

RG: Okay! So, I am with, Sandy McCaffrey. We're at the Department of Sanitation. It is March 21st, probably around 12:30 (2:30), and, if you want to just tell me...just say your name and tell me where you grew up and maybe a little bit about your childhood.

SM: My name is Sandy McCaffrey. I grew up in a very small coal-mining town called Plymouth, Pennsylvania.

RG: Wow.

SM: It was a very interesting place. There were about 2,000 people in the town where I grew up, basically Polish and Czechoslovakian people. It was a wonderful place to grow up. My mother had a very large family. 13 brothers and sisters. So, that part of my childhood was a wonderful, wonderful experience.

RG: Hmm.

SM: I came to New York when I was 17, on a Greyhound bus with 20 dollars and I have remained since.

RG: Wow, wow. Were your parents coal miners or...?

SM: My Grandfather.

SM: I had a wonderful guidance counselor in high school. Absolutely wonderful and my main escape when I was growing up was reading. I spent an enormous amount of time in the library. I loved reading because it took me to faraway places and taught me things that I absolutely knew nothing about. I had a wonderful experience with a librarian in that library, who kind of steered me in the right direction to books that she thought would be helpful to me, to my growing, to my learning. My guidance counselor was a wonderful man. When I was a sophomore in high school, he sat me down and said I think you're a very smart young woman. You've got a lot going for you and I think you deserve an education. And I promptly said, Mr. Thomas there is no money in my family to educate me. I will probably end up in a factory like my mother. And he said, No you will not because I am going to speak to your mother's brothers. Which he did.

RG: Wow.

SM: My mother's brothers gave me a deal. They were beginning in their careers at that point in time. They were all educated on my grandfather's salary as a coal miner.

RG: Wow.

SM: And what was interesting when I was a child is, my grandfather was paid in silver dollars.

RG: Oh my gosh.

SM: And those silver dollars were all put away. They lived meagerly. They raised their own chickens and pigs and cows, and my mother's brothers were wonderful hunters.

RG: mmm.

SM: They ate in the wintertime what my uncles brought home. My grandmother was always in the kitchen cooking. And, they saved their money. And three of my mother's brothers became physicians...

RG: Wow

SM: Three attorneys, two nurses, an ex-ray technician. The older girls, of which my mother was one, had to work to pay for the others' education, so my mother was never educated. But my mother was a fabulous seamstress. She could make anything.

RG: Wow

SM: She worked in the factory all her life. My mother's brothers gave me a deal and said we will educate you. We will pay for everything. If you do well in school you will not owe us a penny. But if you do not do well, you will pay us every penny back that we gave you. So I packed up my little meager belongings and came to New York, to King's County Hospital which is where I was educated. And at that time, King's County was considered the best nursing school in the country. I had an absolutely fabulous experience there in my career. It gave me a very good head start. I never forgot any of my instructors. They taught me well and instilled one very important fact in my career as a nurse. On my graduation day, my nurse surgical instructor said to me, I want you to remember one thing, and you will always be a wonderful nurse. Do not treat anyone any different than you yourself would want to be treated. And I never forgot that.

RG: Yeah, it's good advice.

SM: I graduated at the top of my class. My mother's brothers were very proud. They came to New York and had a wonderful party for me at a French restaurant on Flatbush Avenue called Michelle's, which was a fancy-schmancy restaurant at that point in time. Invited my whole class and it was a wonderful, wonderful gift to me and a start in my wonderful career.

I remained at King's County for many years. I became the head nurse there on the trauma unit. From there, from a physician I met in that unit, went to the very

first kidney transplant unit, to Downstate Hospital when Downstate Hospital first opened. And I chose two other nurses from my graduating class to come to that unit with me and remained there until I got married and moved over on other side...way over on the other side of Brooklyn and it became no longer convenient for me to remain there.

RG: What year was that?

SM: My God, I graduated from nursing school in 1965. A very long time ago. It's hard for me to believe that, but remained there until I got married in 1968. I remained at Downstate until then and moved over to the other side of Brooklyn, worked in some private hospitals which were absolutely atrocious, compared to the care that I was used to as a nurse.

RG: Really?

SM: I remember working in a small private hospital. A lot of the private hospitals in Brooklyn at that point were privately owned by physicians themselves.

RG: Oh wow I had no idea.

SM: They were interested in one thing and that was making money. The care was very, very bad. The doctors were treated like they were gods. They gave their patients very poor care. And I remember after having worked there for about a year, I walked into the Director of Nurses office and said, I cannot do this. Your care here is very poor. This is...you'll excuse me for saying this but it is just not up to my par as a nurse. And I cannot be a part of this anymore. And she looked at me and said, I understand where you're coming from. I will give you a beautiful letter of recommendation. And off I went.

RG: Good for you.

SM: I went to Coney Island Hospital where they had one position available for a nurse. And since at that point I was a senior nurse, she said, we have one position open and that's on obstetrics and that's it and I said, I'll take it. I need a job.

RG: Was that a...that was a public hospital?

SM: Coney Island is a city-run hospital. So I went there. And I remained there for...I think I was at Coney Island for about eleven years. And moved in positions, didn't remain on OB. I was the senior staff nurse there because I had experience so, it was kinda different for me. I wasn't used to that. I was more of an orthopedic trauma nurse. OB was nice. It was a lovely unit. It was a happy unit.

RG: Right.

SM: It just wasn't maybe exciting enough for me?

RG: laughs.

SM: Quality assurance in hospitals first began. And I knew an incoming nurse from King's County and she called me and said, I'm...I...we're going to begin a quality assurance unit in Coney Island and I would like you to work with me in establishing that unit. I established that unit with her. Again, kinda boring for me.

RG: Uh-huh.

SM: Nothing, no action going on. It was just a lot of paperwork. A lot of chasing doctors down.

RG: Statistics...

SM: Statistics...basically not a good enough spot for me. Then I had a laminectomy. I had two disks removed from my back.

RG: Oh, my gosh.

SM: My kids were small. And I had to have the surgery done and realized that it would be very difficult for me to go back in the hospital again at that point. So, I said ok, what do I do now?

Three doctors, one from Canada, were opening up an obstetrical practice on King's Highway in Brooklyn. And they were making this the Brooklyn Women's Pavilion. It still exists today.

RG: Uh-huh.

SM: They were looking for a nurse to start their practice with them. A friend of mine who was a physician called me and said, I know you're going to be looking to go back to work soon. I know you. And I got these three friends of mine and one guy's coming from Canada, and they want to make this Brooklyn Women's Pavilion and I thought of you right away.

RG: Wow, that's nice.

SM: They would like to meet you. Are you interested? I said, well, that's a good jump back for me while I'm still recovering so...They called me and said we'd like to meet you for lunch. There will be five of us. As a matter of fact, one of them was Beverly Sills, the opera singer's brother.

RG: Oh!

SM: He was an absolutely wonderful doctor. I just loved him. Anyway, off I went to this lunch with the five doctors. And they were all very nice. Seemed to be that their heads were in the right place about what they wanted to do with this practice and so I said OK, I agreed that I would help them open and build this practice. And that was on King's Highway in Brooklyn on East 14th Street which was great for me because it was a five-minute bus ride from my house. My kids were small so I wanted to be someplace that was close to home. So it worked out great for me. I remained with them for three years. It became a thriving practice. I started an educational promotion for mothers. I gave Lamaze classes. We had an upper floor that they filled with skylights. It was a wonderful area to work. And had breastfeeding classes. Had Mommy Daddy classes. That's before CD's and everything else, so we had to make tapes and I did a lot of videos there for mothers. Had an educational library. And did a lot of fun things.

RG: That sounds amazing.

SM: Again, got very boring for me. It just wasn't the kind of action I was used to. I said, no I gotta make a move here, I gotta do something different. I saw an ad for the Sanitation department in the paper. In the New York Times. And I said, hmm, that looks interesting. That looks very interesting. I came here for an interview and was hired as a nurse in the clinic.

RG: When was that?

SM: I'm here since 1985.

RG: Oh wow. OK.

SM: You know what, I looked around, and I said I think I can I move around a lot here. I can move around here and I can do something very new. I worked in the clinic for about two months. And the director here was a man by the name of Anthony Citta. Really, really lovely man. Very fatherly-like gentleman. He came from NYU. And about two months after I was here he called me upstairs to his office and said, look I've been watching you downstairs and I think you're a total waste. We need to do something very different here. I don't know quite what it is, but I'm going to have you work directly for me. I'm giving you six months to look around and you tell us what we need to do to change the way we function.

RG: Wow. What was the clinic like then?

SM: The clinic had no programs. There was no engagement on a very personal level with the sanitation workers. There was no engagement outside. There was no connection with the safety division, which we needed to be connected with. There was no connection with the districts, our sanitation districts outside. There was no outreach. There was no education. There were no special programs here for sanitation workers. So I started going out in the field an awful lot.

RG: So what was the function of the clinic?

SM: The function of the clinic was to basically control the numbers...the sick leave numbers as to how many sanitation workers were out sick and return them to work if they were fit.

RG: Ah, ok.

SM: That is still the main function of the clinic. We are responsible for controlling the numbers because, as you know, sanitation workers have unlimited sick leave. If you don't rein that unlimited sick leave in, you'll have nobody out there working.

RG: Exactly.

SM: It becomes a big problem. However, there is a distinct difference in the sanitation workers that don't come to work just because they're abusing the system(phone rings) and those san workers that are really, really ill.

RG: Uh-huh.

SM: Ok, so. That is really kinda where I came in. There became a direct connection with the safety division, number one. Who was watching the statistics on the accidents? Nobody was watching that. What was our highest rate of injury here? What was the second rated injury, the third, the fourth...whatever? And what were we doing to stop that? Trying to...my idea was to try to move the sanitation department into a risk-management area, and to try to teach sanitation workers about their anatomic ability versus learning...their ergonomic ability was learning how their bodies worked to do their jobs. We had areas like the landfill, areas like the marine transit stations which are our most dangerous areas by far.

