

Ruth Stryker-Gordon, RN, MA
Narrator

Dominique A. Tobbell, Ph.D.
Interviewer

ACADEMIC HEALTH CENTER
ORAL HISTORY PROJECT

UNIVERSITY OF MINNESOTA

ACADEMIC HEALTH CENTER ORAL HISTORY PROJECT

In 1970, the University of Minnesota's previously autonomous College of Pharmacy and School of Dentistry were reorganized, together with the Schools of Nursing, Medicine, and Public Health, and the University Hospitals, into a centrally organized and administered Academic Health Center (AHC). The university's College of Veterinary Medicine was also closely aligned with the AHC at this time, becoming formally incorporated into the AHC in 1985.

The development of the AHC made possible the coordination and integration of the education and training of the health care professions and was part of a national trend which saw academic health centers emerge as the dominant institution in American health care in the last third of the 20th century. AHCs became not only the primary sites of health care education, but also critical sites of health sciences research and health care delivery.

The University of Minnesota's Academic Health Center Oral History Project preserves the personal stories of key individuals who were involved with the formation of the university's Academic Health Center, served in leadership roles, or have specific insights into the institution's history. By bringing together a representative group of figures in the history of the University of Minnesota's AHC, this project provides compelling documentation of recent developments in the history of American health care education, practice, and policy.

Biographical Sketch

Ruth Stryker-Gordon was born in St. Paul, MN. She received her BA in Public Health Nursing from the University of Minnesota in 1948 and her MA in Education from the College of St. Thomas in 1967. She worked as a tuberculosis field nurse for the Minnesota Department of Health for a year after graduating from nursing school. From 1954-58, she worked as a school nurse for the Minneapolis Board of Education. She worked as a pediatric nurse, supervisor, and instructor at Northwestern Hospital (1950-51), St. Barnabas Hospital in Minneapolis, (1954-58) and St. John's Hospital in St. Paul (1958-59). In 1959, she returned to St. Barnabas Hospital as an administrative assistant for Inservice Education and Method Studies, holding that position until 1966 when she moved to the Sister Kenny Institute in Minneapolis as the director of Nursing Education and Publications. In 1972, she became assistant professor in the Center for Long Term Care Administrative Education in the Program in Hospital and Health Care Administration in the School of Public Health at the UMN. She was promoted to associate professor in 1979. She retired in 1989.

Interview Abstract

Ruth Stryker-Gordon begins by discussing her background and why she went into nursing. She describes her experiences as a nursing student at the UMN, as a tuberculosis field nurse with the Minnesota State Health Department and doing TB screening in rural Minnesota. She also discusses her experiences as a school nurse, as a pediatric nurse, as assistant director of nursing at St. Barnabas and introducing ward clerks; working at the Sister Kenny Institute; getting her MA in education; and serving on the Board of Licensure for Nursing Home Administrators. She discusses Katherine Densford; Sister Elizabeth Kenny; her husband, Kenneth Gordon; Lee Stauffer; Edith Leyasmeyer; Robert Kane; Owen Wangensteen; Richard Varco; nurses that worked on Indian Reservations (Bureau of Indian Affairs nurses); male nurses; women of color nurses; women faculty in the School of Public Health; recruiting minority students; and faculty of color. She describes iron lungs; living in Powell Hall as a nursing student; the introduction of penicillin; relations between nurses and physicians; interactions between the Sister Kenny Institute and the UMN Medical School; the Shyamala Rajender Decree and pay discrepancies between male and female faculty; and relations between divisions of the School of Public Health. She discusses changes in nursing in the 1960s; faculty in the School of Public Health at the UMN; developing curriculum in nursing home administration; the Kellogg Centers for long-term care administrative education; the School of Public Health division of Hospital and Health Care Administration, its Independent Study Program, and its Masters in Hospital Administration program; the Public Health Nursing program; nursing homes; and funding and space issues in the School of Public Health.

Interview with Ruth Stryker-Gordon

Interviewed by Dominique Tobbell, Oral Historian

**Interviewed for the Academic Health Center, University of Minnesota
Oral History Project**

Interviewed at the Home of Ruth Stryker-Gordon

Interviewed on December 3, 2010

Ruth Stryker-Gordon - RG

Dominique Tobbell - DT

DT: This is Dominique Tobbell. I'm here with Ruth Stryker-Gordon. It's December 3, 2010. We're at Ruth Stryker-Gordon's home at 535 South Lexington Avenue, Apartment 404, Saint Paul [Minnesota].

Thank you for speaking with me today.

RG: You're entirely welcome.

DT: To get us started, can you tell me where you were born and raised?

RG: I practically never left Saint Paul. I was born in Saint Paul and went to school in Saint Paul, went to the University [of Minnesota] School of Nursing. I did live in Roseville [Minnesota] for twelve years.

DT: So a suburb [of Saint Paul].

RG: Yes. Exactly.

[laughter]

DT: What led you to go into nursing?

RG: It's kind of a sentimental story. My father died when I was eight, and the nurse who had taken care of him first took care of him as a student nurse at Saint Luke's Hospital in Saint Paul that no longer exists. Then, she was a graduate nurse and she took care of him. Then, after he died, she gave me a Christmas present every year until she died at age eighty-five. It really was a wonderful relationship. Anyway, I got it in my head I'm

going to be a nurse. So I went to the U and I was in what was then the five-year program when Miss [Katherine J.] Densford was... I guess we didn't call her dean then.

DT: She was director.

RG: Director of the program, right. I got to know her in an amusing way. Everybody had to take the course called History of Nursing, and Miss Densford taught it. It met once a week. Obviously, it was one credit. Every time we'd come to class, somebody different would be in there, "Oh, Miss Densford is in New York with the ANA [American Nurses Association]. She's so sorry she can't be with you." That happened throughout the whole quarter. On the last day of class, she swooped in, and she said, "Oh, my dears, I'm so glad to meet all of you." That was the last day of class. So I've always remembered that.

When my uncle [James Gray] wrote the history of the School of Nursing, he, of course, was interviewing her a lot. Well, she was the director for twenty-five of the fifty years of the history. She got it in her head that my mother and I should read every chapter, which was uncomfortable for us. She would call up and say, "Now, I'm sending you this chapter. Dear Mr. Gray, I won't tell him, but, please, I want you to know if there's too much in there about me." Maybe some people could say that was true, but she really was the School of Nursing for twenty-five years. Anyway, we got to know her very well.

We went out to the Saint Croix River where my uncle had a cottage, and she said she'd like to go swimming. I was amazed, just totally amazed. She got into a fuchsia bathing suit and she was the most stunning swim suit model at age seventy, I think about, that you ever saw. She had no end of surprises to her personality.

DT: How is it your uncle, James Gray, ended up writing the history of the school?

RG: He'd written a history of the University [*University of Minnesota, 1851-1951*]. Then, Miss Densford wanted the history of the School of Nursing, and she just went to him. She did not know I was related to him at the time.

DT: Presumably, you went to the University of Minnesota because you were local.

RG: Right, and poor. Yes.

[chuckles]

DT: How much did it cost to go there or did you get scholarships?

RG: You would be just amazed. It cost forty dollars a quarter—maybe it was forty-five. Then, after I was admitted to the School of Nursing, the Cadet Nurse Corps was started and we had free tuition. When you signed up for the Cadet Nurse Corps, you promised after your graduation that you'd work in nursing for, I think, five years, whether it was

civilian nursing or military. Then in my fifth year, I suppose it was fifty dollars a quarter by then.

[chuckles]

RG: I majored in public health.

DT: I have here that you graduated in 1948.

RG: That's at the end of the five-year program, right. That's correct.

DT: You were a student nurse during the war then.

RG: That's right, yes.

DT: Did you get called to work out on any of the bases?

RG: No. The war was over by the time I graduated in 1948.

DT: What was it like being a nursing student at Minnesota?

RG: Well, it was back in the days when nearly all of the staffing at the University Hospital was student nurses. Our class was at General Hospital, which is now Hennepin County [Hospital], and Miller, which is now United [Hospital], and University [Hospital]. Now, I was assigned to University Hospital. The graduate nurses during the war—see, they were all in the military, mainly—except for the head nurses, and, then, the student staff at the hospital. It was really incredible.

One of my classmates was not wearing her cap or an apron. She just had the blues on, and one of the interns said, "How come you don't wear your cap?" She said, "If you don't know, I'm not going to tell you." She was a probie [probationary basis]. It was like the third day she'd ever been on the floor! She hadn't been so-called capped yet.

We were assuming responsibilities that were way beyond us. We worked long hours and frequently split shifts. So we worked like seven to twelve, go to class and fall asleep, and, then, work three to seven. Then, you were supposed to study. That was six days a week. We had one day off.

DT: You had to sleep in class?

RG: Yes, you were so tired.

The other important thing was some of us smoked, and we had only half an hour for a meal, so we had to rush to the dining room, swallow our food, and rush back to the dorm to have a smoke. I just can't imagine what we smelled like to the patients. Anyway, that

was a very important thing. We all learned to eat fast. When we have reunions, we just look at each other because we're *still* eating fast.

