little bit. From the time you went into this business back in '58 until now, has there been much change in the kind of people running nursing homes?

Mynier: Oh, yes.

Jenkins: What kind of changes?

Mynier: I will go back to the early part in our association when I went to Austin once a month and spent one or two nights, and we had continuous meetings. We would sit around in the evening after our meeting or something and have a few drinks and get to talking. You would hear these people say, "Well, no, I wouldn't have an RN." They didn't want any professionals around at all. I think they thought or felt like it took away from their staff. I think we worked for 3 things: money, status, and job satisfaction. Well, for them to have job satisfaction was the greatest of all, and I think they had that; but they felt like if they had an RN there they didn't have status. You know, it took away from their status. So I have seen a better class of people becoming administrators. More knowledgeable, and this is due in a large part to the Health Department, to federal and state regulations requiring it, too. A better educated group.

Jenkins: Are you getting any of the people coming out of these

training centers, like Oklahoma, centers for studies in aging?

Mynier: Well, I don't need them. I have got built-in people.

Jenkins: Your people didn't go to those?

Mynier: They went to, yes, administrator schools.

Jenkins: You sent them?

Mynier: Yes, I sent them. I sent a bunch of people.

Jenkins: You haven't hired them out of...

Mynier: No, I haven't. I sent my own people.

Jenkins: Do you pay for it?

Mynier: Yes. I pay for it.

Jenkins: Give them time off and all that.

Mynier: Yes, that's right. Give them time off and send them up to Austin. They were giving this in Austin. That would be a week there and a week back and a week there, and they come out pretty well trained. Then after that they have to have a year under an administrator, qualified, and I was qualified.

Jenkins: Do you find much resistance from your people, or are they eager to go to these things?

Mynier: Well, they won't go unless they are eager to go.

Jenkins: You don't force them to go?

Mynier: No.

Jenkins: How do you offer it to them?

Mynier: Cathy was a member of the staff, and I got her up there. And the other people have been my family. I haven't sent

anyone except Cathy. She has been with me ever since I opened up.

Jenkins: Have you had any experience with some of these people who have gone through the university training and got degrees in these things?

Mynier: There are very few of those that have degrees in nursing home administration. They are just now requiring them. I am a licensed administrator. We went in under the Grandfather Clause, all of the older people. But the younger ones went to Austin and took these courses. It seemed like it took them about all the summer. I don't remember how many weeks. It must have been about 8 weeks in there as well as working, actually working on the job training, you see.

Jenkins: How do you feel about the present government regulations concerning nursing homes?

Mynier: Oh, it has just become such an overall burden on the taxpayer and just too much of it, that's all.

Jenkins: What are some of the things that you think are good, and what are some that you think are bad?

Mynier: I want to say to begin with that I think the inspections are fine. I mean to a point.

Jenkins: What inspections?

Mynier: We are over-inspected. They come in, and they check the medications. They check if you have ordered medication 3

days before the patient runs out of medication. You are supposed to have them every 30 days. That seems to me like kind of a waste of time, because if a patient needs the medication, the drugstore is right around the corner. I mean, I think that is something we could do without. I don't know why they do that. The constant invasion of the Health Department, constantly all the time, takes away from the ability of your staff to determine and take care of the patient. I think it takes away from the care of the patient. We have too much of it. I think we ought to have some of it, but bureaucracy has grown and grown and grown and grown. And to make it even worse now they advertise it, and they have these phone numbers to call if you are dissatisfied with the nursing home, to report the nursing home. They encourage everybody to report everything that goes on in the nursing homes. So you have disgruntled employees who will get mad at her supervisor maybe, and she will go to the telephone, and she will report her for something, you know.

Jenkins: What is usually the result of that?

Mynier: The result is always the Health Department coming in and investigating it. And it just goes on and on and on. Now everything else is all right. But that telephoning that they encourage them to call for, encourages the patient themselves. They just love it. They will go around, and

it is really funny, except it takes so much of your time to deal with the Health Department.

Jenkins: How often will the Health Department be there as the result of someone calling?

Mynier: The other day she came in, and she had 32 telephone complaints.

Jenkins: She doesn't come for each complaint, she kind of...

Mynier: Well, that day she got 6.

Jenkins: Oh, I see. So they are constant. Every day you have got a bunch of complaints.

Mynier: Yes, she didn't know why she had gotten six. She got some of them while she was at the nursing home. This we know was from a disgruntled employee. She found valid a few things, like the water looked too cold. It is usually too hot, but she found this was too cold. That was because Cathy was watching it; she didn't want it to get too hot, and she kept turning it down.

Jenkins: Well, are they out there most every day, then, as a result?

Mynier: No, they are not out there every day. But when they do come it takes you a half a day to get through stuff with them.

Jenkins: Once a week? I am just trying to...

Mynier: Not even that often. Maybe once a month. Maybe not that often. But when they come it is just more time spent unnecessarily. I think the thing I resent most is it gives the employees, or they think it gives them, a hammer

to use, a weapon somehow against you. If it came from the family or something like that, it would be all right if they would get their name, require them to give their name, but you are being accused by people that you don't know who your accuser is. If they would get the name, maybe this could be straightened out through the administration. Why don't they move the patient to another nursing home if it is the family? And if it is bad enough to call the state, why aren't they moving that patient. Right there is an indication they are just causing trouble. You would be surprised how many people just want to cause trouble. I never have had anybody move. And I think they are afraid that if they went to the administration to complain, they would tell them to move the patient. But they don't want to move that patient, you know. There are plenty of empty nursing home beds. They don't have to live here.

