

Leona Egeland Rice

PART III: The battles over landmark health care legislation

Interview conducted by Dan Morain in Napa, California, on January 22, 2024.

DM: Okay. So, in your three terms, what do you think the one or two bills are that have the most lasting impact to this day?

LE: It's kind of hard to make a decision on something like that because it depends on whoever is being affected by whatever the legislation is, that's the most important to them. And so, I don't know. I think that getting the testing of the infants for some of the more rare but definitely risky problems that could be identified and saving them from a lifetime of mental illness or disabilities was probably the most lasting. There was one bill that, perhaps was the hardest of all the bills I ever had to get through the Legislature. And science has taken care of it. So the bill isn't in place, the statute isn't in place anymore, I don't believe, because science has created this, but there used to be no artificial chemically produced serum or medicine to help children who had limited pituitary gland to help them grow.

LE: And they were destined to become dwarfs, little people, midgets. Little people. And so, they couldn't do anything for them, but they found that if they took the pituitary gland out of cadavers, they could make something, chemically speaking, and inject these children in at an early age. They would be identified in the lowest percentile of height, and they could give them this medicine and it would help them grow. And of course, how do you get pituitary glands out of people? Well, we have a whole system where you can donate your cornea, you can donate your, any part that you would like to donate, and you can donate your pituitary gland. But that wasn't enough. It didn't do it. So I put in a bill, that... We have people that die and have no relatives, and people that die and have no identity, they're just found.

LE: And we used to say, we bury them in the Potters field. They had no... Nobody claimed them, never. And all of their pituitary glands were being buried without them even being able to say, 'I agree. You could have it'. So I was, my bill allowed the coroner to extract pituitary glands from bodies that had no identification, and nobody claimed them. Well, desecrating the dead was a religious no-no. And I had every religious leader in California opposing that bill, the Orthodox Jews, the Mormons, the Catholics, everybody was, and particularly, the whole group of Baptist ministers walked the halls constantly. And I was personified as a very evil person who had no scruples whatsoever. And so, but the problem remained, the problem remained, and that was the only solution. And as I said in the beginning, when...

LE: Now, you don't need to use actual pituitary glands. They've artificially created a way to do it. We had the hearing, right? I wasn't gonna get this bill through, but the people that had brought this whole problem to my attention were my constituents and the mother of one of the children got two other mothers, and we brought the three children to testify before the committee. And

they were very small. You would look at this girl, and she was 13 and she looked like a five-year-old. So the committee could actually see what was happening. And this one young boy, he was probably, I don't know, maybe 13, 14, and he was very articulate, and he stood up before the committee, and he said, 'I've been on this medication for five years now'. And he said, 'I want you to vote for this so that other children will be able to have this medication like I have'. He said, 'I'm going to be a very short man even with this. Maybe I'll grow to be five-foot, five-foot-two at the most. I'll always be a very short man in a society where

I'll be a very short man. But without this medication, I would be this tall'. And he got down on his knees, and he just stood there like this. And he went, and he would have been a midget. And there wasn't a pin... You could pin drop in the place. [laughter] I got my votes. He was wonderful. So when I think about, it lasted until science created a different kind of way to solve that problem.

DM: Okay. At some point, you become chair of the subcommittee on mental health care. And tell me how that came about.

LE: Well, Frank Lanterman had been of the Lanterman-Petris-Short Act.

DM: He's a Republican Assemblyman from La Canada Flintridge?

LE: Right, right. And he chaired the mental health committee for years. And he worked with all the parent groups and everybody. He was their hero to provide funding, to provide publicity for, to provide for help. And I don't know how old Frank was at that time.

DM: Well, what year was this event?

LE: Well, this was probably 1976.

DM: So you were what? So it's in your second term?

LE: It was my second term.

DM: Okay.

LE: It was in my second term. And Frank would fall asleep in the committee sometimes and nod. And...

DM: So would I, when I watched committees. But anyway, that's another story.

[laughter]

LE: Leo McCarthy didn't...

DM: 1976 is his final term, because he left in '78, right?

LE: Right, right.

DM: Yes. Okay.

LE: So Leo McCarthy called me into his office, which was rare, 'cause we had never been buddies. Not after I voted for Willie.