[chuckles]

DT: Some things never change. They're ingrained.

RG: That's right.

I suppose the most dramatic thing that happened during my student days was the 1946 epidemic of polio and Sister [Elizabeth] Kenny came here at that time. She was pretty much at General Hospital and I was at the U. It was really just very hard on us, because young people our own age were coming in and dying. They'd come in and you'd just think, oh, they look fine, and it was really a terrible experience. They were young and some were kids, of course.

DT: Did you have a lot of patients who were in iron lungs then?

RG: Yes.

DT: What was that like?

RG: Just terrible. In fact, to this day, I think of a woman who died about six, seven years ago that had lived in one.

DT: Right. I've seen a video of her.

RG: Anderson, I think her name was.

DT: It was on You Tube.

RG: How you maintained your sanity, I don't know.

DT: Do you have any recollections of how the young people felt about being in the lung?

RG: I really don't know. I have to say that we were so busy giving physical care that you often just talked to them, but you really didn't have time to be a human being. You'd just put your hands in the little openings and put bed pans in and out. It was not pleasant nursing and certainly the patients were facing a dire future.

DT: Were there several iron lungs in one big room?

RG: Yes, like a ward of them.

DT: I've seen photos, not from the University Hospital but elsewhere.

RG: Most of the iron lungs were at General Hospital, but we had them...smaller rooms. Like there would only be four or five in one room.

DT: Can you talk a little bit about what Sister Kenny was doing and how her methods kind of changed things for you?

RG: For me, they didn't change because she was here doing her thing and it was across the board of all the hospitals in the Twin Cities. She was very domineering. My roommate was at General while she was there, and she just shivered in her shoes when she came along. She almost had to be because she fought the medical profession for so many years. So we were all hot packing. It wasn't a change for us. We just did it.

DT: That's incredible.

RG: Yes.

DT: You were living in Powell Hall at the time?

RG: Yes.

DT: What was it like for you living in Powell Hall?

RG: That was kind of fun. We had a good time in Powell Hall. It was very nice. Mrs. [Dorothy] Kurtzman was our dorm director. There was always somebody sneaking out a window or something. [laughter] She was very proper and really a very nice person, but I'm sure she could have killed half of them. I had a wonderful roommate and made lifelong friends.

DT: Did you ever sneak out?

RG: No, I didn't sneak out, but I did come in late one night, which was another no-no, but that wasn't as bad as sneaking out.

DT: There were no men. Men were first permitted to enroll in the nursing program in 1949. Is that right?

RG: I'm not sure. There were none in our class. We had a couple of male head nurses. They were odd to us. That seemed so odd. Actually, one was sort of odd, but the other one was perfectly normal. They came both ways. [laughter]

DT: Were there any women of color who were nurses at that time?

RG: I think there was one at General. We had none in our class. We had a Japanese woman, a Japanese American, and her husband was the ambassador. He was in San Francisco much of the time. That's why they weren't in prison camps.

DT: That's amazing. That wasn't that long ago.

RG: Yes, it is. It is.

DT: You said you majored in public health... Oh, before that?

RG: In the five-year program in your last year, you had two choices: public health or education. It was the fifth year that we did public health. I'd had no public health. Our hospital experience was identical to the three-year program; there was no difference. It's just that we spent more time on campus before and after.

DT: Just taking more classes in nursing theory and...

RG: Liberal arts. Yes.

DT: Where did you take the public health classes? Was that in the School of Public Health?

RG: That was not a school then.

DT: Oh, it was a department of Preventative Medicine in Public Health.

RG: Yes, I think so. That was all here, the classes, and, then, I had three months in Des Moines, Iowa, working with the visiting nurse association down there.

DT: How did you end up in Des Moines?

RG: They assigned you for your internship, a practicum I think it was called. You just got sent.

DT: So there were several placements out of state then?

RG: Right, and a few in the Twin Cities, too.

Des Moines was interesting to me. I was shocked when I was there. We had a black graduate nurse on the staff of the Visiting Nursing Association. There was another gal from Minnesota; she and I roomed together in a boarding house. It was awful. Anyway, they were going to have a little party for us, and they had to call about ten restaurants to find one that would take a black person. I thought that was shocking, not that we were all that liberal in Minnesota, but you did see black people in restaurants then. I just thought, well, I was a long way from home. [chuckles]

DT: Did you ever find a restaurant that you could...?

RG: Yes. The department store let us in. They had a restaurant.

DT: You mentioned Katherine Densford. Were there any other notable faculty that you remember from your time as a student?

RG: My mind has gone blank, all of a sudden. [pause] Miss [Agnes] Love was our nursing arts instructor who was just lovely, and Florence Julian was a nursing arts instructor. Of course, she went on to greater things. They were really two of the people I remember.

On the evening and night shifts sometimes, senior students were in charge, so there was no RN [registered nurse], except at the supervisory level. It's just incredible. When we get together, those of us who are still here... They all seemed to live and got their medicine and shots. Penicillin had just been developed and you had to give somebody a shot every three hours when they had penicillin.

DT: It came as a powder and you had to mix it up first?

RG: I don't remember if it was a powder. Yes, it was. It had to be. I can't remember for sure.

DT: Another nurse that I interviewed had mentioned...

RG: That is was a powder?

DT: Yes.

RG: What we did was we took *huge* syringes and just filled them up and, then, just changed the needle as you went from patient to patient—probably not the best technique, but that's the way we did it.

DT: When you first began as a student, I guess penicillin had already been introduced.

RG: I think so, yes, but it was pretty new.

DT: Were there particular faculty in public health nursing that you remember? I think Margaret Taylor or Marian Murphy were...

RG: Yes, I did have Miss Taylor. She was quite stern. I wasn't very happy with her. Then, Doctor Eric [Kent] Clarke, he was a psychiatrist and he taught mental health in public health nursing. I loved him; he was great. Then, there was Doctor [Stewart C.] Thomson. Doctor Thomson was really fun. He was delightful.

DT: What did he teach?

RG: He taught preventive medicine. I'm not sure what it was called then. It was the basics of public health.

DT: What made Florence Julian and Miss Love such memorable teachers?

RG: I just think they were warm and human and had a sense of humor, so that made the classes more interesting.

DT: You graduated in 1948.

RG: Yes.

DT: And, then, you went on to the tuberculosis [TB] field. Is that right?

RG: Yes. The [Minnesota] State Health Department had a tuberculosis division. We had portable x-ray trucks. What we did was go from county to county. There were four of us that were nurses. We would enter a county, go to somebody that we'd heard about or had contact with. Doctor [given name?] Mark was the head of the division. We would organize the county by districts and they'd get volunteers to get people out. They had not followed up on the TB cases in these counties before for maybe twenty years. So we had a stack of reported TB cases from twenty years back. We'd go to the post office. Of course, some had died. Some had moved. Some they'd never heard of. Then, we would visit the ones that were still around. They, then, were not to have a portable chest x-ray in the truck. They had to go and have a full x-ray at their doctor's office. That was pretty much the point of following up on those cases.

In one case I had, I was met at the door with a shotgun. I found out that the man I was to see was living with his grandchildren and children. He was in terrible shape. I even could see him through the door in bed. So I said, "Goodbye," and called Doctor Mark in Minneapolis and said, "This is what happened." He said, "Call the sheriff and explain everything. Then, call the county medical office," so I did. I never did have to go back. As a matter of fact, the man died the next week, and two of the grandchildren had contracted TB.

Anyway, that's what I did for a year.

DT: In addition to doing the follow up, were you also screening other people as well?

RG: Yes. That's what they were organized for, to have those screening x-rays in the truck. The truck driver was an x-ray technician. He took the x-rays.

DT: Multitasking.

RG: Yes, right.

DT: Do you know how many of these units there were, how many of you were going out into the country?

RG: There were four.

DT: To go through the whole state?

RG: Yes. Right. I think they finally finished. I lasted about a year. It was an interesting job; it really was.

DT: You mentioned that Doctor Mark was based in Minneapolis. Were there any other physicians traveling with you?

RG: No. Then, they were to go to their own physician in the community.

DT: Did you screen absolutely everyone in the county or was it just...?

RG: No. You had a goal of trying to get something like seventy-five to eighty percent of the population. Sometimes you'd meet the goal and sometimes you didn't. It kind of depended on the community volunteers. Did it get out in the newspapers and was it on the radio and was it on TV, those kinds of things. Did the Lions Club get involved? It was really a community effort.

DT: Do you remember if there were any counties in particular that were problematic, like either they weren't coming to be screened or there were high cases?

RG: No. I think the most difficult counties were where there was an Indian Reservation. We knew that there was probably a high degree of TB among them. In several of those counties, there was an Indian nurse. Now, the nurse was not Indian, but she was hired by the Bureau of Indian Affairs and she knew those communities. It was amazing. There were two: one up in Two Harbors and the other one was in Mahnomen County. Those people were the most dedicated nurses I've ever seen. They lived as the only white woman; although, there were white people around. They were the doctor, nurse, hospital, clinic, everything.