Jenkins: In the licensing, now, there are some training requirements now, aren't there?

Mynier: Oh, yes.

Jenkins: How do you feel about that?

Mynier: I really don't know, because it has gone up every year. You have to have, I believe, you have got to have a degree now. And not too many people are offering degrees.

Jenkins: But for you this...

Mynier: It doesn't affect me, no.

Jenkins: Are you the administrator?

Mynier: No. I am an administrator, but Buddy is my administrator over there. He is married to Betsy.

Jenkins: Did he come in under the Grandfather Clause?

Mynier: No, he graduated from Lubbock; but, of course, you have got to graduate now with a degree in...

Jenkins: Where did he get his education that fulfilled the licensing requirements?

Mynier: I sent him to Austin.

Jenkins: Do they have...

Mynier: That has been about 8 years ago. I sent Katy and Leonard. Katy is another sister who...I sent her and Leonard both, and I sent Buddy.

Jenkins: But now do you have to have those requirements fulfilled before you can become an administrator, or do you have a certain amount of time?

Mynier: They have to serve a year under an administrator, working under an administrator, which they did under me. I sent Cathy, I sent 4 people up there.

Jenkins: Do you generally like that requirement?

Mynier: Yes. I think it is real good. Yes, I think you shouldn't go in, you have got to have some training. You just couldn't go into a facility and run it without...

Jenkins: Specific training.

Mynier: Yes, specific training.

Jenkins: Just general business training...

Mynier: Just general won't do it, no. No, you have got to have the training.

Jenkins: We talked about the changes in the kinds of people running them, has there been many changes in the type of people entering these nursing homes?

Mynier: The changes, of course, have been good. They are better qualified, more intelligent, better educated people now than they used to be.

Jenkins: Running it or entering it? It is the patients now I am speaking of.

Mynier: Oh, you are talking about patients?

Jenkins: Yes. Are the patients, types of people coming into them different?

Mynier: No, there haven't been any changes there. Not really. People are just sick. The only changes are they have learned how to diagnose better, the doctors.

Jenkins: Has the economic level changed much?

Mynier: I can't see that it has.

Jenkins: Pretty much the same?

Mynier: It is just about the same. As far as I can see there are very few people that can really afford nursing home care, you know, that has the money to do it. I guess there are more of them now or maybe just more of them going into homes since we have more private pay. I think the other

day it was about 25% when I looked it up, which is 5% more than usual.

Jenkins: I talk to people in some of these retirement villages, I have heard some of them speak on this; I haven't talked in nursing homes. But apparently to get in some of the government housing things, people have ways of hiding their income to qualify. Are you familiar with this?

Mynier: I am very familiar with that approach. They try to do that in getting them...and they do succeed a lot of times; but they try, the state does try, to find out.

Jenkins: But that burden isn't on you?

Mynier: No, that burden isn't on us.

Jenkins: The burden is on the family.

Mynier: But we cooperate with them. As an example that happened just the other day: Cathy had asked them down to notarize something pertaining to transferring some property some woman had who was in there, under the state aid program. And it just so happened, and she can't figure this out, that there was a representative from the Welfare Department there. And Cathy just said, "Well, I think this is fraudulent, and I won't have anything to do with it. I won't notarize this, because it looks to me like this is fraud because she has been here under this state aid program." She doesn't know what happened, but she walked out. And she is still a private pay patient. So we kind of watch that. When

anybody comes in to get a patient to sign any kind of paper, even if there is a lawyer with her, we can't always do this, I am sure, because they can slip in there any time; but if the administration knows anything about it, they have no hesitancy in going in the room and saying, "That is a state patient." Otherwise we are really not allowed to do this, but we will stick our nose into it and say, "We would like to know what is going on here." Because the patient might not be competent. Somebody might be trying to steal her money or his money or something.

Jenkins: What kinds of records do the various government agencies require that you keep? Anything in particular?

Mynier: Oh, my goodness. Reams and reams and reams. Everything pertaining to the patient's care, you know. Nursing notes, everything that pertains to the patient's care including their medical records and everything. We keep them. We have kind of a library, medical library, that we set up that is required by the state. We keep all those records, and we have to keep them for a certain length of time after they are dead or go on and move. The paper work connected with it now is just phenomenal, and about half of it is unnecessary. But how are we going to keep the bureaucracy getting the 70% of that dollar if we don't have that?

Jenkins: Is it mostly medical or do you have other records?

Mynier: Recreation, everything. I mean the day's activities.

Jenkins: What kinds of things are you involved in?

Mynier: They have got bingo, and they have got special occasions, and they have got birthday parties, and they are making stuff. We always keep them busy, busy, busy.

Jenkins: Are you required to do a lot of that?

Mynier: Well, yes. The state requires it. We have an activities director. There we have two of them. We have one who has her degree, and she has a helper besides the people who volunteer to come in. And that is good, real good.

Jenkins: Do they require a certain number of hours of this kind of thing?

Mynier: The director has to be there certain hours.

Jenkins: Other than requiring that you have a director, do they actually say you must have so many hours of activity?

Mynier: No, they leave that up to her. Because they couldn't very well do that. Your patient census changes so much. Sometimes you have got some that are pretty active mentally.