RG: Why are they so dangerous?

SM: They are very dangerous because sanitation workers do their job while walking along narrow...very, very narrow walkways, and if you veer off that walkway you're in the water. They also have to get into the barges to sound the barges. Sounding means to make sure there are no leaks, make sure there's no water entering the barges anywhere because we're transporting tons and tons and tons of garbage across waterways. We want to make sure there are no holes so water can't get in. We want to make sure there are no holes so garbage can't get out, although we do have sea witches that troll the waterways to make sure that if there's any debris in the water, the sea witches pick the debris up with the big mesh rudders that they have.

RG: Oh wow.

SM: We have to be very careful about that. I became very interested in our safety here. The safety division at that point in time, their main function was to go out and investigate the accidents that we had. So now we need to take that to the next level. We need to start watching why these accidents happen. How many of them are repetitive? How many repetitive motion injuries do we have here because do...are we seeing a lot of knee injuries, low back injuries? Are we seeing a lot of carpal tunnel syndrome from repetitive wrist motion, which we see? So I geared more in...the ergonomic aspects of their job.

RG: Uh-huh

SM: At that point in time there was a change in the chiefs in the Safety Division and the new chief that moved in was very interested in what I was trying to do. So, I spent a lot of time...outside of my office. In the landfill, what was going on out here.

We had an asbestos burial ground out there. A huge asbestos burial ground that was not cordoned off at all. It wasn't even marked. This is an asbestos burial ground and I found out from a conversation with one of the Sanitation Workers who worked out in the landfill, no I'm sorry, it was, I think, a tractor operator, that the kids were sneaking in through a hole in the fence at night and playing there.

RG: Oh my gosh.

SM: And I immediately geared in on that and said, listen, you don't have this demarcated. This is going to have to be marked every so many feet. Every so many feet you're going to have to mark that this is an asbestos burial ground. There needs to be a new fence installed.

I became very involved in the safety aspects of what we were doing. What was going on out there? The tractor operators...There were a lot of people out on foot in the landfill doing different things. They're not wearing safety vests. How do you see where they are? You're moving massive equipment out there and yet you don't see people that are on the ground because those people that are driving that massive equipment are up very high. They don't see the man that's lower than their view on the vehicle, so, we started putting, you know, vests on all of them which huge illuminators on them so that they could be seen. And they were told when the big equipment is moving you need stay off the roadways. There were a lot of safety things put into place.

We have places like the charging floors in the incinerators. And when I first went to the incinerators, the Sanitation Workers, the people that worked there would go into the incinerator at the end of the shift, and the stuff that accumulated on the walls after a burn in the incinerator was called fly-ash. And they would just go in there and they were in there banging this stuff off, and I said, what the hell is that?

RG: Oh my gosh. Were they wearing masks?

SM: No. Nothing. Some of them would have kerchiefs tied around their faces and I started poking around a lot in the incinerators and said my God, what on earth are you doing? Has anybody ever tested the fly-ash to see what's in it? Out of that came us testing the fly-ash. Finding out that there were huge levels of lead in the fly ash.

RG: Oh my gosh.

SM: And as a result of that, I began a lead testing program. Out of that came the fact that we discovered that a lot of people that were working the incinerator areas... Because we have such a huge Italian populous still at that time. We found a lot of thalasseemics, which is a blood dyscrasia that is very common to Mediterranean people. And the other name for thalasseemia is Cooley's Anemia. So we found a lot of thalasseemics, and thalasseemics naturally retain lead in their bodies. Now they were in there banging off the fly-ash, eating lead. And what happens as a result of that is...as a result of this lead testing program they had to come in once a year and get their blood tested for lead. If the levels were outside permissible limits, they were moved out of the incinerator, until their lead limits returned to normal and their lead levels, if they were beyond a certain point, were reported to the state department of health, to PSHA, to OSHA, and the powers that be. So, OSHA became more involved here.

RG: I was going to ask about that.

SM: PSHA became more involved here. The state Labor Department became more involved here. A part of my job was to work very hard to keep us out of violation, and by putting those programs into place, that's exactly what we did, because if they just came in...ever came here arbitrarily poking around, it would've been a huge problem.

RG: It would have been a disaster.

SM: And looking around at those things that I saw...and I had an intense interest in the operation, not just in my medical part. In their performance, in their education. But I became intensely interested. Most people see sanitation workers on the street. They put their garbage out in the morning. They come home and it's gone.

RG: It's like magic.

SM: And that's what you think of the Sanitation Department. It's...it is a huge and vast and very prolific industry. This operation is intensely interesting. And I always say the best part about my job here was that there wasn't a day that went by that I didn't learn something new.

Out of those programs came other areas that I began to look at. We had people that work in certain areas where sanitation workers, again...involves the MTS stations, where we have three trucks at a time offloading, dumping into barges.

That area is extremely noisy. There is a gate at the end of each pen that the truck pulls into before it dumps. That area is extremely noisy. No audiometric testing program here. What were the noise levels now in given areas? I started to look at that area. I started to look at the blacksmiths, the welder's areas where there was a lot of noise. The auto mechanics area, a lot of noise, going on in those areas. You can't imagine the noise in the blacksmith's area. We have the largest audiometric program in the city of New York.

RG: So what are the blacksmiths doing? They're...?

SM: The blacksmiths...they perform many functions. They make metal, they bend metal. They make parts for the auto mechanics to use.

RG: Oh wow, it's like a whole...

SM: It's a whole industry.

RG: Yeah.

SM: It is a vast industry here. We have people of so many different titles here. We don't just have Sanitation Workers. We...we have chemical engineers. We have landfill engineers. We have all different kinds of people. Some of the most interesting people I've met in my life, I have met here. Learning about their function and what they do and how special that they really, really are...about what they do, and how devoted they are as to what they do.

RG: Wow

SM: We used to do it here, where OSHA would literally come to a location. They would test. If the noise decibel levels were off the chart, they would have to control the noise. And bring it down by putting measures into place that would control that. We never had a...the lead testing program.

RG: Uh-huh.

SM: Included our plumbers and painters in that. Because the plumbers were going into old areas to work where there were still asbestos pipe liners and we included them in the program.

We started an asbestos testing program. We thought about the auto mechanics. At that point we still had asbestos brake liners. Oh my God, who's testing them? They're sucking asbestos in every day. So once a year, I would bring them in. And we would do a chest x-ray. There's no other test to do. And basically a baseline chest x-ray to get it on record for them so that down the road if they develop mesothelioma, they would have a baseline on record, and that new prolific x-ray would be very helpful if they had a baseline in their record. So we started to do that.

Included the painters in the lead testing program, because at that point in time paint still had lead in it. So we included them in the lead testing program.

We have all kinds of people who do very special things here. We have graffiti cleaners who go out on trucks every day and use various types of graffiti cleaners. I'm just getting ready now to schedule that graffiti team to come in for a respirator fitness exam. Because years ago, we found out that there were many of our people here who entered confined spaces to do their work. What was in there? Nobody knew what was in the confined space. So, how are you sending people in there? You don't even know what's in there.

Out of that came a confined space program out of which I then established a respirator fitness program for the Department of Sanitation. And once a year, there are many groups of people that are brought in for a very large respirator fitness exam.

RG: Wow.

SM: You can't slap respirators on people if they have any kind of a blood dyscrasia, if they have a cardiac problem, if they have a breathing problem, because by putting a respirator on them you compromise them.

RG: You're limiting...oxygen to them?

SM: Absolutely.

RG: Yeah. Uh-huh.

SM: There are different types of respirators that are suitable for different jobs that are done here. Once they have the fitness exam their tests all come back to me. I check them all and either clear them or don't clear them. If they're cleared, they then go to a safety officer out at our CRS facility where they are fit-tested for the proper respirator that they need to do their jobs.

So many programs that were not here at all, have been established since I came.

RG: So it's a...you've been involved in a huge public health operation.

SM: Huge.

RG: Yeah.

SM: I have a very, very deep connection with OSHA here, with Sylvia Price who runs OSHA in New York. She is a dear, dear friend and if I have questions I also deal with the Department of Health a lot. The CDC in Atlanta, Georgia. Because I am the nurse here that handles all of the rare cases.

RG: Wow

SM: I pay very, very special attention to our cancer cases.

RG: Uh-huh.

SM: Those sanitation workers who have a very special problem. Those sanitation workers that have serious injuries. I have one now that I'm very concerned about. Just kind of put me in a bit of a dither this morning. We have a young sanitation worker struck by a car on the 19th of March.

RG: Oh.

SM: And the car threw him backward about 40 feet.

RG: Oh my gosh.

SM: And he has a severe head injury. He's been in surgery twice and is now in a medically induced coma.

SM: I'm very concerned about him. He's not married. His parents are elderly and I'm very concerned about them. So, I've made several phone calls this morning with regard to him and they know that our operations here in the safety division know that as soon as they hear something they will call me and let me know how he is. And they go to the hospital to visit him after things calm down a little bit. But I basically am the person here who deals with all the infectious diseases.

I probably, and I like to say this, and I say it with all sincerity, have the best job in the Sanitation Department. I look at my job as the best job here because I get to know Sanitation workers, officers, on a very personal level. This is an office where they can come and if they want to throw their hat 50 times into the air and scream, they can do that and what they say to me does not go outside of the door.

RG: Uh-huh.

SM: So, they come in here and bare their souls.

RG: How did you get to have that role?

SM: I think just by reaching out to them. By being there. By walking through the clinic during the morning and seeing the sanitation worker who kind of looks downtrodden to me and...and put my hand on his shoulder and say hey how you doing? What's your name? And he'll look up at me and say, "I'm not so good."

"Why don't you come to my office when you're done down here."

And I think that was the beginning of that. And I think...and by word of mouth, one sanitation worker tells the other sanitation worker, "You should go talk to this lady."

My function is different than EAU.

RG: What is EAU?

SM: EAU is our Employees Assistance Unit.