DT: They had no physician that they...?

RG: No, rarely. Sometimes, they had a county physician that could be called on. They did everything. It was amazing.

DT: Do you remember their names?

RG: One name I do remember. She was Miss Northrop. She was a maiden woman, but she was some relation to the university Northrop family. I think she was seventy years old and still just going strong and had been there all her life.

DT: The Bureau of Indian Affairs, their nurses were well received within the community, but those of you coming from outside...

RG: Outside.

DT: ...were not well received?

RG: Well, we were accepted because we were with them. They wouldn't have had, probably, anything to do with us.

DT: Would they view you suspiciously?

RG: No. They were kind of passive, I think, and expressionless. You'd drive around those areas where they lived and I, to this day, can spot an Indian area because they're *so* poor and kind of hopeless. They've given up and they just throw it all, a broken bicycle out in the yard and throw a broken lawnmower out in the yard. They just kind of gave up. I think there's a little bit of that as I read about them today.

DT: Yes, it's tough.

RG: Yes.

DT: You worked as a field nurse, you say, for about a year?

RG: Yes.

DT: Then, what did you do next? You worked as a school nurse?

RG: I did pediatrics for a while. I can't remember the exact...

DT: I have that you were a pediatric supervisor and instructor at Northwestern [Hospital].

RG: I was there briefly, but then took the same position at Saint Barnabas [Hospital].

DT: Okay.

RG: Yes, I was a school nurse before that. I did school nursing. I had Marcy, Pratt, and Tuttle. I had three schools and divided my time there. I rather liked that, but I found it not very challenging. You'd give Snellen E [Eye] tests to little kids and hearing tests. You'd make a home visit once in a while. You'd send somebody home because they have nits in their hair. [chuckles] I enjoyed the summers off. That's about it, but it was kind of fun. I did it for almost three years.

DT: You would spend, say, a couple of days at each school?

RG: Yes. I spent every afternoon, at Tuttle. Actually, that was an interesting school. It was the demonstration teaching school for the U of M College of Education, so they had *superior* teachers. Then, there were all these students sitting in with them. Those were

really special people. Then, I spent two days at Pratt and three days at Marcy or vice versa.

DT: Did you teach health education classes when you were at the school?

RG: No. Nobody thought of that. They were grade schools, I have to say. Fifth grade was the top grade that I was involved with. No, it was just routine.

DT: Was it usually public health nurses who did the schools?

RG: Yes. In fact, that was a requirement. I'm not really certain why, but it was then, at least.

DT: So, then, after a few years, you decided that wasn't for you and you went back to hospital work?

RG: Yes, I went back to hospital work in pediatrics, and that was always challenging.

DT: When you were doing pediatric nursing, what kinds of responsibilities did you have?

RG: At Saint Barnabas Hospital, I was responsible for supervising the area and the head nurse and assistant head nurse. We happened to have the premature nursery under our purview just because of geography. You were also the instructor for the students. Now, at that time, there was a four-year college program with Macalester [College], Saint Barnabas, Northwestern, and Abbott Hospitals. So we had students rotating through. So I spent half of my time teaching and supervising students, as well as the pediatrics unit.

DT: That was through Macalester College?

RG: Yes. I don't know how long that program lasted. It really was a good program, but I don't know how long it lasted.

DT: I haven't heard about that program before.

So you were teaching the students, but with the patients, what kinds of things were you doing?

RG: Pretty much I made rounds in the morning. I had an awfully good head nurse and assistant head nurse. You could really depend on them. I did orientation of new RNs, hiring of new RNs. The students were there for three months, so there were always ten, something like that, eleven on the station. I talked to parents when there were kind of extenuating circumstances.

There were problems, like we had a schizophrenic doctor who nobody would do much about. She always kept the stethoscope around her neck when she held it up to the

person's chest. I was told to keep my eye on her, and I did. If I thought there was something not quite right in the treatment of her patients, I asked one of the pediatricians to go see the kid, and they always did. Everybody seemed to want to protect her. She was protected, because there were a lot of us had our eye on her. [chuckles]

DT: Do you know why people were so protective of her?

RG: I don't know. I think doctors have trouble disciplining each other. I think that was part of it.

What was really comical is she came in with a patient with a diagnosis of Rocky Mountain Spotted Fever, and I just thought that was the funniest thing I'd ever heard, and everybody laughed. It was Rocky Mountain Spotted Fever. So you just cannot win.

[laughter]

DT: That wasn't a particularly common occurrence, I wouldn't imagine.

RG: No. No. I'd never seen a case before or since.

DT: So, clearly, it was something she was competent at.

RG: It seemed to click through, yes.

DT: How, in general, were the interactions between the nurses and physicians?

RG: Oh, on pediatrics, very close. We were friends. It just was a wonderful medical nursing relationship, all of them. There was Tague Chisholm, who was a pediatric surgeon that did cleft lips and cleft palates, all kinds of pediatric surgery. He was just marvelous. And Betty Jerome... Anybody that ever knew Betty Jerome, she was eccentric and brilliant and just a wonderful person. And Doctor Lane Arey. It was a marvelous working group.

DT: It sounds like there were a number female physicians.

RG: Yes. In pediatrics, there were quite a few. Yes—I'm guessing—historically, it may have been one of the first specialties.

DT: Traditionally, it had always been a more accessible field for females.

RG: For women, yes. It makes sense.

DT: I don't know what experience you had of interaction between nurses and physicians in other departments, but do you think that the presence of female physicians may have made those relations better in pediatrics?

RG: I'm not sure that that's true. The reason I say that is—you've probably observed this—I think people who go into pediatrics are very different personalities than, say, surgeons. Okay? I think it's the nature of the men and women who are attracted to caring for children that makes the whole thing work better.

DT: I can believe that.

RG: They're aware of the families, the parents. It's just natural. I think in other services, sometimes the families are kind of... They come in and tell you what happened in surgery and you may never see them again. As my husband [George Kenneth "Ken" Gordon] says, "Pediatrics is sort of like veterinary medicine. It's a triad: the patient, the family, and the doctor."

[laughter]

DT: That's a good analogy.

Were there specific medical technologies that you remember using when you were in pediatrics?

RG: None. I can't think any new thing that came along. No.

DT: Were the nurses able to do IVs [intravenous]? Were they responsible for that?

RG: Not then. You called the intern.

[chuckles]

DT: So Saint Barnabas was also a teaching hospital, that there were interns and residents there?

RG: Yes, there were. All of those three hospitals, Northwestern, Abbott, and Saint Barnabas were.

DT: Were you the supervisor to all three hospitals or just...?

RG: No, just the one. Then, there was a pediatric nursing course in their curriculum and the three supervisors from each of the hospitals got together and we parceled out who would lecture on what.

DT: When you were working as a pediatric supervisor, did you feel that you had moved away from public health nursing?

RG: Yes. I really did.

DT: Did you miss public health nursing?

RG: No. [laughter] I didn't. That was kind of a mistake. I don't think I was born to be a public health nurse.

DT: Why is that?

RG: Well, we had a little short six weeks in our course that fifth year with Family Nursing Service in Saint Paul. I don't know... carrying around a little black bag and going in people's homes and always putting a newspaper underneath your black bag sort of like the house is dirty and many were, I just found very uncomfortable. It wasn't for me.

DT: It always seems that public health nurses had more autonomy, though, in what they did.

RG: They do. In that respect, it's a good job.

DT: But you liked being in the hospital setting more?

RG: Yes, I really did.

DT: You stayed at Saint Barnabas...

RG: And became assistant director of nursing, and that was a really interesting job. It was in-service and method's improvements. I think we were the first hospital certainly in the northwest that did ward clerking. Then, we got a staffing secretary so the head nurses did not take hours home making out schedules. That was central staffing. We just started all kinds of interesting things—as my granddaughter would say, “A hundred fun things, we did.” [laughter]

DT: What led to you introducing the ward clerk and what did that ward clerk do?

[telephone rings – Mrs. Stryker-Gordon takes a call]

DT: You were telling me about the innovations that you helped introduced at Saint Barnabas.

RG: It just seemed like head nurses were stuck at a desk. Why they even called them a nurse, I don't know. They were making out hours. They were writing dietary lists. They were writing reports of the critical patients. It was *all* paperwork. We just thought as much paperwork that you can get off their backs...they can go out and see the patients.

DT: So management liked this idea?

RG: Yes.

DT: What kind of person was hired as the ward clerk? Were they someone with any kind of nursing background or was it more secretary...?

RG: Really, we didn't know what we should be hiring for either, but we did want somebody that would be kind of a PR [public relations], or at least pleasant, at answering the phone—that was another interruption all the time—and could direct the doctors to wherever they needed to go. So they were a receptionist. You started with that, and, then, hoped they could make accurate lists...

[laughter]

RG: ...and do all the paperwork that needed to be done.