Jenkins: But you do have to report whatever activities you have?

Mynier: Yes, she makes reports.

Jenkins: Are there any other kinds of reports you have to make?

Mynier: Just reports on everything that goes on in the nursing home, and that is a lot of stuff. You report your employees: how many you have on what shifts, how many hours they work. I guess you don't report their earnings to anybody but the Internal Revenue Service.

Jenkins: You are not required to pay any...

Mynier: No, I don't suppose we are required to tell what we pay them. But how many hours they work, and what hours, and what shifts.

Jenkins: The minimum wage, you have to observe.

Mynier: Yes.

Jenkins: Nothing specific for the nursing homes.

Mynier: No, but your staffing you prepare ahead of time, and, of course, there are always changes, somebody is off. All the corrections, you have to make them.

Jenkins: Are there any nutritional requirements?

Mynier: Yes. They come in, and we have the six weeks menus.

Jenkins: The state requires it?

Mynier: Yes. Made up ahead of time, and kept on file. If you make a change: if you are going to have hamburgers or something like that and you change to sandwiches, why, you have to change it on the file.

Jenkins: Is it simply a matter of reporting or do they actually require you feed certain types of food?

Mynier: No, just whatever the nutritionist...she is a qualified person. No, they don't say...Well, you have got to have a balanced diet.

Jenkins: They do require it.

Mynier: Yes, but they come in and check it.

Jenkins: Let's continue here and see if there are any other kinds

of reports that you have to send in to government agencies.

Mynier: I think I mentioned everything but the staffing.

Jenkins: What are those now?

Mynier: Well, you have to report every shift, how many people, and they set a minimum. You can't have less than that minimum. You can go over it. It takes a little bit more than they require.

Jenkins: Is that a minimum per so many patients?

Mynier: Yes. Our floor space, they combine patients and floor space. In other words, if they are scattered around or in a concentrated area it takes less than it does than if they are scattered around.

Jenkins: Any other reports, then?

Mynier: Well, every incident that happens like a patient falling or maybe getting into an altercation or any incident...

Jenkins: Almost a diary then.

Mynier: That's right. Every little incident has to be reported. You have to write an incident report up on it. If a patient for some reason falls or gets a bruise or if they are a bed patient they will hit their arm against the bed rail, something like that, and some people bruise so easily, that has to be made on it. It is just a constant book work problem all the time, recording.

Jenkins: When we broke here to eat lunch we were talking about some things. I remember a few of them and made notes on them,

and we were talking about some of the big changes that occurred from when you first started in this thing until now. One of them was the number of hours that your people worked per day and how much they made.

Mynier: When I first went into it the hospitals, the nursing homes, everything like that were on 12-hour days. Some hospitals had gone to 8-hour shifts: 3 shifts a day instead of two. And the pay for a nurses aide at that time, starting pay, was 50¢ an hour for 12 hours work. Of course, when we changed then to 8 hours a day, which I did as quick as it was possible, we raised their salaries so they would be making the same amount of money as they were 12 hours a day. Which I think was certainly needed, just like the minimum wage was needed. I think, whatever it is now, \$3.45 an hour, isn't it. What is the minimum wage? And we don't have anyone making that except someone just starting in. This is a difficult job for those maids and nurses aides and the minimum wage people, and if they are qualified and they are good workers at all, they are just worth more than that. And to get that kind of people, you have to pay them a little more.

Jenkins: Do you pretty much pay what the going rate for those jobs is in other places?

Mynier: Yes, I do except for the bonuses. This is something that is not standard, giving bonuses.

Jenkins: You are one of the few who do this.

Mynier: Yes.

Jenkins: We were also talking about the changes that have been made. I was asking you about people who used to be sent, maybe, to the state mental hospitals. Are you getting a lot of those now?

Mynier: We were. Of course, it just so happened when they turned these patients loose from the state to get them in the nursing homes, there was a big push to do that...

Jenkins: About when was that?

Mynier: I would say it was about 10 or 12 years ago, something like that. The facility was full, and I didn't have room for any of them. But we took what we could. We took them from the family. The state would notify the family to find a nursing home for this patient, and then they would come to us. The state didn't contact us, we didn't have anything to do with that. But we found lots of them that certainly had no business being in the state hospitals. And state hospitals recognized that fact and they were no worse than many of our patients were. You couldn't tell much difference except that, well, I don't know, they were a little bit more on the vulgar side. I mean they had lived so long in kind of a vulgar type of daily activity of living, I guess. Foul language and stuff like that. That was the only thing we noticed different.

Jenkins: Do you have much trouble controlling behavior of any of them? Do you have to ask families to take them away much?

Mynier: Seldom. We have chemical restraints if we have to use them. We call the doctor, and get an order for a sedative or something if they get too agitated.

Jenkins: Is there much of that?

Mynier: No, not an awful lot. Almost all of them are taking a mild tranquilizer, really. If they need it, they have already got it ordered when they come in here. They are just like everybody else, they get mad, they get angry, get frustrated, and they let it be known. The only thing that we get concerned about is if they become harmful to themselves or somebody else. If they just get mad about something and express it, why, I don't see any reason to worry about that. I think that is just human nature.

Jenkins: We were also talking about hospital patients and the extent to which some hospitals may hang on to people.

Mynier: That is one thing I will say about this administration, they recognize that and started working on it after they went in there.

Jenkins: You are talking about this political...