[laughter]

LE: And then, I voted for Howard Berman later in the next speakership. [laughter] So we weren't buddies. But he said to me, 'I'm taking the committee away from Uncle Frank'. Oh, that was big. And he says and 'I'm giving it to you'. And I said, me? He said, 'You're the only one Uncle Frank won't punch in the nose'. I digested that. Everybody likes to advance and everybody likes to grow in the job. But replacing Frank Lanterman was a tall order and nobody was going to replace Frank Lanterman. I told Leo McCarthy that I would take the job with two... But I wanted two things from him. One was I wanted to make sure that Frank Lanterman stayed on the committee. He says, 'Oh, you don't want that'. I said, 'Yes, I do'. He's got the historic knowledge and the support. Without him there'll be a run on the Capitol. And I said, and the other is 'I wanna take the first year. And I want the Rules Committee to pay for a trip all around California so that Frank and I can visit all of these groups that he has cultivated over the many years. And he can introduce me as the new chair with his blessing. Because without that, I will be not able to function or get things done'. And so he said, 'Okay', so that, we did that.

DM: So you spent '76 and '77 and '78, those 2 years as chair of this subcommittee on mental health care and Lanterman as your vice chair?

LE: Right.

DM: And but really, he's your mentor and he's passing that, he's passing the baton because this is ...

LE: Yes. Yes.

DM: ... This would be his final term in the Legislature.

LE: Right.

DM: So, well, first of all, tell me what kind of guy you got to know in Franklin. What kind of a guy was he? What kind of a man was he?

LE: He was talkative. He was funny. He loved music. I learned that he had been an organist. I don't remember where he played the organ, but he had been an organist. He had spent time in Australia, I think. He was interesting. And to me, it was different because he was a Republican, that he had such a feeling for the mental health, particularly children. But he was my kind of guy. I liked him a lot. And so...

DM: Was he taken aback when Leo McCarthy bumped him off of this committee?

LE: I don't know. I don't know what went on between the two of them. I don't know what the conversation was, but it probably was something like, 'And you're gonna be the vice chair, and this is gonna be the transition, so you're really in charge, and you'll teach her how to do it, or something, because you've said to me, he's getting close to you, retiring', and da, da, da. I don't know what their conversation was. I'm just inventing one. So I don't know that conversation, but he never said anything to me that...

DM: Lanterman never did?

LE: Lanterman never said anything to me that was cruel or mean or that I didn't qualify for the job. He was always very happy to introduce me to all of these people who were working very hard on behalf to advocate for their children.

DM: And so, what kinds of issues did you deal with as chair of this committee? And what do you feel like you accomplished?

LE: The time that I spent both as a member and chairing the committee was, I call it kind of a refinement to everything that had gone on before. The whole preceding decade had been the closing of the hospitals, the state hospitals, the transition of moving people from the state hospitals where they had people who took their debilitating problem and were specially trained to do something about it. Then they took them and put them into the community where this was supposed to be normalizing them. And I think that this refinement and change went on for many years, even after I left the Legislature. But for all the reasons that we could suppose or find out what people said, the state hospitals were, in my opinion, closed to save money. And the promise was that the people would be moved into the community and have a more normal life. But they needed assistance from people who were specifically trained for their condition, and they didn't have that in the community.

LE: And there was acting out and even violence. And even violence. So people were given tropic...

DM: Psychotropic.

LE: Psychotropic drugs, yeah, to control them. They were chemical straitjackets. And they then roamed around the streets. And what happened was that and this was, everybody started to realize that this was a fairytale. You close the state hospital and you normalize people by putting them in the community. But it doesn't work. And the funds didn't follow the people. And the trained staff didn't follow the people. And so, every time something would pop up about drug control and about training and about funding in particular, it became a budget problem. So I would say it wasn't specific legislation, although there were pieces of specific legislation. It was

every time somebody would find out, well, this wasn't working. What can we do to fix this problem? What can we do that we neglected to think about?

LE: And many things were tried, and money was thrown at things, and then it didn't work either. And what happened was that there were a lot of duplicative programs in the Department of Mental Health. So this one was funding this, and this one was funding it in a different way. And then, this was unfunded. And so, one of the things that I tried to do was to get all the parts of the department talking to each other and consolidate budget. Because if you're gonna maximize the use of the budget, you've got to not have duplication. Well, the department people didn't want to do that, because that was their job. And their job to do whatever it was, was much more important than trying to fix somebody else's thing that they were doing. So there was a lot of pushback from the people within the department and the budget issues.

DM: Well, you represented downtown San Jose. You represented San Jose State College or University, I don't know what it would have been.

LE: I think it was still a state college.