RG: OK.

SM: They handle drug alcohol gambling and other personal issue problems. But then again, there are cases that EAU and I work synergistically on because Martin, who is the director of that unit, might feel that my intervention is necessary from a medical point of view to deal with that part of the problem, and he comes in and deals with the other problem. So we work very well together and have a wonderful relationship. And work on a lot of cases together.

If a sanitation worker is struggling with an injury, struggling with an illness, the clinic will usually send them up here to me. The physicians will send them up here to me. Uh, "Go up and talk to Sandy, she'll help you"

Mostly people when they need a doctor don't know where they're going.

RG: Uh-huh.

SM: A friend may tell them...especially if they get to the point where they need surgery. If they need surgery and it's an orthopedic injury, look, there are plenty of bad doctors out there who can really screw you up.

RG: Yeah, yeah.

SM: I'm the one who keeps them away from the bad doctors. I will basically sit them down in here and say. That doctor that you're using out there. I'm not trying to badmouth them but I think we can go a step beyond and find you something better. Depending on what kind of insurance they have, I will make many phone calls. I have a very, very strong connection with NYU, with the Hospital for Bone and Joint Disease. I am extremely friendly with many physicians there, many of the orthopedic surgeons there. And call up and in the drop of a hat, get the san worker in there.

If I feel that a san worker is being not treated well by a physician. If I see him out sick all the time with the same problem, and somebody has referred his medical record to me and says, "Hey, something's up with this guy, you need to look at him ." Because many cases are referred to me on a daily basis. Look at this case, and I will look at it and say...sit the San worker down and say, "Listen, you've been going this same doctor over and over and over again with the very same problem. Now, is this a real problem or is just something you use as an excuse all the time. Because you need to be up front with me now, ok?" And sometimes they'll say, "No, it really is a problem and it keeps happening over and over and over again, and I don't know what to do about it." "But you've been going to the doctor for eight months with this, what has he done for you?" And I will pick up the telephone, and say, "Dear Doctor, how are you? This is Sandy McCaffrey, the nurse in the Medical Director's office at the Sanitation Department. I have your patient in my office. He's been coming to you for eight months for this problem. I'm curious, have his complaints always been the

same with you? Do you think that he's just using this as an excuse? Do you think the problem is real and if so why haven't you referred him on to where he needed to go to be treated?"

And if I see a San worker being mistreated in any way by a physician, I'm going to make a phone call.

RG: You must make a lot of phone calls.

SM: I will call them up and say...Dear Doctor, what on earth are you doing with this patient? Ah, so I get to know a lot of doctors on the outside also. If I get San worker that's being abusive to the system and he goes to the same doctor all the time. And you know what? A doctor knows what you tell him when you sit down in front of him. That's all.

RG: That's all.

SM: So the guy goes in, he said, "Hey doc, I had the flu but I feel better now and I want to go back to work but I need a note for work."

And this guy's going out all the time. All the time. In and out and in and out and in and out. I'm going to call this doctor and say, "Dear Doctor, do you know that sanitation workers have unlimited sick leave? You have fostered this sanitation worker's ability to go sick twice every month."

RG: So they don't go here to get...to get the note to come back to work.

SM: No, they do not.

RG: They go to their own doctor.

SM: Their own doctor. The clinic here exists for one reason. The physicians here exist for one reason. That is to decide whether or not a sanitation worker is fit to work. We do not diagnose. We don't treat. We provide no medication. We review their doctor's notes by looking at or evaluating them first to make the decision as to whether or not they're able to work. That is the doctor's function downstairs.

They are expected to bring a note from their own physician. So they will go and abuse the same doctor over and over and over again and then the doctor will do the same thing he does for everybody else. Give them a note. He doesn't realize that he's seen that San worker three times in a month. So, I will alert the doctor to that fact and say, "You know what? I just want to let you know that he's using you. You justify his ability to use this many days a month", and they will usually say, "Really, I didn't know that. I didn't know that they had unlimited sick leave. I was not aware of that. I will be very cognizant of that now. I will make a note to myself."

So now the San worker basically...says, "Wuh-oh." Because the next time he goes to this doctor's office, this doctor's going to say, "Hey what are you doing? You're back here again? He's going to be more cognizant of when he saw the man last.

So, my functions are very different. Go in many, many, many different directions. Uh, I am the person in the medical division that does all of the medical and legal writing here.

RG: How much of each day is taken out by...?

SM: It depends, I could come in the morning and say, I'm gonna do this...I gotta get this done today. And if something happens out there, or something comes in upstairs, or something comes from the commissioner's office that needs my attention, I have to drop what I'm doing and do that. My phone calls are mostly made at the end of the day. I know the sanitation workers are primarily home at dinnertime. So my phone calls are reserved for day's end. When I know I will get them home and I have more time to speak to them. I'm here late every day.

I come in early and basically late most days. I don't take lunch. I work through my lunch hour. I can't remember when the last time I...I might step out at three o'clock for a cup of tea or something, but that's about it. But it's because I have things to do and it's because people rely on me to help them. And if this man is waiting for me to call him I'm going to make sure that I call him.

I never don't answer a phone call. If it's a sanitation worker, it's answered the same day. If I have to stay late here to do it or if I have to take his number home with me, I will take it home with me and call him from my home in the evening, but I make sure if it's a sanitation worker and he's calling me because he needs help with something, I'm going to make sure that he hears from me the same day.

I work very hard at that and I work very hard at not letting them down, knowing that...letting them know that I'm here for them. The clinic is not...the clinic per se is not so much seen as a caring place. It isn't. I'm the first one to admit that. I am down in that area for business reasons only. I think one of the problems that I see is that there's kind of a pervasive attitude here, which I have tried to change. That says that every man who steps through the door down there is a bad guy because he's out sick.

My attitude about them is very different. To me, once a sanitation worker steps through the door downstairs, he is no longer a sanitation worker. He is a man that's here by and large, because he needs help with something.

RG: Uh-huh.

SM: And you need to pay attention to him. It's when you don't pay attention. It's when you ignore. I have a pet peeve with the doctors downstairs and I will often go in and say to a new doctor, and we have two new doctors down there now, that are only here for a couple of months. And I will say...I will go down and introduce myself and say, "Dear Doctor, there is one thing that I will ask of you. Only one thing. Only one. Please remember this one thing that I'm asking you. When the sanitation worker comes into your room, please, lift your head off the desk. Look at him."

RG: Uh-huh.

SM: Look at him. Don't just keep your head down and look at the chart and keep writing while he's talking to you. Look at him. Introduce yourself.

RG: How do they respond to that?

SM: Introduce yourself. Good morning, I'm Doctor Doolittle, please sit down.

Is that so hard? You should not treat these sanitation workers any different than you would treat a patient who comes to your private office and if you cannot do that, then you're making a big mistake. That is my pet peeve here.

RG: Do you know...is it because of the sick leave policy that they treat the sanitation workers that way? Or is it? What do you think...Is it just the general attitude? What causes it?

SM: You know, I think the attitude has been here for many years. For many, many, many years. Look, we have a small...I can hold them in my hand...we have a small handful of sanitation workers who are abusive of the system. They know how to play the game and they play very well. They know their way around the system. It's not a difficult system. It shocks me that more of them haven't figured it out. But that is a very small handful. The others...we have them placed in three categories.

Category A, the good guys who rarely go out. Category B, the guys who go out every now and then, and Category C, which I think is a huge mistake, because in Category C are the men that are most abusive of the system, but also those that are in that category C because they're very, very sick.

RG: Because...Because the job is so dangerous and things happen, do you have all of these...issues that you were talking about before...there must be people in category C who...who have gotten there because of injuries on the job, or I mean is that something you see?

SM: Some are in Category C because of....No. If it's a job related injury, it's not counted against them. So they never end up in Category C. All the while they're out for that injury, they remain in whatever category they were prior to the injury. It's those who become grossly ill. The guy that develops cancer. A guy who's a hemophiliac who's been on Factor 3 and all of a sudden, the Factor 3's not working anymore. A guy who develops Lymphoma. A guy who develops a brain tumor. A guy who has an injury off the job. Who's in a bad motorcycle accident, a bad car accident. Those are the guys that end up in Category C because they're legitimately sick. But you couple those with the bad guys in Category C, so...I mean, you know, I've asked them a million times to split category C, make it C1 and C2 or make a new category D. Put all the bad guys in category D, and leave the sick guys in category C.

But you know, on these kind of things, the Union always enters the picture.

RG: Uh-huh.

SM: The Union enters the picture on everything and every single piece of legislation that's put into place here. So, sometimes it becomes very difficult. But I have a very close relationship with the sanitation workers' Union. I have very

RG: I would imagine that.

SM: high regard for all of them. Very high regard. And I speak to them every day, about one problem or another. If they have a san worker that comes to them with a problem that they feel needs my attention, they will refer the sanitation worker to me. So, I have referrals coming from everywhere, from out in the field, from down in the clinic, from the union, from the people upstairs. I am the person here that also sees the civilians that are sick. Civilians that become ill here have a different set of rules. They are not seen by the clinic physicians. They are...

RG: Do they have unlimited sick leave too?

SM: No, they do not. They get 12 sick days a year. If there is a problem. And there is a problem with a lady upstairs right now. What do we need to do? What's their problem, on their personal level is discussed with me, is never revealed to the person who referred her, but I will just say, OK, I am referring her to this person, because I feel it is the proper area to refer her to. She needs to get some help. She's probably going to need to have an extension of her sick leave. And that's in the process now. I just got an email about it this morning.

So, or trade titles. Trade title people, when they become very sick are seen by me.

RG: What is the trade title?

SM: Trade title people are electricians, blacksmiths, welders, auto mechanics, plumbers. You know, all those titles. Those are our trade title people. Some of them have 90-day sick leave grant a year, but most have 12. Okay, so they become ill, they can be referred from any area. From their work area, from...if they report to a BME or a BBM, or all those different areas. Or BWD, which is the Bureau of Waste Disposal.