Mynier: Yes, I am talking about the political thing. I am not a Republican and I am not a Democrat, not anymore. I am independent. And what I want to see is some of this bureaucracy gotten rid of. They started in with this

particular administration, and they put the reins on Medicare to keep them from taking the patient and keeping them in the hospital longer than they need to be. And yet if they need hospitalization, why, it is there for them and they can stay just as long as they really need hospitalization. But when it is time for them to leave, why, then the government just doesn't pay them to keep them. If they keep them there longer, they don't pay the doctor for attending them.

Jenkins: And it is just a whole lot cheaper being in the nursing home than in the hospital.

Mynier: Just a whole lot cheaper to be in a nursing home than in a hospital. So the government is saving money there. I would like to see the statistics on what they have saved this year. At the end of the year I guess we will read something about it.

Jenkins: You were also saying that the requirements for getting into a nursing home have changed so much that some of the job of running a nursing home has gone. What were you saying on that?

Mynier: We used to have quite a few patients that were, well, maybe they were in wheelchairs and things like that, but they were not so sick and yet they could get nursing home care. Right now some nursing homes are setting aside one wing and giving personal care patients, all they need is personal

care. That is maybe a nurses aide or something like that, but no nurse at all and maid service. Maybe someone to help them with bathing or something. And their food prepared. They are pretty well on their own. We used to have quite a few of those in the nursing home, which made it a lot more fun because they were usually mentally pretty good, and you enjoyed talking to them more than you do the real sick patients that we have now. Because these patients that we have now are quite ill.

Jenkins: At the time that you had a lot of these patients that could look after themselves, did they ever get much involved in volunteer work within the organization?

Mynier: Yes, they sure did. I can think of one man, for instance, that was real, real tall. I think he was headed for the state hospital. And we got him, and he was such a big man and he was strong, and it was hard not to be frightened of him, because he was very disturbed and very unhappy. And somebody hit on the idea, one of the employees, of giving him a dust cloth and asking him to dust off the top of the window sills, because he was so tall and big and everything high, you know, that they couldn't reach. I guess it was one of the maids probably. So he took that dust cloth, and he cleaned that nursing home from one end to the other everywhere he could reach. And he enjoyed it. It was something and he became very amiable and easy to be

around. He ended up in the kitchen and helping out in the kitchen and helping out in there when they needed him and things like that. So being in the nursing home just helped him so much.

Jenkins: You can hardly do that anymore.

Mynier: No, they are not able to. These people would not be able to no matter how big they were or tall to reach those kind of places. But this man was so busy all day long that he rested well at night, took very little medication and was altogether a different person. In fact the family even became reconciled with him. They wouldn't have anything to do with him when he first came to the nursing home. They just disclaimed him.

Jenkins: I have got some other things, but I am going to do a little summarizing here. Now you got started in the nursing home in 1958 in Corpus Christi.

Mynier: That's right.

Jenkins: And you rebuilt in...

Mynier: 1962.

Jenkins: And you are still running that nursing home.

Mynier: Yes. Added on to it.

Jenkins: You added to that one. And it now has how many beds?

Mynier: 196 beds.

Jenkins: Then in what year you bought one...

Mynier: I built one at the request of some of the leading citizens

of Refugio about 18 years ago.

Jenkins: And how many beds?

Mynier: 64.

Jenkins: How many people there? I don't think we talked about people working there?

Mynier: I believe there are 40, maybe a little bit more than 40.

Jenkins: And that one is still operating.

Mynier: Yes.

Jenkins: So those two?

Mynier: Yes.

Jenkins: You gave us the number of employees in each of those. I don't suppose this fluctuates very much, does it?

Mynier: No, not really.

Jenkins: From year to year or season to season?

Mynier: No, it doesn't fluctuate. It is not seasonal.

Jenkins: Now, financing over the years, you borrowed to build this facility.

Mynier: Yes.

Jenkins: And the people up there helped you to borrow, I suppose, in the other town.

Mynier: Yes, they said that if I would come in there they would get the land for me. I paid for it, but they would locate it near the hospital. Which they did. And they would furnish the financing, see that I got financing. Financing sometimes is hard to get, no matter how good it is. The

savings and loan association, they have to put most of their money into houses, not businesses. And the savings and loan company there in Refugio, who was going to handle the loan, did not have that much leeway. So they shared the loan with, at that time, the Corpus Christi Savings and Loan. Both of these companies have sold out to someone else now.

Jenkins: But you no longer owe either one of those.

Mynier: Well, yes, I owe on an addition to the Corpus home. I still owe about \$300,000 on that.

Jenkins: Is that a bank loan also?

Mynier: Yes, that is with the savings and loan, same savings and loan.

Jenkins: Other than borrowing to build, do you ever have to finance?

Mynier: Yes, I borrow from the bank when I need to do any financing other than that like on equipment, beds or something like that, then I borrow from the bank. I have one bank that I have been doing business with for 25 or 30 years.

Jenkins: But you have never sold shares. You are still the owner.

Mynier: Yes. I never sold any part of it.

Jenkins: Now the organization structure, are these both under the same? You are the sole proprietor of both of them?

Mynier: Yes.

Jenkins: Do you have an organization structure? You have people running these things.