DM: Yeah. And there were, after Agnews State Hospital was closed, there was quite some uproar about the folks who were living in downtown San Jose, right? How did you deal with that? These would have been your constituents. [Note: Agnews was finally closed in 1998, but many patients with severe mental illness were released in the 1970s.]

LE: They were. Well, they were living in the downtown area in the streets or in homes where they had group homes. But they weren't registered very often. They were my constituents because they lived there, but they weren't voters. And so, they couldn't help with the problem. There were some that actually came and testified and I could bring them. They were quite logical when they weren't doing their drugs and they were smart and they could talk about the problems and what wasn't being taken care of. So they would be helpful in that way. But most of the work was being done by the city and the county and trying to utilize their efforts in helping people to get housing.

DM: Well, so, but this became a problem for San Jose State, for the businesses around there, for the residents who lived there before Agnews was closed. So how did you interact with them? I mean, can you recall how they would call their local Assembly woman to come to deal with this, right?

LE: Well, they actually didn't. You would have people living on the street, urinating against the wall of businesses, sleeping on the street so that nobody wanted to step over them to go into the businesses. So the local business people would call their city council. The local business people would call the board of supervisors who represented them. It was, and there were community groups that were trying to assist these homeless people or people who were leaving group homes and trying to find their way. So there were, in those days, there were a number of community health centers, which later were closed. That's a whole another story. But the community health

centers would go out and try to assist. There were people who were dealing with nutrition deficiencies for the street people, and they would give them food. So it was really local people, not the state that had to deal with the effects of what this was.

LE: And then, it was my city council person who would call up and say, 'What are you going to do about this? I can't handle this anymore'. This is, because it was the local people who had the problem. The university had the problem. And they didn't know what to do with it. And there was no funding. And as I said, there were some community groups that helped. But it became a local problem. And the state, we only heard about a lot of these things down the road after the city and the counties tried to fix it.

DM: So was there ever any talk when you were on the subcommittee or when you were chair of the subcommittee of reopening the state hospitals or was that just not on the table for money reasons?

LE: I would have loved to have seen some of that happen. Yes, there was talk about it. Look what we've done. We've created a worse dilemma. Had there been an excess of budget at the time, I think there would have been some opening of the hospitals, especially with those groups of people for whom specific treatment plans and skilled credentialed caregivers were needed. That was something that had been talked about.

DM: But it didn't happen.

LE: It didn't happen during my time. And Art, what was Art's name? He later became the mayor of Berkeley. He took over the...

DM: You're thinking of Tom Bates, maybe.

LE: I'm sorry, Tom Bates.

DM: Yeah.

LE: Tom Bates. Yeah. Some of that may have happened, because there was a serious discussion about trying to go back to utilizing specifically trained people rather than people in the community who had no idea except to use chemical straitjackets.

DM: So part of your role on the subcommittee was to visit state hospitals, right? And what did you see when you went there? And what did this teach you? What did this lead you to think?

LE: That was the one time during my tenure chairing the mental health committee that I went back to Leo McCarthy and I said, 'I quit'.

DM: Tell me about that.

LE: I did visit as many of the state hospitals and Joan Amundson and I went to visit all of them.

DM: And she was your chief consultant?

LE: She was my chief consultant, yes.

DM: On the subcommittee.

LE: And we visited the hospitals and they were busy and they were crowded. They were noisy. They seemed to me burdened and unorganized and they scared me. [laughter]

DM: In what way?

LE: Because no, I didn't feel that the people who were residents were being taken care of. And I really thought the world's worst occupation would've been as a psychiatric nurse because there were people, there were some terrible situations where somebody got their nose bit off and thought that they were punched and so it was a dangerous occupation. And I didn't exactly want to go into some of the wards, but I did visit Agnews before it closed. And I went, they brought me to what they called the fragile unit. And I was shocked. I don't think I had ever seen what I saw in the two fragile units where we had hydrocephalic individuals with giant heads and little bodies and things that, people that were about, they looked like babies and they were in cribs and they weren't going to grow, and they had to have 24/7 nursing care. And then, we had wards of little children who had ridden their bicycles and hit their heads later. This went into the helmet problems that we had, but they were never going to be better, never going to be normal. And they were just there.