My referrals come from everywhere.

RG: Uh-huh.

SM: From different problems that arise that somebody feels, you know, a need for my intervention for one reason or the other.

The writing encompasses enormous amounts of my time. You know, I do all of the no-fault cases here. A San Worker, if he's injured and the truck is involved, that becomes...it goes into a no-fault status case. So I have to figure out the amount of time that they lost, that they were not able to perform their regular duty as a result of the incident, and then the lawyers figure out how much they're gonna be paid.

RG: So you know a lot about what actually goes on in the street, then?

SM: Very much so.

RG: Yeah, yeah.

SM: I'm very astute to that. Very astute to that. I look at our cancer cases very carefully. I want to make sure that we were not having any clusters forming anywhere. Make sure...yeah, sure we have, we don't have any more cancer here than the private populous does, but I want to make sure that if I have three guys somewhere along the road up in Bronx 7, that three of them don't have alike cancers, so I'm very astute to all of those cases.

If there is an active TB case...

RG: Mmmm.

SM: ...here, I will go to the district and give a lecture at roll call in the morning to discuss tuberculosis, what it is, how it's transmitted and if I feel it necessary get the Department of Health in here to (Man 2) test everybody.

RG: Uh-huh.

SM: If there is a case of Hepatitis, Meningitis, whatever it is. Anything that has potential for transmission, I'm the one that is notified. And I am the one that will call the physician, call the hospital, work with infectious diseases in the hospital, figure out what's going on, how this happened.

The ironic thing and the most interesting thing about sanitation workers is that, because of what they do every day, their immune system actually functions better than yours and mine.

RG: That's really interesting.

SM: It's very interesting. Because they're exposed to low levels of so many different types of bacteria on a daily basis, their immune system has to wake up every day. So their immune system wakes up and says, "Okay guys, we gotta get the boxing gloves on. There's a new bacteria on the picture here and we gotta fight." So their immune system wakes up every day to this new bacteria. So...and I always say to them when I see a guy that's going out sick all the time, I always tell them that. And say, "How is it then you're so sick all the time? I'm here every day and your immune system is better than mine. So, knock it off basically."

RG: (laughs)

SM: The jig is up, I know what you're doing, so stop.

RG: Uh-huh.

SM: Very important also to say that, there are no like illnesses here. Yeah, every now and then I see a Hepatitis A, a case of Hepatitis A, but the biggest transmitter of Hepatitis A is raw seafood. Transmitted by blood, body fluids, raw seafood, so, if we get a guy that's eating a lot of sushi, or he's eating a lot of raw clams or oysters then he may pop up with Hepatitis A along the way.

Hep B is the one that I watch out for the most. The most common form of Hepatitis. And we have to worry about that because San workers are exposed to blood borne pathogens when they get punctured with a needle.

RG: Uh-huh.

SM: They never leave the clinic without being seen by me, ever. I see every single San worker that is stuck with a needle. I am the one that keeps all the statistics on needle punctures. I watch them for one full year after they're punctured to make sure that they're not developing an illness that has any relationship. I make sure that they're immunized against tetanus toxoid and that they get their three doses of Hep B vaccine, which is very important.

RG: How frequent is the...is getting punctured?

SM: We average about 22 to 24 needle punctures a year...

RG: Oh that's not...

SM: ...which in this vast workforce is a very low number. They don't occur during any given time of the year. You would think you'd see more in the Spring/Summer. We don't see that. They don't occur in any given area more frequently than another. They occur across the board.

Most of our punctures, by the way, occur from diabetic in-home needle users who indiscriminately discard their needles even though we educate them how to do it probably. So, I would say that 85-90 percent of our punctures come from diabetic needles.

RG: Uh-huh.

SM: The other fraction is coming from the immigrants that we have in this country. For some reason, and I don't know why, can't explain this, cause I've even asked them, "Why do you do that? What's that all about?"

The Russian populous is very big on giving themselves vitamin injections.

RG: Hunh!

SM: Very big on that. Now we're talking about a different kind of needle. Now we're talking about an intramuscular needle which is three times the size of a diabetic

needle. So, when the safety officers go out to check...our environmental police officers go out to check on the needle punctures, they're very astute to the size of the needles. Because they have the final investigative report that comes in here to me, so that we're all on the same page with what's being done here. Is there anything else that we need to do?

RG: Uh-huh.

SM: So, I make sure that they get their Hepatitis B vaccine. Do we have cases of Hepatitis C? Yes, we do. That is certainly the most dangerous form of Hepatitis. That is the one that really makes them very, very, very ill. Fortunately we do have treatments for today, which put them into remission and I see many of them go into remission. They are mostly Vietnam Vets who are my age, who were in Vietnam, came back, straightened out their lives, got married, had a family. The Hepatitis C virus has been latent all those years. And now the man's getting older. His immune system doesn't work as well, and all of a sudden the Hepatitis C virus says, "Hello fella." And it's out of the box. The cases that I have here do well.

They don't do well during the time when they're being treated, you know. Treatments like interferon or ribavirin are very, very rough on your system. It's almost like chemotherapy so they get sick during that period, but return to work and do well when they're remissive.

RG: It must be...it's that kind of thing that makes an unlimited sick policy seem warranted.

SM: Important.

RG: Yeah, important, you know?

SM: It is, but you know when unlimited sick leave was established, it was established by a very, very smart man. His name was Commissioner John DeLurie who was the commissioner here many, many, many years ago. And, Commissioner DeLurie established unlimited sick leave for those sanitation workers that were injured while they were at work who needed time to recover. And what happened was that over the years, it transcended into this massive, massive unlimited sick leave that we have today. And that is not good.

RG: You would...your opinion is that it's not good.

SM: It's not good.

RG: It doesn't work, or?

SM: It's not healthy for them. I think, you know, if you're injured. I think if you become ill, it has its place. Do I think that you should be allowed to use it because you want to go get a dental check up, you want to go to your doctor for your annual

physical, because your kid's gotta be picked up from school and your wife's working, or your wife wants to go shopping? It's outrageously abused.

RG: Yeah.

SM: I'm not up with that. I would like to see them deny sick leave more, for certain things. I don't think that, unless it's an emergency dental visit where you have to have an immediate root canal or you have an abscess or something, you have to deny their use of sick leave for certain things. I think it's out of hand. I think it's a terribly abused system. And I often wonder why, when I hear Mayor Bloomberg and all the politicians address the city workforces, nobody gears in on the unlimited sick leave in sanitation, police, and fire. Nobody...

RG: Oh, they all three have it?

SM: All three have it. Nobody gears in on that. Certainly I think the people of the city of New York don't know they have it. Unless you have somebody that works on one of those forces.

RG: I didn't know until now.

SM: I think it has its place. I think for an injury, for someone who becomes grossly ill, who needs to be taken care of, who needs time to recover. But for carte blanche use, I don't think so. I think it's very, very bad. I think it absolutely needs to be changed. I think in this day and age...you have to understand that when a sanitation worker is not in his district reporting for work, then he has to be replaced with somebody. Now if they have to bring in a man from another district because they're short that day, that man comes from...let's say this guy's in Brooklyn 14, and now they have to send a guy from Brooklyn 15. The guy coming from Brooklyn 15 gets four hours on the books because he's detached, that's money.

RG: It's overtime, right?

SM: Everything here is money. This having to replace people is preposterous. Is preposterous.

We have people who have CDLs here who drive sanitation trucks. Listen, a sanitation truck is a very, very dangerous weapon. It can cut you or a piano right in half. That's the bottom line. Now if you get a guy out there who had a few snorts of cocaine the day before, or three days before, or that morning, who comes in, and he's driving that truck, he can kill himself, his partner and three people on the street. So, I think we absolutely have to have in place our drug-testing program. I think I would like them to do even more broad spectrum testing, because I think that most of the abuse in here is straight drugs. It's vicodon. It's oxycodone, oxycontin. This is stuff they're buying on the street.

RG: Uh-huh.

SM: We test many other city workforces aside from sanitation here because we really have a very good program and that's a federally mandated program. Yet, there's too much of it. There's too much of it. But again, that's a sign of the times.

RG: It was different...It's been different since you've been here?

SM: I think so.

RG: There's more now, or less?

SM: There's more street drug use. You know when you get a man who gets injured, and his doctor just keeps giving him oxycodone because that's what pain management is all about. I'm absolutely totally against that. Totally against that.

RG: Yeah.

SM: It's a bogus operation. It gets people addicted. When a man has, let's say a severe back injury and you're trying to relieve his symptoms, the answer to that is getting to the bottom of the problem and diagnosing you properly and fixing it. Not keep pumping the man with Oxycodone or Percodan and letting him get addicted to it and then having to put the man into an addiction service, a detox, before you can even now do surgery on him. That's outrageous.

RG: It is.

SM: And you see a lot of that.

RG: Uh-huh.

SM: And those things are disturbing to me. They are very disturbing. Doctors don't pay attention. A patient is admitted to the hospital and the doctor says, "OK, she has this that this and the other, but I can work on fixing that." But while she's in the hospital she suddenly develops something else. Now, he knows he can't fix it so he doesn't want to deal with that anymore. So he pawns her off to five consultants in the hospital to get them involved in this case now, and where's this case going. And now he wants to walk away.

It's just like, a sanitation worker here who has a low-back injury, who has a bulging disc, which is very symptomatic, can be relieved with proper care. With proper physical therapy, with a doctor who pays attention to this patient. With a doctor and a physical therapist who take the time to say, look, aside from you doing the exercises here with me, you need to do these at home to help yourself.

RG: Uh-huh.

SM: That's very few and far between that you're gonna find that. So what happens is that the San worker just keeps complaining. He can't work. He's having trouble sitting, standing, walking, et. al, so his orthopedist says, "Oh, the hell with this, this guys not going nowhere. Now I'm going to refer him to pain management." Puts him on to a pain management doctor who just says, "OK, we're gonna give you three steroid injections now."