- Mynier: Yes, I have...I personally am not involved in either one of them now except on a checking out basis. I have administrators. I have a senior administrator and then two more: one more in Corpus and an administrator in Refugio. Then I have the RN's, LVN's, nurses aides.
- Jenkins: They are first under the administrator.
- Mynier: Yes, they are first under the administrator.
- Jenkins: Do you have a chief of those?
- Mynier: Yes. The RN is the overall supervisor of the nursing.
- Jenkins: So you have one RN?
- Mynier: I have one that is overall supervisor. Then I have other RN's that work at different times at different hours. For instance, you have to have an RN consultant once a week at Refugio to spend at least 4 hours a day. That is a minimum, of course. Four hours a week. That is a state requirement. Then I have another one that works in Corpus off and on. There is always a couple working part-time.
- Jenkins: So you have the administrator and you have a head nurse.
- Mynier: I have two administrators in Corpus. I have a head administrator, and I have another administrator.
- Jenkins: Under that nurse, is there another structure of supervision at all?
- Mynier: Yes. Every floor has a LVN on it, and she supervises the aides on her floor.
- Jenkins: So that is the end of the supervision line.

Mynier: Yes, that is the end of the supervision line. There is a supervisor for the housekeeping, and, of course, there is a supervisor for the kitchen.

Jenkins: The supervisor for housekeeping reports to the chief administrator?

Mynier: Yes, or the assistant administrator. Either one. The kitchen the same way.

Jenkins: Is that pretty much true in both of the homes?

Mynier: Yes, that is true in both of them. And it is true at all nursing homes. I don't think this is any different from any other nursing home as far as the structure is concerned of the personnel.

Jenkins: Now we have talked about ownership, and we have talked about competitors. Let's get into employee relations now. The administrator, now, does most of the hiring.

Mynier: Yes.

Jenkins: You no longer do that.

Mynier: No. The assistant administrator does the employee hiring.

Jenkins: Do you help them decide what you are looking for?

Mynier: No, they are well trained, and they know what we are looking for.

Jenkins: What are you looking for?

Mynier: In a good employee you are looking for honesty and integrity and somebody that is going to have to work pretty hard and get along with people. As far as the supervisory personnel,

which is true all the way around, really. I mean they have job descriptions that we expect them to follow, and they are given a copy of them. Whatever the job is they give them a copy of them, and we expect them to follow it.

Jenkins: How do you decide whether these people have what you are looking for, honesty and dedication and all that?

Mynier: Well, that has to be done with an interview more than anything else, and follow up with checking on their references. That is just like any other business.

Jenkins: We were talking at lunch how you felt, at least, that the people who stay in this thing for any length of time have to have a certain dedication to what they do.

Mynier: I think they do. Of course, I don't see how they could work in it if they didn't. I don't care what you are doing from the administrator on down to the maid. I mean you have just got to have a...it is not just a job, because you can get a job anywhere. It is more to it than that. I guess it is that you are dealing with people, human beings, and with somebody that needs your help. I think if you have someone that needs your help, you are just more likely to give it.

Jenkins: And you were saying that you felt that people who worked for you, even the ones making, perhaps, minimum wage, could probably go somewhere else and get that, but you think they are staying there for a reason.

Mynier: Yes. And I think the reason is the patient, working with

the patients. They have to get a certain job satisfaction by being able to conquer...it is such a difficult job, it really is, working with them. It is not easy. But the rewards are great.

Jenkins: What are the rewards?

Mynier: Sometimes you can train a patient. When they come in there they are dirty and unkempt sometimes. You bathe them up and make them look pretty and fix their hair. We have a beauty shop in both places. Two beauty shops. The beauty operators collect from the patient. They don't pay me any rent, and I furnish all the equipment and everything. But in return they help keep the people who can't afford the permanent or to get their hair fixed. We work together on that, too.

Jenkins: How often do they come down? Once a week?

Mynier: The beauticians are there twice a week. It is a pretty big place.

Jenkins: And you were saying again in summary, that your wages run about like everyone's, but you do have bonuses and...

Mynier: Kind of a little profit sharing.

Jenkins: How about insurance? Do you have any other things?

Mynier: Yes. On their health insurance, depending on how long they have been there, we share that with them, we share the expense of that.

Jenkins: Is the union at all involved in any of this?

Mynier: No, thank Heaven they are not.

Jenkins: Okay. Now you have talked again earlier about advertising and public relations. Do you have an advertising program at all?

Mynier: Not any more. I don't need it. I have been there so long, and the doctors are all aware of the South Park Manor. And the people come in there because their friends had a mother there or something. Word of mouth. No advertising now.

Jenkins: What about public relations in general? Do you do anything particularly?

Mynier: No, not a thing. We don't have to. Just meet the people, meet and greet the people when they come in. That is all we have to do these days.

Jenkins: You don't have any program?

Mynier: No, I don't need a program any more. Our program is giving good nursing care and it's being talked about in the community.

Jenkins: I was going to ask awhile ago and I forgot, do the M.D.'s have any role at all in your organization structure?

Mynier: Well, we have to have, yes, they sure do. Every patient has their own doctor. Some of the doctors are so busy. A lot of them are not particularly interested in geriatric patients. We have been there so long now that a lot of the doctors have retired that had been actively in the nursing home with patients. But there are always some more coming along that have as many as 30 patients in there.

Jenkins: But in terms of the ownership...

Mynier: No, no doctor gets any cutback. They have nothing in there except that they know when their patients are put in there they are going to be taken care of.