LE: And we had people that I was, I don't know what the problems were exactly, but they were orthopedically looked like twisted, all twisted feet and arms and legs all twisted. We could never get into those positions. And they were not able to walk or do anything. And so they were, everybody was being fed, tube fed, probably and had 24/7 nursing care. And we had normal, beautiful children in public schools that we couldn't give both breakfast and lunch to. And I said, 'I'm not going to put my hand up and say I want to continue funding those other people. I'm sorry'. My heart was in a different place. I had never realized what we were spending for the fragile population when we had children who were hungry. And so I said, 'I can't do this'. He talked me into staying, but I was a mess for a while.

DM: Well, so people like that still exist.

LE: I understand. I understand.

DM: And so what should we do with them, do you think, for them? Because they can't do anything for themselves.

LE: No. They can't do anything for themselves, and I don't advocate taking a pillow to their face. But I don't think that the most extraordinary, most expensive treatment should be given to them. I think that nature can do its course.

DM: And so, part of what you were doing in the Legislature was prenatal testing, right? So in the hope that maybe some of these issues might be averted.

LE: Well, the people that were or the fetuses that were indicated from the test that was given at that time to determine was really basically to determine Down syndrome and hydrocephalic. Okay. And then, so with that test, which you could get, most of the time your insurance didn't pay for it, so it was not available for everybody. But what would you do if you had that test and it was positive? And abortion wasn't legal. And this is why in the very beginning, before I even joined Planned Parenthood and ZPG, I got involved in trying to see if abortion could be legal in California. Because we had a friend who had that situation where she had a very severely handicapped child born and she would have aborted, had abortion been legal and had another baby, try it again. And so, because of her experience, that's when I realized that the reason you can't have this test widely done, even though it's available, is one, it's expensive. Nobody's paying for it. And two, abortion is not legal in California. And that was way back before I was in the Legislature, in the beginning.

DM: So when you were grappling with this concept of this reality of these fragile people, can you remember any counsel that Lanterman may have given you?

LE: I think he was...

DM: Because he must have been well aware of this.

LE: Well, it's interesting. I don't remember that kind of conversation that I had with him. Perhaps at that time, he was gone.

DM: Okay. All right. And then, so what sorts of lessons did you learn from Lanterman? What did he impart to you? He introduced you, he gave you his blessing, but he must have given you some counsel as well.

LE: How to utilize the advocacy of family.

DM: How so?

LE: Well, because the families were well organized and determined to help their family member that whatever the need was. So to utilize that power to demonstrate to people who were unwilling to give more money, for example, for that kind of thing, to organize in their districts and help them go specifically to the right people who were on the right committee. So, for example if there was a person who was on the subcommittee for the budget of the, it was within the Ways and Means committee. And so, the Ways and Means committee that took care of the budget for health and welfare and actually, I think health and welfare who sat on that committee, well, if the parent group in San Mateo had a representative who sat on that budget committee and they wanted to get more money for a particular cause, then instead of just sending out letters to

the whole Legislature, they needed to know to focus on the people who were gonna vote first in that subcommittee and then in the full committee before you even address the full Legislature.

2 LE: So it was easy to use both ways. Those people could in their groups were powerful and very interested in helping. And so you could get them to Sacramento to talk to reluctant members and then they also needed to learn how to focus their potential power on instead of just a blast to the whole Legislature. So the teacher in me [laughter] said, I can do this.

DM: Yeah. I should have asked you this initially but when you started, you were an Assemblyman. I mean, that's what they called you? Or...

LE: Yes.

DM: Were you an assemblymember?

LE: No. No. I was an assemblyman.

DM: And that didn't quite sit well with you?

LE: Well, I wasn't a man. And so, I remember this was before computers, so the printing press where the bills were, the bill room printed all the bills that were going to be heard and it would have Assemblyman Egeland and then your co-authors or whatever. But you had assemblymembers, Assemblyman. And so I was Assemblyman Egeland and I said, I want to be Assemblywoman Egeland. And so, they changed the type and I became Assemblywoman Egeland. And Pauline Davis, who was the other woman came into my office. She was very upset because they changed her to be an Assemblywoman. And she said, 'I am an Assemblyman. It's a generic term like senator'. And I said, 'Well, I don't agree with you Pauline. It's a man. And I am not a man. And so I want to be an assemblywoman'. So my bills were assemblywoman Egeland and hers were Assemblyman Davis. And then Terri Hughes was elected in a special election the next year, and she wanted to be an assemblywoman also. So the printing press, people were busy changing the type anytime the two of us had a bill. And they just said, 'From now on, you are all assemblymembers'. And so...