DT: Did your head nurses really see the benefit quickly?

RG: Oh, yes. Yes, absolutely. Of course, a couple of them just loved what they were doing, so they went elsewhere. Yes, the ones that really felt like they should be doing more with their patients loved it.

DT: Do you know how it worked out economically? Did the hospital save money by dividing...?

RG: No. I think it probably ended up even. It sounds like you're adding staff, but the nurse was doing more so at the other end, there was probably one less nurse aide. I don't know. But it did not impact the budget.

DT: Did any other hospitals adopt this method?

RG: Eventually, yes. Yes, in fact, it's all over the country now.

Then, you have to stop and think that there were no computers. We had mimeograph machines and you did typing for making your lists, all of those things that people never heard of now. It's electronic and computerized.

DT: It seems that Saint Barnabas, though, was probably the first hospital in the Twin Cities to incorporate...

RG: Yes. Definitely. In fact, I wrote several articles for the *American Journal of Nursing* about it, because it was thought to be innovative.

DT: Do you know when you introduced this? It was in the 1960s sometime?

RG: Yes. I was just thinking... The textbooks I've written are in the living room. I wrote a textbook called *Hospital Ward Clerk* [published by Mosby, 1970].

Oh, the other thing we did is we started a nurse refresher course, which was unheard of at that time. We had another assistant director of nursing who said, "That will never work." Well, it went on for five years and we had two classes a year. I wrote a book called *Back to Nursing* [Saunders, 1971], which went into two editions, and it was kind of written for refresher nurses, a little overview of what was happening in the field.

DT: So this is for nurses who had left the field briefly for some time

RG: Yes, they had families.

DT: And wanted to come back. It was, basically, any nurse in the region could come...

RG: You're right, any RN.

DT: It seems like in the 1960s, there was a lot of innovation happening in the Twin Cities [in nursing]. I've spoken with Marie Manthey...

RG: Oh, yes.

DT: ...and her primary nursing that she was helping to set up.

RG: Yes, that was all kind of going on simultaneously.

DT: The changes that you introduced in the wards, it sounds like they had a similar impetus for the changes that she introduced, that it was about making nursing more efficient and, actually, putting nurses on...

RG: Putting them with the patient.

DT: Yes. Doing the actual nursing, rather than some non-nursing things.

RG: Primary nursing kind of came in soon after that, but it was a natural, because the whole effort was toward the same goal.

DT: It sounds like an exciting time to be in the Twin Cities.

RG: Yes. Dorothy Merrill was our director of nursing. She just let me do whatever I wanted. You did need a director that wasn't hidebound to do that.

DT: Do you recall how the physicians reacted to these changes?

RG: They were happy with them. I don't think they thought that much about it, just so you took care of them. [laughter] That's all they wanted.

DT: As long as that didn't change.

RG: Yes. It didn't interrupt their lives at all. It really didn't.

DT: When you were at Saint Barnabas, did you have any interaction with the School of Nursing or were you mostly just interacting with the Macalester College?

RG: It was the School of Nursing. I was on the faculty of the School of Nursing. The Macalester piece was all the sciences, the first year, and, then, the students went to one of the three hospitals.

DT: When did you first go on faculty at the School of Nursing?

RG: I've never been on the faculty of the School of Nursing.

DT: Oh.

RG: I was on the faculty for the School of Public Health in health care administration.

DT: Ah. Right. But that came in the 1970s, is that right?

RG: Right. In between there, I was at Sister Kenny [Institute] for a while.

DT: That's right.

RG: I was rehab nursing director and director of publications.

DT: What were your responsibilities there?

RG: Paul Elwood was the director of Kenny Institute when I was there. He felt that the techniques that you used with polio could be used with stroke, paraplegics, spinal cord injuries basically, and that this kind of rehab nursing could be done in nursing homes and throughout the country in other settings. I had five nurses under me. One went to rural Minnesota, Wisconsin, Iowa, and North and South Dakota. They just went from nursing homes to small hospitals, all community-based, and taught the nurses the rehabilitation nursing techniques. It really was a good program; it really was.

Then, I think we had the first nursing home administration course in the United States. Paul Elwood was always looking to the future, and when Medicaid and Medicare came along, also came the Kennedy Amendment which said every nursing home administrator had to be licensed. Nobody knew what that meant. They had to have education to get the license; there was no education for them. We had this little program. People came from Florida, all over the country. I just made it up.

DT: This was at the Sister Kenny Institute?

RG: Yes. It was a week-long course, just made up out of whole cloth talking to people at the Health Department, the surveyors. There was nothing to go on, absolutely nothing.

So that's what I did there. Oh, and then, there was a three-week, onsite at Kenny Institute, rehab nursing program where the nurse would have a more intensive program. I had four instructors that were really great.

DT: When someone had completed that course, did they get a certificate?

RG: Just a little piece of paper that said they'd done it.

DT: Somehow they got licensing?

RG: Well, they were already RNs.

DT: Oh, they were already RNs.

RG: Yes. They just had a little extra specialty up their sleeves.

DT: That effort, that program, spread to other parts of the country, eventually? Other places adopted it?

RG: Yes. Some of the nurses that came to that three-week program were from Australia and Japan. In fact, I wrote a rehab nursing textbook [*Rehabilitative Aspects of Acute and Chronic Nursing Care*, Saunders 1977]. It was translated into Japanese because of the nurse from Japan that was there. She said, "Oh, we need this book. We need this book!" So I said, "I don't know what to do about it." She said, "I'll find out." So she found a Japanese publisher and they translated it. I have *no* idea whether it was any good. Finally, Doctor [Frederic] Kottke, I talked to him and said, "Have you got a Japanese resident or somebody so we can find out if this is any good?" Yes, he did. He said, "Yes, it was fine." It was all right.

DT: I'm glad you brought up Doctor Kottke because I was wondering how much interaction you had with him and how much interaction there was between Sister Kenny Institute and...

RG: A lot, mainly, with Paul Elwood at the medical level and administrative level, because Sister Kenny shared in the rehab grants that came through to the U. I don't know to what extent, but they did. So we knew Doctor Kottke. He was really very nice to all of us. I know he was a prima donna but so was Doctor Elwood. I liked them all.

DT: Again, it seems like because you had a really supportive director that you were able to really introduce some significant changes.

RG: Yes. Again, that's what they wanted. Go to it. There was never any pressure to pull back...always continue to do what you're doing.

DT: That's great.

RG: Yes, it really was.

DT: Did you get a sense from the friends that you had made in nursing school, your colleagues that you interacted who were elsewhere, that you had a particularly unique experience in that regard?

RG: I kind of think I did. Yes. It was flukes, really. I fell into jobs where that was the kind of person I worked for. Maybe, when they were interviewing, they were looking for somebody like me. I don't know. I think it was unique and I think it was very nice.

DT: It seems to have been very productive. It's interesting to think that you went from public health nursing to pediatrics, then to rehab.

RG: Yes, and, then, to gerontology. [laughter]

DT: You did the whole gamut. This says a lot about who *you* are and your capabilities and interest and kind of broad interests. But do you think also that the education you received in nursing prepared you to go into multiple disciplines?

RG: I think it did. I can't be specific as to why, but I think, certainly, being a student during the war, you really took on a lot of responsibility that you probably would never have had an opportunity to do at any other time. I think that maybe was... Go ahead and use your head and do it. They say there's so much supervision of students today. Well, nobody supervised us. We just kept working.

[chuckles]

DT: That culture changed.

RG: Oh, completely, yes.

DT: Now, student nurses don't have nearly that kind of responsibility, as I understand.

RG: No, they don't. Maybe they should have a little more in their education. I'm not sure. I just haven't been close enough to see exactly what they do do; although, I feel close to the School of Nursing. Well, I was close enough to get one of those 100 [Distinguished Nursing Alumni awards]. .

DT: Yes, that's fantastic.

RG: That was fun. That was nice.

DT: I guess when you were at Sister Kenny, you, also, pursued your master's.

RG: Yes, I did.

DT: What led you to do that?

RG: Well, I couldn't have kept my job without it. It was sort of simple. I went to [University of] Saint Thomas and got a master's. It was an MA, but it was in education. I could do it over a period of two summers and a couple of night classes.

DT: What made you take education?

RG: I really found I liked teaching from that pediatric experience. I enjoyed supervising students. I enjoyed lecturing. I enjoyed curriculum development.

DT: Why is that you were required to, basically, get a master's to keep your job?

RG: Oh, see I was the director of nursing education at Kenny. Doug Fenderson was the director of the educational programs at Sister Kenny. He just said, "You've got to have a master's if you want to stay here."

DT: Did the Sister Kenny Institute help pay for your master's or you had to pay for it?

RG: Yes, I did it.

DT: There was no funding available.

RG: No. No. But it wasn't all that expensive at that time either. That was in the 1960s, of course. It was all right.

DT: Why did you pick Saint Thomas and not the U?

RG: I was looking for a program that I could do summers and nights.