Jenkins: But they don't sit in on any kind of meetings or plannings?

Mynier: No. Sometimes we have one as a guest speaker, but not on any...

Jenkins: No decision making.

Mynier: No, no decision making by the doctors. Every once a month he sends his orders and any orders he has given. In the meantime they may have had to call him for something, and he signs those. But he has to sign once a month an order for all the medication.

Jenkins: Now we talked about government regulations in general, but have you ever had any dealings with OSHA?

Mynier: What is OSHA?

Jenkins: Safety and Health.

Mynier: Oh, yes. Some but not a lot. They came through there a couple of times right when it was brand new. Or maybe just once, and didn't have any complaints about anything.

Jenkins: So you have never been...

Mynier: No, thank Heaven. I don't know how I missed it.

Jenkins: How about EEOC? Ever had a brush with them?

Mynier: Oh, yes. I had a lot of that. We have been filed on by EEOC several times. They came in and investigated thoroughly

the complaints. They are very cooperative. They have never been anything but cooperative and found it invalid. There have never been any criticism of us; although we have had some filings against us by some of the employees. Ex-employees, some who were terminated for some reason.

Jenkins: But you have never been cited?

Mynier: No.

Jenkins: In terms of your patients, do you have all colors?

Mynier: Yes. Oh, yes. And employees, too. We don't discriminate and never have. In fact I guess I was about the first person to take a black patient. That was before I moved, too. And it didn't cause me any problems. I worried about it in those days, but it didn't cause a bit of problem.

Jenkins: Never have had any?

Mynier: No, they don't pay any attention to it. People don't care, not anymore. There is no discrimination at all. There is no discrimination against the patient or the employee.

Jenkins: Kind of summarize what you see as some of the major joys and major sorrows or difficulties of running a rest home.

Mynier: I don't know, the joys are when you see somebody that is sick and they can learn to get up; or maybe someone who has had a stroke and they learn to feed themselves and what that does to a patient. You would be surprised how easy it is to teach a patient to feed themselves or to do little things for themselves and what this does for a patient.

Then you feel like you have accomplished something or your employees have accomplished this. What it is is your employees. I mean this gives you a real lift. You see them happy and getting along or maybe fussing with their roommate or something. Even that is a great thing, I think. I mean, it is just really joyful to see this among these people. They are always so depressed when they come in. They just think they are going to experience something terrible, you know. And then to see them when they work out of it, get adjusted, and think they own the place then.

Jenkins: There is still a lot of happiness going on.

Mynier: Yes, there is. There is a lot of fun. There is a lot of funny things that happen. This is a little risqué, I guess. We have had so many funny things that happened. I will give you a few. We laugh a lot in the nursing home. This man was so bad about throwing his fecal matter all over the room. I think it was the nurses aide that was threatening to probably throw him bodily out of the window or something if he didn't quit it. She had given him so many threats and threats and such, and he just let it fly by. But she was pretty rough with him that day, I guess. And the next time he rang his bell, and she went in there, he said, "I want to tell you something. You know what you told me this morning about this. See that bank over there? Two men went in there and robbed it. I was watching them. And the

police came, and one of them ran and jumped through this window here. I just got off and hauled off and I knocked the shit out of him. If you don't believe it, look over there on that wall." I mean, what can you do with somebody like that. I mean, they are senile, but they have such a good sense of humor sometimes. Funny things have happened to us. There was one man was real bad about stealing people's teeth. Now if you think that isn't a mess, to find teeth to fit everybody when he walked through the rooms in the middle of the night and sneaked them out of there. They just knew that he had done this. That was his bad habit. So they went in there and said, "Where are the teeth? What did you do with them?" "I didn't get those teeth." "I know you did." "No, I didn't." Just arguing with him back and forth. "Well, the girls have been in here, and they searched this place over," he said. I said, "Yes, I know they have. But where did you put them? Did you throw them out or what did you do with them?" He said, "I didn't do anything with them. I don't need any more teeth. I have got that whole box full under my bed." These things go on all the time. Not all the time, but enough of them happen every day that it keeps people laughing. They are funny. They can do more funny things. It just runs a gamut from one to the other. I don't know how they can work so closely with it all of

the time. I mean, they miss it if they leave, you know.

Jenkins: What do you consider to be some of the major problems that are unique to that business that aren't to others?

Mynier: Can you think of anything that would equal it? Not hospital work, not boarding house. I mean, I don't think there is anything that equals it. I don't think anything can come up to it. Certainly not accounting.

Jenkins: Okay, let's get down here to kind of looking to the future and rounding this out. Your present role in the company is kind of chairman of the board.

Mynier: Yes, I guess you would just call me kind of the chairman of the board. I am not actually doing anything.

Jenkins: But you go down several times a week.

Mynier: That's right. Now this is the first week I have missed. I have had a little bit of business this week.

Jenkins: Do you have any particular plans or visions for the future of these nursing homes? Any different from what is happening in there now?

Mynier: The only thing I can hope to see is a little bit more money paid per patient for the patient care as far as the industry is concerned and a little less government interference.

Jenkins: But you were saying as far as you are concerned personally, you don't want to expand.

Mynier: No, I never have wanted to expand. I mean I never really wanted but the one nursing home. To me that fulfilled all

my ambitions and all my desires.

Jenkins: So you are doing all that...