We know that number one, most often times they don't work. Number two they leave scar tissue in their wake, so I'm not a fan of that. That's not the way to treat this patient.

RG: Unh-unh.

SM: Ok, so now the pain management doctor has given him three injections, they didn't work, the guy's still complaining. So now he says, "OK, we're gonna give you some oxycontin, that'll help you..."

It's not the answer.

RG: It's not...it's only taking the pain away. It's not solving the problem.

SM: That's all it does, it doesn't fix the problem. So, listen, pain management clinics are springing up all over the place. I am absolutely totally against them. I think, look, they have their place when you have a cancer patient who has metastasis in their bones, wherever, and they're in an enormous amount of pain. It's difficult for them to lie down, to sit, to do anything. I think pain management has its place. But for orthopedic injuries, pain management is a serious mistake.

RG: Mmm.

SM: It doesn't work well and you're not hitting what's causing the pain. All you're doing is masking it. That's all and that's not helping the person get better.

RG: Are those the most common injuries? Orthopedic?

SM: Back injury is the highest rate of injury here. In the sanitation worker, again, repetitive motion injury. Sanitation workers...and I try, and other people try to say, "Listen, when you lift you don't lift with your back, you lift with the power in your legs. That's the proper lifting technique. You make sure that your posture is good before you even lift. You don't just grab things and throw them, grab things and lift them. You don't do that. Take a minute, stop and make sure your posture is correct before you move something heavy, lift something heavy, throw something heavy.

RG: Uh-huh.

SM: if it's something that's heavy and you can't lift it, that's what your partner's there for. You lift it together. You don't do things like that. So that is by far our highest rate of injury.

It's funny, it occurs at different times Summer/Winter. Their hours change in the summer to 6 to 2. Most of the injuries occur at 9 AM in the summer, 10 AM in the Winter.

RG: Do you know why that is? Oh, rush hour? Is it..?

SM: Yes. No, it's because they come in early in the morning in the Summer. Six o' clock. It's starting to get hot by eight o' clock. It's heating up a little bit. The sun is really coming into play now. They want to finish what they're doing and get out of the heat.

RG: Ah.

SM: Not such a bad idea because in the Summer we have to worry about...all year long we have to worry about dehydration, but more so in the Summer, when they're working hard and their routes are...very long now. They're gonna get even longer.

RG: Do you notice more injuries when the routes get longer?

SM: Ah, well, you know, one time we had a three-man truck not a two-man truck.

RG: Yeah, I was gonna ask about that.

SM: I think the injuries get greater at a five-year mark because they get careless. They think they know everything.

RG: You mean, when the worker has worked five years.

SM: Yes. The injuries really begin to pop up more, five years after their on the job because they get more lackadaisical about what they're doing. They get more careless. They don't watch where they're putting their hands, watch where they're putting their feet, watch where they're stepping. They get a little more careless. They want to run their routes and finish early and get back inside. The routes have gotten longer so they're not anywhere near as much inside as they used to be. And certainly with the advent...when recycling stepped into place, they were out much longer.

Years ago, there was a different trend of thought and that was, let them run their routes, let them get done. The less they're out in the street, the less accidents they're gonna get in. Or the less altercations they're gonna get in. So just let them run and get done.

RG: What do you think changed?

SM: What do I think changed? I think the two-man truck changed. Recycling entered the picture.

RG: Uh-huh.

SM: Different...I should say...some of the classes with more educated people coming in to be sanitation workers. We have people here who were investment bankers before they came here. We have guys with college educations here now as San workers. And I think that happened because there wasn't much out there. And if there was something out there, they now were young, they got married, they had a family, they had one or two children, they needed to have health benefits, and it just wasn't out there. So they started looking, saying, "Hey wow. They have benefits. They make a good salary. They walk out with a pension." So more of them started taking the test.

When new sanitation workers are hired, I go up to Floyd Bennett to give them a class on blood-borne pathogen control and infectious diseases, and basically what they need to watch in the probationary year here. Because I'm basically the probationary San Worker's mother.

RG: Ah.

SM: I'm the one that really watches them. Because three months prior to the end of their first year, their medical records are all brought in here. We have to make a decision as to whether or not they're fit enough to be appointed in their title.

So, I'm the one that looks at all their records, sees their sick leave, knows what they're doing. Knows if they've developed a new illness. And the one that can say, okay we need to extend his probation. We need to watch him a little while longer. I'm not sure that I like what's happening with him, or... so, I'm kinda...

RG: So, what kinda thing happens on...what are you looking out for when people are on probation? What does being on probation mean?

SM: On probation means that we're watching them for a period of eighteen months to see how they're functioning operationally. To see if they are learning the job. To see if they're functioning well. To see if they're having a lot of vehicle accidents. To see how they're reacting to the directions and orders of their officers. To see whether or not they're falling into discipline.

Because this is considered a semi-military organization here. So, they're expected to come in here and follow the rules. So there's an officer watching over them in their probation. There are several officers and a superintendent, a chief, whatever. To see how they're acclimating. To see whether or not this is a guy that's gonna fall into place. To see whether or not they're working well, they're doing the job tasks they've been assigned.

RG: Uh-huh.

SM: So their first year can be a very difficult one that's a difficult transition for them. Because we have so many young men that come in here who number one, have never had a responsible job. Number two, have never had a job where somebody

said, "Look you gotta be here at seven o' clock in the morning and if you're not here at seven o' clock, you are late." Latenesses are counted against you. Or whatever time you're told to be here, depending on what hours they're working Summer/Winter.

But they've never had a job. They had a job where the boss said, oh yeah, come in at 8:30. If they came in at 10 to 9 nobody said a word. So this is a huge transition for them. They've also never had somebody watching over everything they're doing. Barking orders at them. Saying some things that are offensive. Having another San Worker tease them. Having another San Worker give them a label in their first year. And that happens.

RG: Yeah.

SM: And I talk to them in their class before they even get out in the field about that. Listen, if six months into the route somebody's calling you "Oreo", because everyday at lunch you're eating oreos, don't be offended by that. They gave you that tag and that's it. If somebody's calling you "Juice", it's because they see you every day drinking juice. If somebody's calling you, you know, "Ralphie Donuts", it's because on your break every day you go into Dunkin Donuts and that's the way it goes. Everybody gets a tag and you shouldn't be offended by that. Take it in a loving way. It's meant as that.

And then you get a lot of people out there...a lot of San Workers out there who have their own take on life. You have the good guys. Guys that are very old fashioned in their way of thinking. Guys who are not accepting of people or taking them as they are as individuals. They take a lot of abuse out there, in their first year, a lot of them. They really do.

If you are an unusual guy. If you have an unusual look about you. If you walk funny. If you have an eye that turns when you get nervous. If you have a lisp. If you have a stutter. They're gonna gear in on that big time.

I think many often times they really don't mean anything by it. Because I don't think they're hurtful people.

RG: It's just kinda the culture.

SM: But then again you have a small group who can be very hurtful. And it's just like a little kid going into a brand new school trying to figure out who he can approach to play with and who he shouldn't. You know, so your first year here is very scary.

They've also most of them never, ever, ever driven vehicles of this magnitude before. So, now imagine yourself, driving your little...your Volkswagen Jetta or whatever it is that you have and all the sudden somebody's saying, OK, kid, you're on your own today. And you're sitting behind the vehicle, that big truck and you're now driving through city traffic. Very scary.

RG: Yeah, that is stressful.

SM: Super, super scary. So their first year is very stressful. Very stressful for most of them. Some of them fall right into place, have no trouble at all. Some of them have great difficulty and they'll come in and they'll sit and they'll cry. Yeah, because the boss said, Listen the kid's taking the truck and he's going around the corner and he's sitting there crying. You know, it's...the kid is stressed out. He's really...he's afraid. He's afraid to drive this vehicle.

So, we get a case like that. I'm going to call the Safety Division and say, listen, I really need to send this kid out to be retrained. He's really afraid of the vehicle and he needs to be put through the paces all over again.

RG: Uh-huh.

SM: There's a reason why he's fearful. He's not comfortable.

RG: Right.

SM: And the last thing you want is this, this little kid behind the wheel driving this big vehicle when he's nervous.

RG: Right.

SM: So, we can't do that. I also have pet peeves here about them. And if I'm going by a sanitation truck and the warmer weather is here and they have their cab doors open and they don't have their seatbelts on, I will take their truck number down, and I will call their district when I get in and say, listen this is Sandy. Please take this man aside. Please explain to him and he already knows I am not here to hurt him in any way. But I went to work this morning and worried about him all morning long.

I don't want to hear tomorrow that he got thrown out of his vehicle and was run over by his own truck because he didn't have his seat belt on. Or because he had his earphones in, he was texting while he was driving. I have pet peeves here and will take down their truck number and make a phone call as soon as I come to my office. You know, and when I first started doing that, they would look at me like I had horns growing out of my head. And I said this is in your best interest. I did not want you on my conscience all morning long. Know that.

RG: Uh-huh.

SM: Know that.

RG: And it's part of your general...I mean, what you started doing before with, you know, worker safety.

SM: Absolutely. I'm very worried about you. I don't want you getting hurt. I mean, I like to tell them a lot of stories in class, and when I speak to them on a personal level. Stories about things that I have seen here happen in the past that are real

happenings. Really, really happened. I never use names. However, I will tell you the whole story and what happened, so...

RG: Like what, what's one of them?

SM: We have horrible accidents here. That are due to carelessness. Due simply to carelessness. And you know, just like anybody else, if you tell a story, they remember the story and will remember not to do it because they remember the story.

RG: Yeah.

SM: So, you have to use simple things. And there was a time period here...where when I came we had no educational material here. And I started to write a lot of educational material on diabetes and heart disease and high blood pressure and why it was important to take care of yourself. Cholesterol levels. Good foods, bad foods. Hired a nutritionist at one time, to put a nutrition program into place. Had a physical therapist here from NYU. We started an exercise program everyday. Because I began to say and do believe this with all my heart that sanitation workers are the athletes of the city workforce.