DT: And they didn't have that at the U, at that time?

RG: No, they didn't. I could have patched something together, but I didn't want to make up my whole master's program—in fact, it couldn't have been done then. Now, you could, but I could not have done it then.

DT: After a very productive time at Sister Kenny Institute then, you decided to go to academia and you joined the faculty at the School of Public Health. What led to that decision?

RG: My husband hired me.

DT: Oh! Were you married at that point?

RG: No, not at all. I'd never laid eyes on him.

[chuckles]

RG: It's interesting. He has a doctoral degree in adult ed [education]. He was teaching at Indiana University at the time. When this Kennedy Amendment came along requiring licensure of nursing home administrators, the Kellogg Foundation came along and said, "My gosh, somebody's got to be developing curriculum for this new requirement." So they set up five long-term care centers, Kellogg centers. One was at UCLA [University of California, Los Angeles], one at the University of Colorado, here, the University of Pittsburgh, and [the University of] New Hampshire. They were the five. Ken came out—there were about ten interviewees—to direct these Kellogg Centers. Ken came and was interviewed by Doctor [John] Phin and the others who hired him.

After he was hired, there was a second position to help develop curriculum. When he came for an interview, he said to Doctor Phin—Doctor Ted [Theodor] Litman was the other person—"What's the literature in the field?" They went to the bookcase and about one inch of U.S. Public Health Service pamphlets was the literature in the field. Then he said, "Why do you think I would make a good person?" "Well, because you have worked with mental health education and the penal system. We think that just fits perfectly with nursing homes." So they hired him. So then he had to fill this second position and I was the only one around that had ever done anything in nursing home administration. It was pretty sad when you think about it today. Anyway, he hired me. That's how we got married.

DT: So he found you. He looked around and saw that you...

RG: Yes, he interviewed three or four people, nursing home administrators. So I got hired and three years later, we were married.

[laughter]

DT: I bet you didn't bargain for that when you took the job.

RG: Nooo, I certainly didn't.

DT: So you didn't actually apply for the job?

RG: No. I didn't even know it existed.

DT: It makes sense now that you told me about the work that you did at...

RG: Sister Kenny. It fits perfectly. Yes.

DT: Was it an easy decision for you to make to join...?

RG: I thought it would be really a wonderful opportunity, because I did not have a doctoral degree. Well, there were a couple of others that didn't. I probably couldn't even have been able to get the job today.

DT: The School of Public Health at that time...the dean, Lee Stauffer, had just a master's

RG: That's right.

DT: ...and there were other faculty members without Ph.D.s.

RG: Exactly.

DT: Yes, it was the time, but also within Public Health because of the nature of the professional degree...

RG: Yes, experience did count.

DT: You held that position then for the rest of your career?

RG: Right. I retired from that, yes.

DT: You were in charge of curriculum development for that time then?

RG: Yes.

DT: What kinds of things did you end up doing when you got there?

RG: First of all, they had this licensure test that was developed nationally, and they all had to take this test. Some just went and took it and passed. Then, there were about twenty-five in the state who flunked. So we did a remedial course for these twenty-five people that flunked. They were people... Oh! you know, they weren't ministers. They had gone to Bible school for one year or an LPN [licensed practical nurse] or a housewife, and they just bought a nursing home and, then, ran it. The state of the art was just really sad. So that's who these twenty-five were.

Then, we decided the thing that we had to do is have programs because they required continuing education. So we developed a curriculum for continuing ed. As the licensure requirements increased, every person entering the field had to have a certain number of courses, so we did those courses. They were day courses; they were like for a week. So they didn't have to leave their jobs and register at the University. It's still going; those courses are still going on. Now, I think they have to have a baccalaureate degree. But you can have a baccalaureate degree in zoology, but you still have to have some courses in, well, gerontology, and management, and financial management, human resource management. Those are the areas.

DT: Did you organize those components of the course to be taught within the School of Public Health or did you outsource to, say, Carlson [School of Management]?

RG: No. They were all in the School of Public Health, but it was within the program of Hospital and Health Care Administration.

DT: You already had those kinds of faculty on staff?

RG: Yes. Right.

DT: What was the agency that did the licensing?

RG: It is the Board of Licensure for Nursing Home Administrators...like the Board of Nursing.

DT: How much guidance or prescription did the Board of Nursing Home Administrators give to you?

RG: I was on the Board.

DT: Oh.

[laughter]

RG: I was on the Board because they wanted an educator on the Board. They did not know; nobody knew. So we sat down and I'd say, "Here's what I think we should try to put in the curriculum." They all said, "Oh, that's sounds good." It was a breeze.

DT: Who else was on the Board?

RG: [Doctor] Irving West, who was the minister of House of Hope [Presbyterian] Church over on Summit Avenue [Saint Paul] for years, was on the board, because Presbyterian Homes had been in business for quite a long time. Two or three administrators, two from the proprietary field, and two from the non-profit field, and someone from the Health Department because they knew the regs [regulations], of course... That was pretty much it. The person who was the head of the Board had been a nursing home administrator. Basically, I think that was a political appointment. Well, yes, we were all appointed by the governor. I wonder if that's still true.

DT: Yes. It's something I'll look into.

RG: You'll have to ask, yes.

DT: The state of care within nursing homes at that time... You've already indicated that, obviously before the Kennedy Amendment, there was no required licensing. So

were nursing homes staffed by people who had some kind of nursing experience or was it...?

RG: Some were and some weren't. In one case, a man who had been a sergeant in the Army throughout his whole career married a nurse and they bought a nursing home. It was that kind of thing. Then, there were the church homes. They felt awfully good about themselves, because they weren't supposed to make money. Well, they all have to make money to stay in business, but the church homes were always better in their minds. Sometimes, that was true and sometimes it wasn't. It's like anything; there were good ones and there were bad ones on both sides.

DT: The expertise that you brought to the Board and to the position that you had was, as you say, in education. You had expertise as a nurse, but it wasn't that they were looking for that nursing expertise?

RG: No; although, it related in the sense that you really have to know what your client needs. That's kind of where nursing came in.

DT: It seems obvious that some nursing experience would be incredibly valuable, but that wasn't how this field was viewed at the time?

RG: No. We called ourselves "pioneers." [laughter]

DT: That sounds appropriate.

These five Kellogg Centers for long-term care administrative education were the only five in the country?

RG: Yes, they were. We all tried to prepare some kind of a curriculum that made sense that could be used elsewhere. It failed in many ways.

For instance, a program started in Wisconsin and they kind of wanted to vie for students. That happened all over...in California, they had the same experience. In Colorado, they had the same experience. Pittsburgh, I can't tell you; I don't know just exactly what happened there. New Hampshire probably did pretty well; it was a private non-profit education association that took it on there, so that may have spread more easily without any competition between schools. As far as Minnesota goes, it was a success. As far as emulation elsewhere, I don't think that happened very much.

DT: Aside from your obvious role and your husband's role in it, were there other reasons that made it successful at Minnesota? Was there something about the culture or the situation in Minnesota?

RG: Well, I think the program we were in. The program in hospital and health care administration was very inbred, almost like a fraternity and had been run for years and years, and it was militaristic kind of, and the students were to wear tie and jacket. All the

other programs in the School of Public Health just thought that was laughable that they had to come to school in a tie and jacket. So they were looking for a change. This long-term care administration program was something that kind of gave them a new face. It was all fine while it was being sponsored by the Kellogg Foundation, but when it was supposed to be run from the coffers of the School of Public Health, then it was not fine. So there were lots of trials and tribulations.

DT: So you had Kellogg funding for five years?

RG: Actually, two three-year grants, it was. Yes, six years.

DT: Bright Dornblaser was the head [of the Division of Hospital and Health Care Administration]?

RG: Yes, and he was supportive.

DT: Had he been head of the unit for a long time?

RG: A couple years.

DT: But he wasn't the one who introduced this militaristic tone to the Division?

RG: No. It was the man who ought to be shot if anybody knew... I couldn't say his name. [James Hamilton and his wife Edith Lentz.]

DT: [chuckles]

RG: Oh, dear. He and his wife both taught in the School of Public Health, so there was precedent.

DT: Bright Dornblaser, was he...?

RG: Yes, he was supportive and Lee Stauffer was, but there were other faculty that wanted the money. By this time, we were, obviously, charging for the courses and were starting to build up some equity. People wanted the money and not the program. We had some very unpleasant years.

DT: Were these faculty within the division of Hospital and Health Care Administration?

RG: Yes.

DT: Were there others outside of that division, too, in the School of Public Health who were...?

RG: No, I think it didn't really affect them. It affected this particular program.

DT: Are you comfortable saying a bit more about why or who those people were or what units within the division they came from, at least?

RG: Well, yes. Vernon Weckwerth was one. He certainly wanted to take over. I think he was probably the primary one. There was one other; I can't remember his name. Anyway, there were a couple of them.

DT: They just wanted that money for their own projects?