Mynier: As I said, they requested, they asked me, they had a group that called on me to get me to put that one in at Refugio. And then as my family grew larger I decided to add on to Southpark Manor those other 96 beds. And as far as I am concerned, that is all. My friends, many of them, have gone into it on a big scale, and I have had lots of opportunities to do this to a really big scale. But as far as I am personally concerned, I have a good salary, I make enough money. I don't need to...what can you do with it? You can't take it with you.

Jenkins: Have you pretty well got everything out of this that you wanted to, then?

Mynier: I have gotten everything I wanted to. There are three things we work for.

Jenkins: We were talking about this earlier, not on tape, obviously you have been successful at this. Do you have any way to explain it?

Mynier: No, except that I was looking for something that would give me these three things we work for: status, job satisfaction, money. And I made up my mind a long time ago, because I grew up very, very poor. A lot of times we didn't have anything to eat. Not for a very long length of time. I was always pretty healthy. But I have seen my mother work so

hard, you know, and things like that, and we did not have as much money to spend. So I like to be comfortable as far as money is concerned, but that is all. I have certainly got status and job satisfaction.

Jenkins: What would it require, could someone today with hardly any financial resources except maybe own their own home, could they get into this business starting very small and growing?

Mynier: I don't see any reason why they couldn't. Yes, the industry is over built. A person could start out as I did with a small home.

Jenkins: Could you start in your own home?

Mynier: No, you couldn't; you would have to build a facility. You would have to have the wherewithal somehow to build a facility...

Jenkins: You couldn't...

Mynier: That met the standards, the state standards.

Jenkins: Today you couldn't be everything even to one patient.

Mynier: No.

Jenkins: What would you guess that a person would have to have financially to meet the basic requirements and start off as small as the law would let you?

Mynier: If you had the knowledge and experience and everything like that, you could probably...I just wouldn't have any idea. The thing that I would do if I were going to try to do that would be to find a place that was run down and had a bad

reputation, and then I would try to buy it.

Jenkins: Get into it.

Mynier: Yes, and then change the image of the facility, which I don't think would be hard to do if it had a bad image.

Jenkins: You are semi-retired.

Mynier: Yes, I guess so.

Jenkins: How do you view retirement?

Mynier: Well, I am trying to get used to it.

Jenkins: Do you like it?

Mynier: Not particularly. I mean I don't think I would like it at all. I like it like it is now where I am still in it a little bit, you know. I want to know what is going on. We just finished a four or five day inspection. I guess this is an annual thing, the annual inspection for our license. And I was very interested in that.

Jenkins: You like what you are doing.

Mynier: Yes, I like what I am doing. But if I were completely retired, and the only way I could be was if I sold it, that would be the only way I could be completely out of it. I will be crippling in there no matter how old I am. But if I sold it completely, I don't know what I would do with retirement, how I would feel about it. I am enjoying this semi-retirement. I am active out here in the church. We are trying to get a new church built. I am meeting a lot of new people. It is a different life to what I have lived.

Jenkins: Over these years have you had time to get involved in civic activities?

Mynier: Not too much, no.

Jenkins: What are some of the things?

Mynier: Well, nothing, I don't suppose. I have been on committees and things like that, but it always had to do with health care. Everything I have done has been with health care.

Jenkins: Chamber of Commerce?

Mynier: Yes, not active; I just belonged to it. And things like that. I have not been active in anything except health care.

Jenkins: Now you were saying that you did considerable traveling while you were a member of the State...

Mynier: I am still a member of the State Association. We go on study groups, like I said, to London, to different places. We went to Vancouver, and we did some studying there. We did some pretty intensive studies when we went to London. And different places. We have gone a couple of times to Mexico, and I have done traveling like that where we have had meetings, real meetings, a real study of health care. The only time we ever did that was in London, the English system. We found it very different. They saw state patients, this doctor did, this one doctor we interviewed, every five minutes. I don't know how he did that, but he spent his morning with state patients, and he got through with them

with five minutes apiece. His private pay patients he saw in the afternoon, and he spent anywhere from 30 minutes to an hour with them. So, you see, we didn't like that much. We didn't care in England, but I guess it is working all right for them.

Jenkins: How about Mexico, how different did you see there?

Mynier: They just don't have any. That was more recreation than anything else. That was recreation.

Jenkins: You happened to meet down there.

Mynier: Yes, we happened to meet down there. Happened to meet over at different places, you know: San Francisco and New Orleans for annual get-togethers.

Jenkins: But you have been involved in health care almost entirely.

Mynier: All the time.

Jenkins: Well, church, but no Kiwanis and all that kind of thing.

Mynier: No, nothing like that. A little political.

Jenkins: Have you ever been involved in politics?

Mynier: No, but supporting people for office and working for them.

Jenkins: Have you ever got involved in any side business ventures?

Mynier: No.

Jenkins: That has been the whole ball of wax.

Mynier: Yes, until I retired. Well, I have done some investing.

Jenkins: But no active involvement?

Mynier: No, no active involvement or anything.

Jenkins: Not had any ranches or anything.

Mynier: No.

Jenkins: What about hobbies? Have you had any?

Mynier: None, just my family.

Jenkins: But no golf or anything like that.

Mynier: No. I play bridge.
Not lately, but I used to before I moved out here.

Jenkins: Now you worked for other people up until you were about 50 you said.

Mynier: Almost, between 45 and 50.

Jenkins: Why did you decide to work for yourself?