RG: I was gonna say, they are exercising all day.

SM: They are the athletes of the city workforce. They absolutely are. And just like a football player or basketball player or soccer player, what do you do before you go out and...and play your sport? You exercise.

RG: Stretch, yeah.

SM: So we had a train the trainer program whereby we had somebody train people in the work area who was interested in setting up an exercise program in the morning before the sanitation worker ever stepped into his truck. What happened over time is that certainly the city was cutting back on everything. We had to let people go. The programs were abolished because of money.

RG: All the programs, or just some of 'em, or?

SM: The programs I just mentioned to you were all abolished. The nutritionist was let go. We had our own physical therapy unit here at one time. We had Cybex machines. We had NYU PTs in here and it was a wonderful thing because we could keep track of the sanitation worker's progress. They got better faster and they did better.

RG: So it saved you money, really.

SM: It saved us a lot of money and we were hands on paying attention. And because of that, they did better.

SM: And I also had a van. I think it was the most important public relations tool the sanitation department ever had. That van went out to districts on a roving basis five days a week. And on that van, we checked high blood pressures. We checked urine for diabetes. We did blood tests to see who had high blood glucose levels. We did EKGs. Checked for arrhythmias. It was done a rolling basis and I had a woman that worked on that van for me with a driver and everyday that van went out with techs, with technicians. And out of that we discovered, I can't tell you how much diabetes.

RG: Wow.

SM: I cannot tell you how much high blood pressure. I cannot tell you things like...there was a man on that van one day who had an EKG and at the end of the day somebody called me and said, Hey Sandy I don't think this guy's EKG's too good. And I said, Jesus, fax it to me right away. I went home and called that man and said, Listen, I'm not trying to frighten you, however. I'm telling you right now, you must proceed to an emergency room. The man was in the throes of having a very serious arrhythmia and he probably would have died. Those were the kind of things we found on that public relations van.

RG: Uh-huh.

SM: We uncovered people with diabetes. People with soaring high blood pressure, who would have a stroke or a massive heart attack and died. And the men loved when the van came to the districts. They absolutely loved that. And I would go out, try to get out on a monthly basis and wherever the van was on a particular day. And make sure that everything was being done properly. And the men loved that van. They loved it because it was very helpful to them. This was not a van to uncover stuff that we were going to tell the department. This was a van that was an educational vehicle that was meant to help you find out whether or not you were OK and if you were not, what you needed to do to attend yourself.

We didn't run after the man and say, Did you go to a doctor, did you go, did you go, did you do it? I would always say, Look, I'm informing you once. I'm going to tell what problem that I see. It is your responsibility now to attend to yourself. When I do respirator fitness exams, the last exam that I did. Out of that exam came a diagnosis of lymphoma.

RG: Oh, wow.

SM: The man never would have known he had lymphoma if I had not done this blood test. Ok, so, I do a very extensive blood test on them. That blood test that I do tells me how every single organ in their body is working. How their immune system is functioning. Whether or not their red blood cells are carrying oxygen, and basically how healthy they are.

RG: And it would be...that's not something that I, for instance, necessarily would ever get, do you know what I mean?

SM: Correct.

RG: This is a great service for the workers.

SM: Yeah, it is. And as a matter of fact that man. I said, I called him and said, you know what, there's something about your blood test. I just don't like what I'm looking at. I'm going to send you a copy overnight. And I want you to call your doctor today and get an appointment to get yourself in there. You're gonna have this blood test tomorrow in your hands. Ask your doctor if you can come in late in the day tomorrow. And that man ended up being treated. He is now in remission.

RG: Wow.

SM: I speak to him very frequently. If I'm not in my office, he leaves me messages all the time, Hey Sandy it's so and so. I just want to let you know I'm doing good. I'm still in remission. You know, I'm getting...my doctor's following me up real good. You know, I like where you sent me. You know, it's...they're really good to me. They're very nice people.

Out of the blood tests, these simple exams that I do, come many, many, many things. Many things. I will find the man with a ridiculous blood pressure. I will find the man with a ridiculous cholesterol and triglyceride level. I will find the man who is a diabetic, with an A1C level that's telling me that he's not following his diabetic regime at all. And I'm sitting there, what's up with you? Your hemoglobin A1C is like, 9? What's up with that? You're not taking your pills or you're not taking your insulin, you're not following your diet. Now, what's the excuse for that? Now, until you get yourself on board and show me a hemoglobin A1C that is below 7, then I'm not clearing you, so what do you think about that?

So I have my ways of holding on to them and saying, I'm not clearing you and if you don't get cleared, then you're not going to remain on this team. Do you want to remain on the team? Then you need to do what I'm asking you to do. But they know that I have their best interest at heart. They don't give me a hard time and I have never met a disrespectful sanitation worker, ever. Ever.

RG: Wow.

SM: With them, and the doctors downstairs come up here to me all the time or they call me on my phone and complain. "You need to see this San Worker. He gave me a really hard time today. He is insolent and he's this, he's that." "OK, send him up to my office."

The man comes up here and I will call the doctor back and say, Dear Doctor do you perhaps think it's maybe the way you spoke to the man?

RG: Yeah.

SM: Do you perhaps think it has anything to do with the way you related to him because he certainly was not that way with me at all. You know, people respond to you the way you respond to them. And I, I have a big thing for that. Big, big, big thing for that.

RG: Me too.

SM: I'm more embracing...more embracing of them. I'm a very hands-on person. You know, I think once you...It's a matter of...embracing them as a person. Embracing them as an individual. You know, look, I'm not a religious Mary. I'm Roman Catholic. I don't feel that I have to be running to Mass every Sunday, every holiday, every novena. I'm not that kind of a Catholic. I do believe in spirituality is an important part of your life no matter what religion you believe in. Spirituality gets you through a lot in your life. I get a lot of things from the Passionist Fathers, from the Fathers of St. Anthony, from all this. If you're Catholic, you're getting all these things in the mail all the time. So I always get these little cards, or a little medal, or a little disc or something, they're always sending you something because they want a donation. So they're always sending you some little thing.

I will have a sanitation worker come into my office, who got fired. And he said something very interesting to me, and it's not the first time. I've had many, many, many say it to me over the years. Said to me...I wanted to give you something for all of the times you sat with me and all of the times you tried to help me. And all of the kind words, and all of the times you called me back when I called you and all of the times you listened. And I didn't know what to give you and I somehow felt that a bunch of flowers was just not the right thing. Or a box of candy wasn't the right thing. And I always say to them, cut them right off say, Look, your will to do well...the peace that you've found in yourself. The resolution to your problem is the thanks that you give me always. And if you give me a box of candy, I'm just gonna go somewhere and give it to somebody.

RG: (laughs)

SM: And if you give me a bunch of flowers I'm gonna give to somebody that day that I think needs those flowers. I don't need them. If I want flowers, I can go buy my own. I can go buy my own box of candy. So, the San Worker said to me, this is the one man I used as an example. I wanted to give you something and I've labored over this and I've thought about it and thought about it and thought about it. And somehow I felt that this was the right thing for you and came in here and gave me a beautiful pair of crystal rosary beads.

RG: Wow.

SM: ...that were absolutely beautiful. And he said to me, I want you to carry these in your pocket every day. And I said, thank you profusely from the bottom of my heart

for that. I'm grateful that you thought of me in that way. And he said, but I thought of you for a reason in that way. He said something very interesting. "There is evil here in the Sanitation Department. I want you to always be protected from that evil that you have tried to keep so many from..."

RG: What do you think he was...?

SM: "...I want you to carry these in your pocket everyday." Uh, the unkind treatment. The way they're spoken to. The way they're not regarded as individuals.

"I want to know that you're protected from all that evil. And I want you to carry these in your pocket everyday."

That man was fired. He called last week to say hello, to let me know where he is, that he's doing fine. Mom and Dad are good, cause sometimes I get close to their families.

And I said to him, "I want to tell you Vinnie, that I have recently given the beautiful rosary beads that you gave me to someone who I felt that needed them." And he said, "You did?" and I said, "I did. I had someone in my office...I knew that day that I needed to give that person those rosary beads. So your rosary beads have now been passed to another that needs help." And he said, "That's OK that you did that Sandy, that's OK. But I'm gonna get you another pair."

RG: (laughs)

SM: If I have...all the little medals and stuff I get from the Franciscan Friars or wherever they're coming from, I keep them in my drawer. I throw them in my drawer here and every now and then I will get someone in here and I will just think to myself, this person needs something. It's like the person from AA who carries a coin in their pocket to remind them of why they're in AA...

RG: Uh-huh.

SM: ...this person needs something to carry on their person. Something they can hold in their hand when this problem enters the picture again for them. They need something to hold onto. They need what's in my drawer and I...so I keep all these things and I will give that man this. I might give the girl from upstairs who came in here something that she needs to say every day that will help her begin her day and end it.

RG: Uh-huh. Like an anchor, sort of.

SM: Exactly. So, I do use a lot of anchors. It may be something I found on the internet that was applicable to that man and I'm going to send it to his house now with a little note saying, Gee, you know, you asked me that question last week and I think we came to a common ground on that but I just found something. I was looking for something totally different and I came across this and I thought it was appropriate for you and send them the little note in the mail and send it off to them.

RG: Uh-huh.

SM: I think, sometimes, it's just somebody that needs a crutch.

RG: Yeah.

SM: They need a crutch. And if that crutch helps them get through something, that's a good thing. I don't feel like I'm preaching religion by doing what I do. I certainly don't do that at all in any way, shape, or form. But, oftentimes, I do give things. And I'll say to the man, it doesn't matter to me what religion you are. I don't care if you're Jehovah...who you are, but I think this is something that is appropriate for you and I'm going to ask you to read this every morning and every night before you go to sleep.

RG: It's like, you're interested in mental and spiritual health as well as physical health?

SM: I think...in the person as a whole.

RG: Uh-huh.