RG: Right, and they also wanted the program inside *their* program. Vernon headed what was called the ISP, Independent Study Program. He thought because ours had some... Well, it was modeled after some of that, but we took a very different tack. Anyway, it just went on and on.

DT: I was actually a little bit confused about what the Independent Study Program was and how that worked within the school.

RG: Vernon started it, and he started it as advanced education for practicing hospital administrators. This program was all hospitals at that time. He's a very dynamic person, and very cagey. He ended up... I don't know. I've been told how much money his program had, and he just retired under duress. He was at work at five o'clock in the morning and left at ten [o'clock p.m.]. He's a driven person. But, there were others who I think didn't care whether there was long-term care or what. Yes.

It ended up all right, and we stayed and retired. We have the person who took over our program and he's doing a real good job.

DT: Who is that?

RG: You'd think I've gotten dementia.

DT: [chuckles]

RG: Leslie Grant.

DT: Okay. So under pressure...

[laughter]

DT: You've known the name until this very moment.

RG: Yes, exactly.

DT: Did this coincide then with the efforts in the early 1970s to change the name of the program from an MA in hospital administration to health care administration?

RG: Yes, right. Also, Jack Malban came and there was a mental health component, suddenly, in the Hospital Administration Program. Eventually, they thought of themselves as being in health care, not just hospital. [laughter]

DT: It struck me that Lee Stauffer didn't authorize a change in name. I'm not even clear if he ever authorized the change in name in the master's program. There was certainly a resistance to that name change.

RG: The other component of that Hospital and Health Care Program was the alumni. The alumni, they really called them the Minnesota Mafia because the Alumni Association was *so* tight, and they were *very* generous financially to the program. So they had a strong influence on that program, and I think a lot of that resistance came from the alumni.

DT: They wanted to keep it Hospital Administration?

RG: Yes.

DT: I read some documents... It made real sense because, obviously, you were educating not just hospital administrators, but, others in the health care field, and if you came out with a hospital degree, it would, perhaps, prevent you from getting a job, say, in nursing home care or something else.

RG: Right.

DT: There seemed to be real arguments for the name change.

RG: There really were. Again, it was the times, too. I don't think anybody ever thought of nursing homes as being in the health care business.

DT: It's remarkable to think of.

RG: And it's so recent.

DT: Yes.

RG: That kind of change is that recent; it really is.

DT: Was there ever any effort or was there any Ph.D. in hospital administration?

RG: Yes, there was, and Doctor Ted Litman was the director of that.

DT: It seems then that the courses that you were offering for long-term health care administration...that those students that you were teaching might well have, also, or alternatively have gone for their MA in hospital administration. Was there competition for those students?

RG: Yes. We all took a turn at being on the Admissions Committee. Sometimes, there were eighty to a hundred applicants for thirty slots. Now, that isn't quite true anymore, but it really was hard to decide because those applicants were largely pretty darn good in the first place. We turned down a lot of good people, and couldn't help it.

I was thinking...Sandy [Sandra] Edwardson and Mary Jo Kreitzer were two of our doctoral students.

DT: Oh.

RG: Those names would mean something to you.

DT: Yes, absolutely.

The teaching that you were doing...were you just teaching within this long-term care program?

RG: Pretty much. Ken taught organizational behavior because that was one of the things he was best on. I taught human resource management and a course in long-term care for the MHA [Master of Health Administration] students. It used to be required. In fact, I sort of pressed on that. That doesn't sound good to young students. Once they got into in the course and got a taste of it, they found it fascinating. I really think they all went away understanding what it was about and a few went into the field, the MHA people.

But, then, soon after I left, it was no longer required because I wasn't there to fight it out. You know, five would want to take the course as an elective. It was really kind of too bad, because those people will be running long-term care or rehab or something, and I think they need to know a little bit more about their clients. Just one area alone is architecture and interior design. You take a confused person and you can double their confusion by a patterned rug. There are just all kinds of things like that that I think you should know what you're doing.

DT: Because you might not think about it.

RG: That's right, or hand it off to some interior decorator that doesn't know anything.

DT: Was there competition among the units to get in the curriculum for the MHA?

RG: Yes. There's really justification for a lot of those arguments, because the curriculum was packed. It really was packed. Everything seemed important.

DT: Did there ever become a case where you could specialize within the MHA and take tracks?

RG: Yes, I think they do when they are assigned their projects and their residencies. But everybody thinks everybody's got to have human resource management and everybody's got to have sociology. It just goes on and on. It's an eternal decision-making process, I think. I really do. [chuckles]

DT: You talked about how important it is for those who are in long-term care administration to understand their clients and, of course, their clients are invariably older people.

RG: Right.

DT: At what point or was there any time when gerontology was introduced into the curriculum?

RG: I taught that—a piece of the long-term care administration was gerontology. One was physical aspects of the elderly, psychological and, then, the diseases. There was some architecture and all the other stuff. That was imbedded in the course.

DT: What was Lee Stauffer like as dean?

RG: Oh, he was a very nice, gentle soul. He was very supportive of the long-term care program, so, naturally, I liked him.

[chuckles]

RG: He was. Everybody, I think, really liked him. He understood the environment that we worked in when we first started. It was really fine toward the end, but it was twenty years of getting there.

Then, Edith Leyasmeyer came along, and she was equally supportive.

DT: In the long-term care unit was it just you and your husband?

RG: Yes, and, then, we had a third person and a secretary.

DT: Who was the third person?

RG: The third person was Anne Long for much of the time. She had worked for me at [Sister] Kenny. She was a writer, so she could do a lot of these workbooks, study guides.

DT: Did you have any experience with Gaylord Anderson?

RG: He was there when I was a student, yes. I took one course from him and it's not memorable. I cannot tell you what it was. He probably did an overview of what public health was about. That would make sense, I think.

DT: When you joined the faculty in 1972, Stauffer had spent two years then as dean.

RG: I think about that.

DT: Was there ever any referencing back to Anderson's time as director?

RG: Yes, a lot of the faculty had been there when Gaylord Anderson was there. He set a tone and a real sense of place for public health. I think that was his...well, he was a pioneer in the program. He really set a good tone for it to develop into a school, I think.

DT: It just struck me that his would be hard shoes to fill.

RG: Yes.

DT: There was newspaper coverage of his appointment and the fact that Isabel Harris was appointed at the same time. They were both supposed to be interim deans and, yet, Stauffer who had just a master's was paid a higher salary than Harris...

RG: Oh, than Isabel?

DT: ...who had a Ph.D. This had happened before you joined faculty, but I was wondering if you were aware of any of this.

RG: You know I was not aware of that, but I certainly was aware of the [Shyamala] Rajender Decree, which came along. Several of us women that were in the School of Public Health were just... I was amazed. I couldn't *believe* that people with equal rank and lesser stature were getting so much more than I was. Anyway, to this day, I get two hundred dollars a year from the Rajender Decree.

DT: Oh, really?

RG: Yes. Two hundred dollars comes every May. There is a batch of us. I think they're still paying for that.

DT: So you joined the lawsuit?

RG: No. No. No.

DT: You just the beneficiary of it.

RG: I'm just a beneficiary.

DT: Wow. That's incredible.

RG: It is; it really is.

DT: There was coverage, I think in the [*Minneapolis*] *Tribune* about this and in the *Minnesota Daily*. There were so many nurses, women, who were writing in complaining about the discrepancy and, in the end, the Regents upped Is Harris' salary. It wasn't quite exactly the same to Stauffer's level.

RG: I think the School of Nursing...you see, they were nearly all women. Well, they were all women.

DT: Yes, they were.

RG: They would have been very aware of that, obviously, if the two deans had been compared publicly.

DT: Yes.

RG: Somehow, I missed that. No, we had nothing to do with it. As I understand it, the head of that...was she a chemist or a physicist? One or the other. Rajender?

DT: Chemistry.

RG: Okay. [She and] her head, program director, whatever, were both unlikable, and when they got together it was war. [laughter] It's really a funny way things explode. Other people were complaining, but it takes two head-to-head people to make the whole thing kind of blow up.

DT: You'd, obviously, held a lot of different positions before the Rajender Decree. They were in nursing, so that's...

RG: Kind of lower paying.

DT: It's lower paying, and particularly women who were nurses, at that time, especially.

RG: Yes.

DT: Had you really given much thought to the role of gender in your work experience?

RG: I really didn't. I think it's strange that I didn't, but I didn't.

DT: It seems that for a lot of women, at that time, it was just taken for granted what your experience was. This is what it is and...

RG: Yes, and so what.

DT: Then, with the Rajender Decree did you think about your position differently and your experiences because of your gender differently?

RG: Not really. I think I, obviously, resented the salary differences that I found out about. No, I don't think I did. I've always worked with men in one way or another, even though it was an all female profession. I've always worked congenially and never had a sense of competition. I think that maybe is what makes the difference.

DT: How many other female faculty members were there in the School of Public Health?