[laughter]

DM: So you were all...

LE: Yeah.

DM: Okay. And so that's...

LE: Well, that's how that term...

DM: So that's the derivation of assemblymembers..?

DM: All right...

LE: ...Were created by the printing press people. [laughter]

DM: Yeah. Yeah. Okay. All right. So 1980, you've been in office for three terms. For some reason, you decided to term-limit yourself. Now, why did you not run for election in 1980?

LE: I felt that I had accomplished quite a bit in terms of what I set out to do with regard to statute, to budgets, to changing laws in general and changing practices. And I had two daughters who were in elementary and middle school, and I just said, 'I don't want to look around one day and see two grown women and say, 'Who are you?' I wanted to be more a part of their life. It was not easy. By that time, I was a single parent. And I just wanted to spend the next few years that I had with them, with them. And I had a prior commitment and I felt I had done what I came to do.

DM: Would you have won had you decided to run in 1980?

LE: I don't know. I hope so.

DM: Who was your replacement? Do you remember?

LE: Oh, my repla... No replacement.

[laughter]

LE: The person who took that office was Dom Cortese, who was the supervisor at that time.

DM: Okay. All right.

LE: And had the name recognition. And later, his son became mayor. I think his son...

DM: Son's in the Legislature now.

LE: Now. Yeah.

DM: Yeah. So okay. And did you have any regrets that you gave it up after three terms?

LE: No, I didn't. I didn't. I had seen many people change and become very beholden to being reelected, because that was their career now, and it was too late for them to change, they thought, I guess. But I didn't want that to happen to me. I wanted to be able to grow and do something else. And the usual path was that the Senate and then Congress and I just felt I wanted to go back to being a nonpolitician.

DM: And so, how... What was fundraising like for you, a woman during your three terms?

LE: Well, the first time was the hardest, but then I don't think we equaled the cost of what goes on today in any way. Again, there was no computer, we didn't even do television. They were too expensive. We did radio ads. The biggest expense was billboards, and we had billboards and

lawn signs and literature that went out and we walked precincts and I walked every walkable precinct in my district and distributed literature. But fundraising was tough. And we would have events. I mean, we could charge \$10 for a picnic in the park and that kind of thing. We had a lot of... I mean my kids even had a lemonade stand and gave me the money and I took it.

[laughter]

LE: But it was not easy without party help. And people weren't used to paying a lot, but I think the whole cost of my primary may have been \$50,000. It was not giant size. Now, after I was in the Legislature for one term, then I had legislation that affected a lot of people positively. And I had been able to be in my district, I made friends with people from the Pesticide Applicators Association and the Farm Bureau and people who were traditionally Republicans. And I found ways to work with those groups so that I didn't have all of the opposition. I even had a Republicans for Egeland committee. So fundraising was easier then as time went on and I had the Labor Unions that supported me and the firefighters and the usual...

DM: Teachers?

LE: Democratic... Oh, and the teachers. Yes.

DM: Yeah.

LE: Definitely the teachers.

DM: Yeah. So, you were chair of this Mental Health Subcommittee in '77, '78. And that was a time when the Carter administration had become interested, well, was interested very much, so in mental health care in Rosalynn Carter held a hearing over in San Francisco.

LE: Well, Rosalynn... All of the first ladies usually choose an issue to work on. And mental health became her issue. So she traveled around in many states, I think, and held hearings. And so, I have photographs of Rosalynn Carter and Leona Egeland. [laughter]

DM: So can you recall from California's perspective, what your view, what the Legislature's view was of what the Carter's were trying to do with regard to mental health legislation? Because they did, Carter did sign a major bill in 1980 -- [the Mental Health Systems Act] -- which of course then got undone by President Reagan in '81. But can you recall what any interaction that you may have had?

LE: Basically, I think people in the California Legislature viewed this as a public relations program for the Carters carried out by Rosalynn. And that it would be hearings and that maybe a few things might be done. And there was a hope that with her interest, that funds would come from the federal government to the state for specific things that her hearings identified. So I think that was why people were very happy to comply and set up the hearings and testify. And we had a lot of testimony from people.

DM: So it was hopeful, but you were skeptical that much of anything would come of it?

LE: Yes, I would say that would be a good description.

DM: Okay. Interesting. Interesting. Okay. Well, you know I am about out of questions and to the audience, any question, any areas I'm not covering that you're interested in? Okay. And what have we not covered that you think we ought to cover?