SM: And I think it's so important...that is an important part of life. I've devoted my life to that. You know, whether it was my patients in the hospital, or wherever I encountered someone. That was a very important part...to see that person as an individual, not like any other. And as a result of that, there were many times when an individual comes in here with a problem and I always say, when your problem is finished, you have also given me something.

So, aside from the fact that I have worked diligently here, worked very hard here, given them my best everyday here, the amount that has been given to me in return is of a magnitude that can't be measured.

RG: That's wonderful.

SM: So my take on the sanitation department is very different.

RG: Uh-huh. I think...

SM:...from others.

RG: Yeah. I wanted to ask you what you think, you know, we're going to be presenting these to people who don't know anything about the Sanitation Department. What is something that you think that people outside of it should know? Or maybe a bunch of things that you think people ought...?

SM: About the Sanitation Department?

RG: Yeah.

SM: I think people have a very, very wrong impression of them. These are men who come to work everyday just like anybody else who goes to a job. They work very hard in a given day. I think the general public needs to know that they absolutely are the athletes of the City of New York. I asked many times, look, the fire department and the police department do ads on the subway trains. Why can't we do an ad-based program teaching the general public about sanitation workers injuries and how they get hurt by what you do or do not do?

Don't throw your glass in the bag. The San Worker picks it up and throws it in the hopper, and the hopper crushes it and the glass now flies out and hits him in the eye and now he's minus an eye. Or it's cut his face opened. Or put a pledge can in there that's gonna explode, knock the San Worker several feet in the air. He falls down, hits his head, breaks his glasses, breaks his two front teeth. This is the injury you have now caused by not labeling your things properly. You must be very careful how you discard things.

RG: Yeah.

SM: Very careful. And I think the general public needs to be educated a great deal about that. The general public doesn't know that. They don't know how Sanitation Workers get hurt. If you don't clean the ice and snow off your sidewalk and a San Worker's picking up your trash and slips and falls on your sidewalk and now has a disabling injury because of what you've done, he now has no means of support for his family. Did you know that?

I think there needs to be a huge educational program for people in the City of New York as to what Sanitation workers really do. How they work. What you do that causes their injuries. That their injuries are no joke, and very oftentimes are disabling. Take his livelihood. Why can't we do an ad campaign on the subways? Or you have the greatest blackboard of all, a pure white sanitation truck.

RG: It's true.

SM: Why can't we do an ad campaign on...an educational campaign on Sanitation Worker's injuries and help the general public to understand...to help us prevent injuries. Why can't we do that?

I think there's not enough of an educational effort here. To the general public and to the Sanitation Workers as well. I think that there isn't...there is enormous understanding about certain properties of their job, but I don't think enough understanding about...I don't know what other word to use, other than to use the word, humane treatment. I think humane treatment is in a way reverse psychology.

You have a group of grown men here. It's a known fact that all these rules we have in place here in the Medical Division regarding their sick leave do not work. And I think the more rules you put into place, the more the men look at it and say, What they're putting another rule in place? Well, screw that. I'm just gonna do

whatever I want to do now. It doesn't make any difference to me if I'm category A, B, or C, because A category isn't getting any better treatment than C. So, what am I an A for? I'll just go sick whenever I want. I'll take a week off over here and a week off over there and I'll take the whole two weeks off during Christmas and have a nice holiday with my family.

You gotta use reverse psychology with these people which is what the Sanitation Department does not know how to do. They don't know how to treat people like adults. They don't treat people like adults.

RG: They're not holding them to a standard that makes them...

SM: No. That makes them feel like they're adults and that they can speak and think for themselves. I mean I even suggested, why don't you do a six-month pilot using a group, a control group. Sit the control group down and say look, we're going to give you your code of conduct book. We want you to read this book really thoroughly because you're gonna be a pilot group and you're going to become very, very, very important as to what decisions will be made. You are now going to be part of our decision-making. Make a control group. We want you to go home and we want to read your entire code of conduct book and tell us what you think. And then, after you've read that and we have a clear understanding of that book, we're going to use you as a control group and we're going to say, ok, we are giving you the care of yourself. You know what the rules are. You know what you need to do to abide by them. So for six months you have carte blanche to do whatever you feel is right. Know that each time that you violate one of those rules, this is what will happen.

You've gotta use reverse psychology on these people, they're grown men. You can't treat them like they're 12-year-old children who have no intelligence whatsoever. I mean recently had a thing where somebody said to me, look I've been a blood captain here for years. Listen, Sandy, you need to write something that we're going to put out there about what the importance is of giving blood. OK, the importance of giving...there are many reasons why you should give blood. We all know that. Anybody with a brain knows that. But, gear in on why your giving blood keeps you healthy. Let me gear in on that. Do you know that giving blood rebuilds your immune system?

RG: Hmm!

SM: Did you know that regiving blood gives your red blood cells new oxygen power? Do you know all that? Let me gear in on all that.

Scare them, no. I'm trying to educate them. You do not give them credit for the brains they have. These are grown men. They read like you do. They are informed from television. They are informed from the internet. You don't give them any credit at all.

And I think if you come at them from an intelligent point of view, they'll come back at you with the same level. You don't give them any credit at all, for crying out loud. What do you think you're dealing with, a bunch of dummies here? You're not dealing with a bunch of dummies. People today are much more educated even if self.

They're much more astute to what's going on in the world. If they are married and have children they are astute to keeping themselves healthy, astute to what it is to be healthy, what it is for their family to eat healthy. They don't give them credit for anything at all. I mean, to me that's ridiculous. That's totally ridiculous.

I don't think there is as much regard for...the humaneness that needs to be here.

RG: Uh-huh.

SM: You know everybody is just like, you know, running around like a bull in a china shop, ah, look at him, look at what he's doing, let's get him for that, give him a complaint. With me, it's not about that. It's...kindness.

RG: Yeah.

SM: It's the compassion of one human being to another. There are many people here. Many high level people here. If I called them and say, you know, Charlie, I need your help with this. This kid really needs help. I need somebody to take them under their wing out there. He needs to have a little kindness...he needs to have. And they will come across to me in a very big way. Only because at this point they're used to me.

RG: Uh-huh.

SM: They're used to what I do. They're used to me haunting around, looking. They're used to me coming in from a more humane level.

RG: Uh-huh.

SM: So they're very helpful.

RG: Are you worried about when you retire? I mean, do you think that there are other people here that will be able to carry on your concern with...?

SM: I am retiring. August 26th will be my last day here.

RG: Wow.

SM: And I have...I've been here 26 years.

RG: Wow, congratulations.

SM: I have been in this business 45 years. That's a long time. You know, I don't see myself as an old lady in any way. I don't feel any different than I did when I was 20. I have a lot of energy. I'm involved in a lot of things inside here as well as outside.

I have three grandchildren who keep me very busy. I love them to death. I love doing special things with them. And I teach my granddaughter Megan, who is

nine. And I tell this story to the San Workers in class to try to impress on them that coming in here, if they have not learned how to be humane, that I want to impress with them how necessary it is for them to now, that they are maturing, thinking of being humane.

When my son Danny, who is the FBI agent, was seven, I was walking on my block on a sunny morning. A very sunny morning. Going to the deli up on the corner. And there was a man walking by with a hat and a coat on, on this hot sunny morning, carrying a little plastic bag, with his head down. And as the man got closer to me, I said, Good morning sir, how are you today? And the man picked his head up and he looked at me and he said, I'm good, Miss, it's a beautiful day isn't it? And I said, It certainly is. Where you going?, I said, Aren't you warm in that coat? Can I help you with your bag? Where do you live?

And we had a little conversation and the man went on his way. As we approached the end of the block, the rest of the way, my son said to me, Mommy, why were you talking to that man? You don't even know him.

And I said, because we might be the only one who talked to that man all day.

RG: Uh-huh.

SM: And I just felt that it was important that he know that someone knew he was there. My son never forgot it.

When he did his first arrest as an FBI agent, it was a man who he had been tracking for a very long time. And my son finally found him. And he had to take him down to federal lock-up.

RG: Mmmm.

SM: And I was very nervous about him going out on this arrest. He has a team that goes out with him and I was nervous. I knew this was a bad guy. And I was very nervous about this. And he said to me, Mom, you're not to worry. There are plenty of people with me. I'll be safe. I want you not to worry and as soon as this is finished, I will call you and daddy.

I get a phone call here at my desk. He said, Mom it's Danny. Everything is fine. Mom...goes back to what I told him at seven. Mom, I just want you to know that when we went down to federal lock up, when they put the man in the cell, that I asked him, what kind of a sandwich can I get you for lunch. What would you like to drink? I just want you to know, Mom. That everybody that I arrest in my whole career will be just that. He knew how important it was to me...that he individualize, that he not...criticize. That he not judge. And that even though this was a bad person, that maybe the kindness that he showed to this man would somehow have an impact on his life. You don't know where this man came from. You don't know how he was raised.

RG: Yeah.

SM: You don't know if there was any compassion shown him. You don't know what drove him to this. You don't know any of that.

RG: Uh-huh.

SM: And he, every now and then will remind me of that. I just want you to know, Mom, that I got him a turkey sandwich. I gave him something. And here he is now, a big bad agent for about 12 years. He's 42 years old, a big guy, and he remembered what I told him when he was seven.

RG: Yeah.

SM: So, I think the impact that you can have on people is enormous. They remember what you say forever.

RG: Yeah.

SM: And to me, the biggest compliment is that, if I have given you something in that way and you now can give that to a person that you encounter who needs also to hear that, then that's a wonderful thing.

RG: Uh-huh.

SM: So with me, it's like a...It's important to have one sanitation worker teach another. And I will often say to them at the end of many, many visits with me, OK, now what did we learn...what did you and I learn together. Now, you become my teacher, I'm only one person. You become now a teacher for me and I ask that you take what we learned together out there and help whoever you feel needs help with that. Those things are very important to me, so...Do I think that I've had an impact on this workforce? I think that everybody here that knows me on a personal level can tell you that I have had an enormous impact. Not just on the San Workers themselves, but on those that are higher up, who were totally perplexed by this odd woman who came here. Who...who really cared.