RG: Oh, there were a lot. For a while, I was the only one in the program, but there was Janet Brodahl and Sandy... She's the head of the program and is leaving right now. She's going back to faculty. Sandy [Sandra] Potthoff. Her husband is Leslie Grant, the one that took over our program.

DT: Oh. Sandy Potthoff was head of Hospital Administration?

RG: Yes. I think she finished this June. It had been ten, twelve years, and she went back to faculty. Maybe she's staying on this year.

DT: Was she on faculty in the 1970s then when you first got there?

RG: She came on faculty while I was there, yes.

Then, of course, public health nursing, at that time, was in the School of Public Health rather than the School of Nursing. So we had them. Then, there was a nutrition program, and they were women. Public Health Administration had a couple women, and, then, Biometry. Yes, there were a lot of women in the school.

DT: The School of Nursing, obviously, was all women in the 1970s, but like in the School of Medicine and I don't know about Pharmacy or Dentistry, I would expect those schools to have been predominantly male.

RG: Yes.

DT: So why do you think the School of Public Health had so many women relative to these other schools?

RG: I think most of us had been nurses now that I look back. Janet Brodahl was a graduate of the MHA program, and she was on the faculty. Most of us were nurses or dieticians.

DT: Fields more open, obviously, to women in general, yes, and actually not very open to men, I guess. Not too many men in nursing at that time.

RG: Right.

DT: Going back to Lee Stauffer, how did he deal with the different division heads? Did he have sufficient control of them or were the division heads particularly powerful?

RG: I think he pretty much let them do their jobs. Some people probably would have preferred a stronger personality, but it all had to do with which program you were in. [laughter] Either he did it right or he did it wrong.

DT: Always depends on where you were standing.

RG: Exactly.

DT: What were the relations like between the different divisions within the School of Public Health?

RG: We hardly knew each other. Lee tried to get us together a couple times a year for an all faculty school meeting. Health Care sat here and Biometry sat there. Hygiene was there. We did not cross paths much.

DT: And you were physically separated from...

RG: Absolutely.

DT: Where were you located?

RG: At first, on the twelfth floor of the Mayo Building. Then, we ended up in the hospital, just off the front door down the hall. Now, they're kind of back across from Boynton [Health Service]. In fact—I'd forgotten—we were for about three years in that building on University [Avenue] next to the post office with the big window.

DT: Oh. That's far away.

RG: Oh, we were all over the place. We were in one of the dorms, Frontier Hall, just off Oak Street.

DT: I know that in the 1960s and 1970s—well, probably still now, actually—space was at a premium.

RG: Yes.

DT: It seemed like the School of Public Health was often... I know that the Laboratory of Physiological Hygiene was away, but it seems that within the health sciences, everyone was always competing for space, and it sounds like Public Health may have been...

RG: Pushed around.

DT: More so than some of the other schools.

RG: We did not get an adequate School of Public Health office for years. It was in the hospital. It was also in Mayo. Everybody just moved all the time, now that I think about it. [laughter]

DT: But it sounds like that was okay, because there wasn't, as you say, a lot of traffic between the different divisions, a lot of communication between the divisions.

RG: No.

DT: That's one of the things that strikes me about Public Health is there are so many disparate components to it.

RG: There really are. There truly are.

DT: I wonder if you have any sense of what the status of Hospital Administration was within the school compared to, say, Physiological Hygiene or Biometry or something.

RG: Well, I think outsiders in the school looked at our student body as kind of an elite group that really didn't belong there. I think that was pretty much the size of it. Now, I was not there when they moved to Carlson [School of Management]. Now, of course, they're back, but I think that was a bad fit, a really bad fit.

DT: When did they move to Carlson?

RG: Let's see. When did they move? In the 1990s. It would have been the early 1990s that they moved to Carlson. George Johnson was our director at that point. He had kind of an image of students being the head of GM [General Motors], and I think he thought that would work well at the Carlson School. All the reports I've heard is the faculty just have such disparate goals and attitudes that it just didn't fit.

DT: Do you know whether in other institutions if hospital administration is usually within the school of public health?

RG: I think it's everywhere. Yes.

DT: It's one of those fields that doesn't have a natural home.

RG: It doesn't; it really doesn't. The School of Business sounded pretty logical to me, as a matter of fact. But it didn't work. Well, it just probably depends on the schools where they fit.

DT: Do you think that there was a hierarchy of divisions within the school?

RG: Oh, I think everybody had their own hierarchy. [laughter]

DT: They were at the top, whoever they were? [chuckles]

RG: Yes, that's right. Physiological Hygiene probably would have been the top in *my* mind for all of their well-known research. I think probably Biometry would be at the bottom and everybody else in between.

DT: Yes. It seems like there were different divisions created or renamed at different times.

RG: Yes, all the time.

DT: Kind of related to that is this idea that the School of Public Health was full of M.D.s, Ph.D.s, engineers, administrators. It seemed this real mix.

[break in the interview]

DT: ...in terms of any kind of hierarchy among the differently educated faculty?

RG: No, I really don't. Probably the M.D.s thought differently, but, no, I don't think so. I think all the Ph.D.s felt perfectly equal to the M.D.s.

DT: One of the things I've been most eager to talk to you about is the relation... I know you weren't in public health nursing, but given your relationship to the School of Nursing, I wonder if you could share some light on what the relations were between public health nursing and the School of Nursing in the 1970s and 1980s.

RG: Well, I suspect—I'm not sure of my grounds—that the School of Nursing always thought that public health nursing belonged in the School of Nursing. I know that the public health nursing program thought they belonged in the School of Public Health. I *know* that. I really don't quite understand it, but maybe they felt that they had better access to faculty of other disciplines that would be incorporated in their program. Anyway, I think public health nursing is where it belongs now in the School of Nursing. I really do. I think Dean [Connie] Delaney is such a fire plug that she'll make anything work if possible.

DT: Yes, it seems like there was always discussion about... I know when, I think it was the NLN, National League of Nursing, would come and do their accreditation, they would often raise this query as to why public health nursing wasn't with the School of Nursing.

RG: Oh, did they? It makes sense that they would.

DT: Public health nursing always made the argument, I think similar to what you had said, about the fact that...

RG: Access.

DT: They felt that they belonged within Public Health, but it just seemed such an awkward separation. You, yourself, as a student had taken public health nursing classes in [School of] Public Health rather than in the School of Nursing. It always seemed like a curious thing.

RG: Alma Sparrow, who was the director of the program in public health nursing, felt that way *very* strongly, and she was there for years and years. I think that just sort of became the way it was.

DT: Now, I saw on your CV [curriculum vitae]—this was the CV that I found in the archives—that you were on the Advisory Committee of the Geriatric Nurse Practitioner Program. Do you remember that?

RG: No, I don't think that's right.

DT: Okay.

RG: Ohhh, at Kenny, we did a little geriatric nurse practitioner program.

DT: Maybe that was it.

RG: Yes, that probably was it.

DT: Did you have any insights or involvement with the development of the various nurse practitioner programs in the 1970s?

RG: No.

DT: Again, I realize that you were not in the School of Nursing, but I was curious whether you had any insights or involvement in the School of Nursing's efforts to set up their doctoral program.

RG: No. I never was. It was another example of how schools are separated. But there wouldn't have really been a reason for me to be a part of that. We had our own doctoral program.

DT: I know that when the School of Nursing was trying to set up its doctoral program, they were having to present their case to various committees of the health sciences and, then, the boards. I know that Stauffer wrote in support of the Ph.D. program, so, I didn't think it was likely that others in public health were particularly involved.

RG: No. No, I think they probably heard it through friends and the grapevine. That's the relationship, just grapevine. [chuckles]

DT: In the 1970s then, you had no interaction with the School of Nursing?

RG: Nothing. No.

DT: It's very interesting how supportive you are of the school. It makes sense you trained there, but you didn't really have involvement when you were on the faculty because of this separation of things.

RG: Yes.

DT: I think it was during the 1980s that I read—I think it was in Laurie Glass's book [*Leading the Way: the University of Minnesota School of Nursing, 1909 – 2009*], actually—that the nurse practitioner programs that were housed in the School of Public Health were transferred to the School of Nursing at some point in the 1980s, and I think it was Edith Leyasmeyer who was dean at the time.

RG: That would make sense.

DT: But you don't remember any of that?

RG: Even the program in public health nursing was far away from the program that we were in.

DT: I'm curious because the people that I've spoken to so far have been in Medicine and in Nursing, so Public Health just seems so strikingly different. With nursing, everyone seemed...

RG: They know each other.

DT: Yes. There were still the divisions among the faculty...

RG: Sure.

DT: ...but, at least, the School of Nursing was this shared body. They had this shared body of knowledge and they kind of shared this institutional commitment, and the School of Medicine, similarly so, despite their different divisions. But Public Health, it just seems...

RG: It's a motley crew. It really is. Who is to say biometry is a public health issue? Well, if you get right down to it, you better know your statistics to do it. But, you know, it doesn't translate as a body of knowledge. It's a piece here and a piece there.