LE: Well, I would just like to say that when you are in public office, you have the bully pulpit and you are able to talk about a lot of things that don't result in legislation, but you can still be effective in doing something and bringing issues to the fore. So one of them I'm very proud of was that when I was first elected, I went to my bank and I wanted a credit card...

DM: Credit cards. I forgot all about them.

LE: In my name. And they said, 'Of course you can have a credit card. It would be Mrs. Gill Egeland.' And I said, 'No, no, no, no, no. I want a credit card to say Leona Egeland'. Here are the criteria for getting credit card. You can, you must earn your money, you must have. In other words, there were financial resources. You needed a good credit rating. You didn't have a bloody trail that you left behind you in some way. So I said, 'I qualify, I should qualify. I'm the wage earner that I'm qualifying myself for this card. I don't need anybody else's money. My husband has his cards, and he's a school teacher'. And so here we are. And they said, 'No.' And in fact, none of the banks in California gave women credit cards in their own name. In fact, if you wanted to buy a house, you had a substantial male that had to co-sign with you in order to buy a house. I don't even know if you could buy a car by yourself. So there was discrimination against women.

LE: And I wasn't trying to say, 'Well, just because I'm a female, I need to have this. I qualify. Here's your list of qualifications, I qualify. And the only thing is I don't have a penis, so how about you give me this card?' Well, it was out. So I called a press conference and I had members of the press come to the Capitol, and I then invited the vice president of my bank, which was at that time the Bank of America. And that gentleman was also a member of the State Democratic Central Committee. I can't remember his name. And at any rate, I said, 'You could come and tell the press why if I meet all the qualifications that this member of the Assembly cannot be given a credit card in her own name. Or you can come and be the first bank to explain that the Bank of America is going to be giving credit cards to women who qualify.' And then that's what they did.

DM: And so this did not even require legislation.

LE: No legislation. So I'm saying you get the... You have press conferences, you get the bully pulpit to talk about things to the press. And to town hall meetings and to school visits and you have a focus of issues.

DM: So in your time after the Legislature, you're still a single mom before your current lovely husband, you needed to make ends meet. So you did just briefly, what'd you do after the Legislature?

LE: Well, my first job after the Legislature was that I was the deputy director of the Department of Health Services under Beverly Myers. And Beverly gave me that job, and I opened an office for the department in Los Angeles and handled their press conferences and whatever issues were going on at the time. I spoke to medical groups and nursing groups and the public. And then, I handled her visits to Southern California or anyone else in the administration. And mainly, we focused on child health in that area. So that was fun. And then, that was when Deukmejian was elected. And since mine was what they called a pleasure appointment, I didn't have any security for the appointment. So I was asked to tender my resignation. And my good Republican friend Mike Antonovich, went to Deukmejian and asked for two months for a reprieve for me, which I got.

LE: So I had two months to find a new job, [chuckle] which I did. And I went to, I became the director of government relations for Centinela Hospital in Inglewood, California. And they had this large hospital, it was a 405-bed hospital, plus they had a hospital up in Mammoth Lakes that did a lot of orthopedic work, as you can imagine. And I worked for them with the Association of Hospitals in Southern California. And I did lobbying for legislation and against legislation, that kind of thing. And I did that for a decade. And then, the hospital was sold to a for-profit group, and they decided that they would fire all of the executives, but they also knew who I knew. And I was old by that time. I was in my 50s. And so, they gave me a severance package of a whole year. Oh good.

LE: So for a while, I went out to lunch with my friends and then I did some individual lobbying which was fun. I had a certain individual clients and that was a challenge. And getting clients was a challenge. And working by yourself without a group was a challenge, but it was fun to learn how that worked. But I had to have a steady job. I couldn't rely on that kind of an income. I had to have a steady job. So I started looking for a job and I looked all over California and that's when I found the job for doing government relations for The Doctor's Company. And they were headquartered in Napa, California.

DM: And so here you are.

LE: Yes. And so at age 60, I took my... That last job, [chuckle] and I retired at age 79.

DM: Wow. Wow. 19 years with Doctors.

LE: Yes.

DM: Very good. Very good. Alright. Well, Leona Egeland Rice, thank you on behalf of Open California for sharing...

LE: Well. Thank you for inviting me.

DM: Your memories and insights. I think it's quite interesting. And I'm Dan Morain and thank you very much to the California State Library for its generosity and helping make these oral histories a reality.

LE: Thank you.

DM: Thank you.