RG: Yeah. Uh-huh.

SM: Where'd she come from? What's up with that? Because when I first came it was like, what's up, you can't do that. And after awhile, after I got to know them...Because also understand you live in a man's world here.

RG: Yeah, yeah.

SM: You live very much in a man's world here, so...If you are a woman, number one you gotta remember when you come in here, and I sensed that right away...If you are a woman, if you are intelligent, if you are well-spoken, if you are well-written, if you...if they have a sense that you are immensely interested in not just what you are

here to do for them but you are immensely interested in how you can make changes that will make this workforce better. Then that's what it's all about. And at first, they're looking at you and thinking, what is up with that? She can't do that. Who does she think she is? Bing, bang.

But then you get to a point where, there are those chosen few that are there that say, Wow, that's interesting. And who...It was because of chiefs that were here, many of whom are no longer here, who took an interest in the fact that I was interested, who took me under their wing and said, hey c'mon kid let's go. That I started out in the field, looking all over the place, running everywhere. And I just ate the stuff up. I was just so interested in the operation here and what was done and what could be done and trying to give them a different way of thinking, seeing. Trying to see what I saw that could maybe make that better.

I think they all, and I have always felt, they need to move sanitation into a higher level in that risk management area with skilled people that can take them there. Who have the interest in taking them there. That's where we need to be.

We had many people here over the years who did see what I meant by that. When I first used the word ergonomics they said, Jesus what's that? What is that?

RG: Right.

SM: Well, you know...what is that? And how do you do that? So, we've tried to educate in that regard. We have tried to do that. I would just like to see a little more...less bull in the china shop, more progressive way of thinking. And I think that will come in time when you get more youthful people running the Sanitation Department.

Civilians are not treated well here. They are not. If you're a woman, until they really get to know, or have any respect, regard for you as a person, they are threatened by you, if you're smart, if you're aggressive at what you do. If you are a fast learner and you question.

RG: Mmmm.

SM: When the boss here left, I made it very clear that I felt that they needed to put a uniform in a high level spot in this clinic. This place deals with uniforms. Uniforms answer to uniforms. And I felt in order to get better control in the clinic, better control of this atmosphere here, that they needed to put a...at least a chief level here. And that was...that happened. They did do that.

RG: That's good.

SM: They did do that. So that was a good thing. An ounce of progress. And I think since that person has been put in that position, I deal with that person everyday. And the amount of progress I have seen in that person, the change in the way of thinking I have seen in that person, the more...the softness I have seen enter the picture in that person.

RG: Uh-huh.

SM: There is a vast difference between different areas of the Sanitation Department and I think what people don't understand about the Medical Division is that when you are dealing with paper and people, it is a very different picture. The other units are all dealing with papers. We deal with paper and people. Very, very different. People take and need a lot of time. And I think people that work here need to be more giving of themselves willfully.

RG: Uh-huh.

SM: And I don't see that. There are people here, in this area where I work, who I absolutely think still see me as some kind of a phenomenon.

RG: (laughs)

SM: I don't think that they understand where I'm coming from. I don't think they understand me. And I don't think they understand one-eighth of what it is that I do. Look, my job isn't the kind of a job where somebody says to me, Listen, I want you to do, this, that, bingo, this and the other thing. My job is the kind of a job where, if there isn't something of magnitude going on out there I have to attend to...If I don't have a lot of people to attend to in the clinic. If I don't have...If I have a day that's my own, nobody has to tell me what to do. I know what to do. I know what I need to pay attention to. I have been given carte blanche to do that. So, I don't ever feel like somebody's putting pressure on me from over here, over there, over there.

RG: Uh-huh.

SM: I'm at a point in my career where, and I have been for many years now. Look, I don't basically care what I say. I'm very frank and I'm very up front about everything I say. I may apologize for something I said, but I'm gonna tell you the truth. You may not like what I have to say to you, but I'm gonna tell you the truth. Whether it's about yourself, what you're doing, whatever. I'm very frank, very up front. Listen, you know what's great about being in your sixties? You can say whatever you want to say and nobody says a damn thing to you.

RG: (laughs) Yeah.

SM: And I remind them of that, you know what. I'm not at a point where I'm afraid to express my opinion. Where, what you told the commissioner...? Is he any different than me? You're not any different than the commissioner is, any different than the Sanitation Worker. We're all the same, we're people. We're all people. And we need to be treated as individuals.

RG: Yeah.

SM:...I don't make judgments about people real quickly. I like to get to know a person and my God all you have to do is open the door.

RG: That's what it seems...It seems like you're...that's sort of motivated everything you've done here.

SM: It has. Opening the door. Opening the door to trying to give better perspective, better...Just a better way, a nicer way.

RG: Yeah...a kinder way.

SM: Yes, a nicer way, a kinder way of doing things. And I've spent 25 almost 26 doing it.

RG: Congratulations.

SM: Yeah, I've spent all that time trying to do things. And you know something, there are other parts of my job that I do, where I can absolutely be ferocious. There's no question about it. I mean, when I make a decision, I make a decision. And I will tell you straight out. If I tell you I'm gonna do this, I'm gonna do it. It's gonna happen. Prepare yourself, but, I'm gonna tell you what you need to do help yourself after it happens. That's the difference.

RG: Uh-huh. Yeah. That makes sense.

SM: Which other people won't...and I'll call people downstairs and I'll say, what, you didn't tell this man what was happening to them? Why, is it a secret? Do you not think he deserves to know what's happening to him? Why do you do that? Well you know, you should...yes, I should and I will. So, things shouldn't be a secret. If something's gonna happen to a person that's going to affect his life, his livelihood, his family, he needs to know that that's gonna happen.

RG: Right.

SM: Plus, I kind of make my own rules about a lot of things. And there's nothing wrong with that if making your own rule about something works.

RG: Yeah.

SM: And they're accepting of that rule. Hey, go for it, that's what I say.

RG: Yeah.

SM: And I don't really... I have never been at a point here where I worried about what other people thought of me. I didn't worry so much about that. It was...with

me, it's like, my husband always laughs about it because I'm that way with whatever I do. It's like, full steam ahead.

RG: Uh-huh.

SM: Everything I do is full steam ahead. And that's it. That's it.

RG: Yeah.

SM: There's no ifs, ands, or buts. I'm full steam ahead on everything I do. And I can't work any other way. I just can't. And I won't.

RG: It seems like it's worked for you.

SM: It's worked very well for me.

RG: Yeah.

SM: Very well. And I think like I said there are a lot of wonderful people here. Somebody called me this morning and they said, What do you mean you don't want a party? You'll have a lot...I don't want that. I do not want that. That's not me. It's not for me. If you want to call me a month after I'm gone. You want to say, hey listen, we're going to the Tribeca Grill, having dinner, come and join us. That's a different thing. No, don't do that. I don't want to do that. It is important for me...to have only one thing when I leave here. And that is the respect of those that I leave behind. Nothing more. That's it.

RG: Uh-huh.

SM: Nothing else means anything to me. It's...It's a respect for me as a person for what I've tried to teach you. That's all.

RG: Yeah.

SM: Nothing else means anything to me. And I said to that person this morning, and tell them, Don't be giving me that plaque with thanks for your service....doesn't mean anything to me. Doesn't mean a thing.

RG: (laughs)

SM: It's the respect that means something to me.

RG: Yeah, yeah.

SM: The respect and the...you know, maybe...having regard for the fact that you...that you knew me, that's all. Nothing else means anything to me.

RG: Yeah, uh-huh.

SM: When I leave here, I won't work for money anymore. But my husband and I will have a joint volunteer venture and that is in the VA hospital. I feel that our vets need an enormous amount of help.

RG: Yeah.

SM: And I think that...if you can read to the man who cannot see, feed the one who cannot feed himself because he has no hands...

RG: Uh-huh.

SM: Bring a joy or a smile to someone that it's important that you do that. So, that is very important to my husband and I. We will volunteer at the VA hospital.

RG: Wow, cool.

SM: Going to New Orleans in May. Went to Ireland last year. Like to travel around. I would actually like to see more of this country that I haven't seen. Whoever says they want to go to Idaho, Iowa. But I've never seen those places.

RG: (laughs) Yeah.

SM: I'd like to see that. I would like to see the Midwest. I would like to see those places and see what those little towns are like and feel what those people are like. And where they're coming from. And I have a thing, you know, traveling through little tiny towns. I love going to diners, you know, where all the townsfolk go.

RG: Yeah, that's the best.

SM: Because that's where you get to...you get the feel of where you are when you listen to people talk at breakfast in the morning and hear what they're talking about. Whether or not it's how many bales of hay they got going, or whatever. That is what's there. That's what you get a feel for. So, I love doing that. I have a thing for going to local diners and little tiny local restaurants and...I love doing that. My husband and I have a thing where if you go in these little tiny diners in these little small dinky places and you have a grilled cheese sandwich and a cup of soup and your bill is twelve dollars, leaving the waitress twelve dollars as a tip. I love doing that. Or leaving her more than you paid for your bill.

RG: Yeah (laughing). She thinks it's a mistake.

SM: I have a thing for that. I love doing that. I love doing that and just getting up and leaving.

RG: Yeah.

SM: Because you look at some of these waitresses in these small towns and it's very sad. Lots of times they're older women and you know they're working because they gotta support their family. Or it's a single mother or whatever. And I love doing that. And we like paying for people in the car behind us going through the tunnel. And they're looking, who's that? Who's that?

RG: (laughs) So cool.

SM: And we often do stuff like that when we're traveling. We like doing things like that, so. And those are fun things.

RG: Yeah.

SM: And people are going by in the car and you wave at them and they're thinking, who is that? Do you know who that is, Sally? Jeez, who was that? And they're trying to figure out who you were. It's fun. It's fun doing that.

RG: We should probably stop. We're right at two hours, so.

SM: OK.