Mynier: Really during the time we had the dealership, which is a long time...

Jenkins: That's right, you were...

Mynier: We were automobile dealers, my husband and I. So I really worked for myself there.

Jenkins: Most of your life, I guess.

Mynier: Yes. This other was only about 8 years of my life that I spent working for someone else. That was in accounting.

Jenkins: What is it that you like about working for yourself?

Mynier: I work about the same way, except I didn't particularly care for the automobile business. That was just a job. I just had to remember that I was working for myself, because, you know, to me it was just a job. But this was a vocation, this was really something else. It was more than a job. This was something you...

Jenkins: When it came to decision making, did you seek much help, did you have much help, did you take much help, or did the decision making burden pretty well fall on you?

Mynier: Decision making burden followed me. It surely did. I conferred with people that I felt like could give me good advice, and then I would sift it all down, sift it all out and make my own decisions.

Jenkins: Is this a very stressful type business?

Mynier: Yes, it sure is. Very stressful.

Jenkins: What are the major stresses?

Mynier: Well, you worry about the patients even after you go home. You worry if they have fallen, if they have hurt themselves, if they are sick, if they have died. You feel guilty if you know they are critical down there. You would like to be down there and meet the family, and you know you don't have any business down there. You have got to sleep. I had very little recreation during those years. Oh, fishing and things like that, you know; just get out and go fishing and play a little bridge or something like that. Then going to Austin was always a pleasure. I mean we mixed business with pleasure usually. We talked about nursing homes while we partied at different places.

Jenkins: So your life was pretty much nursing homes?

Mynier: Yes.

Jenkins: And still is.

Mynier: I have a hard time divorcing myself from it. I am trying to divorce now. It is a little hard. It is much harder than getting a divorce from my husband. I have been more married to this than I ever was to him.

Jenkins: I am down to that point where I say I have covered all the things on my outline and a lot more, but before we close, this is your interview, and we want to be sure that if there is something that I should have asked you and I didn't, if there is anything that you want to add, now is the time.

Mynier: You have been pretty thorough in that. I don't think so.

Jenkins: You were kind of contemplating how you almost felt a calling to this and that a lot of things did fall into place.

Mynier: Well, I still don't understand how I did it all. I don't know how I managed to get all the necessary data together to get money and how I got it in the right places on the application. I was able to meet with these people, and I had all these, supposedly all these, strikes against me being a woman divorced and going on 50 years old and wanting the money for a one-purpose building. It couldn't be used for something else; you couldn't use it for anything except that. And the difficulty. I never got a loan, ever got a loan, except from the bank. All the other loans that I have gotten they always pointed out, "Well, you are a woman, and you are this age, and you are divorced, you don't

have a husband." And these were supposed to be three strikes against me. All they did was just say it, they didn't act on it. And when I see all these women worrying about being discriminated against or something in any way, I never felt any discrimination at all. I think that they went overboard probably. I got the money when maybe a man couldn't, because I had an idea, and they knew it was a good one. And I was able to convince them it was. I don't know how I was able to do that. I was just on a roll or something. Something inspired me. I don't know to this day what it was. It could have been the Good Lord. I think He led me along the way there. Somebody led my by the hand, because I didn't do it by myself.

Jenkins: So as tough as it has been, things just kind of fell into your lap.

Mynier: Just fell into it, yes.

Jenkins: Through the Association, do you get financial reports which talk about the averages of things in the industry so you can compare how you do with them?

Mynier: Yes.

Jenkins: How do you...

Mynier: I come out with them. Everybody comes out just about the same really, depending on their debt service or something like that. But we all come out about the same.

Jenkins: But because you have little debt you probably wind up

with more left over.

Mynier: Yes, I do. I mean I wind up with considerable more money than most of them do. But I didn't to start with, because I had debt service, too. But I didn't go overboard on my debt service; I kept my construction down to a minimum requirements, and they all met state requirements and still do.

Jenkins: From the time you started did you always have profitable years?

Mynier: I have never had an unprofitable year. Never. Never had an unprofitable year.

Jenkins: Pretty steady growth?

Mynier: I have had a steady growth.

Jenkins: Did you level off at some point?

Mynier: Well, it has leveled off now.

Jenkins: But you are full.

Mynier: Yes. I mean when you get full it levels off, depending on the economy and things like that. The payment plan doesn't quite keep up with the economy, I mean the cost of things, by any means. Well, you just take for instance 50¢ an hour. I think maybe that has caught up with, I mean I think that is all right. But the percentage of profit isn't as great as it used to be. It really isn't.

Jenkins: You probably have got a lot more skilled people than you had at one time.

Mynier: Yes, that's right. It takes a lot more employees.

Jenkins: Paperwork.

Mynier: And more paperwork, and that takes more employees than is necessary.

Jenkins: Okay, anything else you want to explore?

Mynier: No, except that I am very honored that you wanted to do this.

Jenkins: Thank you very much. It is good to have a pioneer, always.

Mynier: It has been a pleasure.

Jenkins: Thanks very much.

Mynier: And I hope that in some of this in your teaching can inspire other people to get out there and feel the same way about nursing homes as I do.

Jenkins: That is one of the reasons that we do this, hoping that people will follow.

Mynier: Because if they get into it, they will never want to get out of it.

Jenkins: Great. And certainly we hope that people in the nursing home school will use some of it.

Mynier: I think they do.

Jenkins: Okay, thanks again.