DT: With all the people who were doing their master's in public health, what kind of body of knowledge were they getting—now that you bring up that ...?

[chuckles]

RG: MPH in what program? See, that's the thing.

DT: Ohhh.

RG: The MPH could have been in biometry, environmental health, physiological...any of them.

DT: So the MPH, you always had a track, basically?

RG: That's right

DT: It was attached to the particular degree.

RG: To the program.

DT: Okay, then that answers my question. Otherwise, it would be what's the body of knowledge?

[chuckles]

DT: Did you have a sense of how the School of Public Health fit within the other health sciences and how the school was viewed relative to...?

RG: I have no idea. I think it was on a very low rung on the totem pole.

DT: What gives you that sense?

RG: I don't know. I just think so. No facts. I just think so.

[chuckles]

DT: That's okay. You were there long enough to have a sense of these things.

Within your program or from your time in public health, did you have any interactions with Lyle French when he was senior vice president?

RG: No, but I went to him as a patient... [laughter]

DT: Oh, you did?

RG: ...when he was vice president. He was a neurologist, you know. I had a terrible back, and he said, "Get a merry widow corset." I said, "Where would I find a merry widow corset?" "Oh, I think Dayton's have them." Well, I, finally, found out merry widow corsets are sold at exotic lingerie shops.

[laughter]

RG: Boy, did it do the trick! He was absolutely right.

DT: That's great.

RG: That's my story about Lyle French.

DT: How come you ended up seeing him? You just got put in his service?

RG: Well, I just needed somebody that I thought knew what they were doing, and I knew he did. And working there and being a part of the U, it was very easy. I don't think the man off the street would have gotten to see him.

DT: Yes, that was an advantage of being... [on faculty].

RG: Yes, right.

DT: This happens again before your time, so I'm just going to ask the question in case you have some perspective. In the 1960s, the School of Public Health was within the College of Medical Sciences and, then, in 1970, the College of Medical Sciences was disbanded and the health sciences reorganized into the Academic Health Center. At that point in 1970, each of the schools within the health sciences got their own dean and, supposedly, had equal administrative status within the institution. I don't know if you were privy to any of this or if you had any sense of how things changed.

RG: No. I have no idea how those politics were arrived at. I came just about after it was a fait accompli.

DT: I didn't know if because you were working in the area but in other institutions...

RG: I just didn't have the...

DT: You seemed pretty occupied doing other things.

When you were in the School of Public Health, actually related to this reorganization and the expansion of the health sciences, there seemed to be an effort to establish a school of allied health professions.

RG: Oh, that's right. Yes, there was.

DT: Do you have any recollections of those efforts?

RG: I just remember that Manny Meier [Manfred Meier] was... Was that a program? It must have been a program.

DT: They were trying to set up a school of allied health professions within the School of Public Health. I thought at one point they were trying to get it as a separate school.

RG: It was never in the School of Public Health, I don't think.

DT: No, no, it was never. Then, I think Bright Dornblaser was trying to promote the idea of having a program within the School of Public Health, that it would be a way of bringing together things that were already set up within Public Health.

RG: Manny Meier was the head of that I'm pretty sure. I never did quite comprehend what it was about. I really didn't. We knew him more as friends, and he never did explain it to me in a way that I understood exactly what it was about. Does it exist?

DT: I think now they're in the process that they're going to set up a school of allied health, forty years in the making, but I'm not sure if that would actually bear out now that the administration is being restructured.

RG: Yes.

DT: I know that in the 1970s, there was this attempt, but that there wasn't a lot of support for the school. It was a way to get people like medical technologists, physical therapists, occupational therapists under the one roof. I did talk to Frederic Kottke; although, he wasn't able to tell me too much. He said they were already taken care of, basically, in physical medicine.

RG: Yes.

DT: They were well suited there. Then, I talked to Ellis Benson, who was the head of Laboratory Medicine and Pathology, and, again, he expressed the fact that the medical technologists were happy within Lab Medicine, because that's where they'd been and they were already integrated. So there wasn't a lot of support for the allied health science.

RG: Whatever it was, it was definitely in the Med School when I was aware of it.

DT: Can you comment at all on how the School of Public Health...or at least how your program was financed. You said that, initially, it was on Kellogg grants.

RG: The long-term care piece, yes.

DT: How was your program then financed after that?

RG: They were trying to make us self supporting, so we tried to keep our credit dollar costs at a level that people could afford and that we could sustain the program, and pretty much, we did. We got a little money from the program in health care. It was just a pittance. We were able to maintain ourselves finally.

DT: That's quite incredible, because I've looked at budgets for the School of Public Health, especially in the 1960s and 1970s, and ninety percent of that funding came from non-state money.

RG: Federal.

DT: Yes, it was all federal research grants.

RG: It's amazing.

DT: Very little money came from the state. Your program wasn't research oriented...

RG: Right.

DT: ...so wouldn't have been able to get those federal research grants. Were you able to break even with the teaching?

RG: Yes, and a little bit of help from the program.

DT: I know that from the late 1970s onwards and through the early 1980s, there were huge budget cuts. Did you feel the effect of these budget cuts?

RG: No, we really didn't. At that point, it was really advantageous to be self supporting, because it didn't affect us.

DT: Yes. You must have been one of those few...

RG: Yes, very few, very few. By that time, George Johnson had replaced Bright Dornblaser, and he would have cut us out quick as a wink.

DT: Oh, really?

RG: Yes.

DT: He wasn't supportive of the program.?

RG: No.

DT: What was he reason?

RG: He wanted to be the head of GM [General Motors].

[laughter]

RG: No, but that was his mindset. Long-term care was just blah, nothing; although, his second wife was the administrator of Walker Methodist Nursing Home. They're both retired now.

DT: What happened when Lee Stauffer stepped down as dean and Edith Leyasmeyer...?

RG: It was a very smooth transition, because she'd been there, yes. It was not very dramatic.

DT: But she was only ever appointed acting dean.

RG: Oh, really?

DT: Yes. Then, I think it was Robert Kane and, then, again Edith Leyasmeyer as acting dean, and, then, the next person came in. She served as dean for a good number of years...

RG: Oh, yes.

DT: ...but never had the status of dean.

RG: I didn't know that. That's interesting.

DT: I have to verify that with her. I'm going to try and, hopefully, interview her at some point.

RG: She's an interesting person. She'll be very outspoken with you, and I think that will be good. She will be able to answer a lot of questions that I couldn't.

DT: I'm actually interviewing Lee Stauffer next week.

RG: Oh, are you?

DT: Yes.

It's funny, but that's something I've noticed... So far, in Public Health, I've spoken with Henry Blackburn and he, too, had a very program-specific view of things.

RG: Yes, absolutely.

DT: Again, that's quite different from the people I've interviewed in [the School of] Nursing and the School of Medicine, because of the nature of the way the school was set up.

RG: That's right, yes. His first wife lives in this building.

DT: Oh, really?

RG: Yes.

[laughter]

DT: Edith Leyasmeyer was a well-liked dean?

RG: Yes, I think so. She was probably more of hands-on manager than Lee, but not offensively so. It was, I think, okay.

DT: I actually don't know when you retired. When did you retire?

RG: Nineteen eighty-nine.

DT: Okay. So you were there, also, when Robert Kane became dean.

RG: No, he wasn't dean.

DT: I think it was 1985 to 1990 that he was dean.

RG: Oh, he was dean then? Yes, I guess he was. Well, those weren't such good years. Actually, he was more interested in his aging program than the School of Public Health. Yes, I do remember that he was dean, but I don't remember having anything to do with him, except with aging projects.

DT: It seems that there might be some natural overlap between long-term care...

RG: Yes. I always had him come and lecture and Rosalie [Kane], also. Yes, we used him as faculty.

DT: But, as a dean, he wasn't...

RG: I don't think he was much of a dean.

DT: It seems that he was more oriented towards research?

RG: Yes, he would have been.

DT: Do you recall any efforts while you were on the faculty to recruit minority students?

RG: Yes, we did. We really did and with some, but not much, success. Yes.

DT: What kinds of things do you recall the school doing to that end?

RG: Well, I think they tried to publicize the program in different kinds of venues, different colleges, for instance. I think they also worked with the office of...

DT: I can't remember the name of the program but it was set up within the health sciences office.

RG: Right, to recruit minority students in all the areas.

The interesting thing about when Leslie Grant came... We didn't know whether he was a man or a woman. When he came, it was just wonderful. He's got Japanese, black, and American Indian blood, and we said, "If he'd just been a woman, too, he would have covered *all* the bases." [laughter]

DT: I was going to ask how many faculty of color were there.

RG: I'll tell you, I think there was one in, maybe, Physiological Hygiene, and Leslie. We had none. No. Exactly zero.

DT: That's sometimes half the battle is to recruit students. You have to have role models in the faculty.

RG: That's right, you do. They are, sometimes, hard to find, too.

DT: Now, before I turned the tape on, you had mentioned that you had some stories of when you were a student nurse and you worked with Owen Wangenstein, and I forgot to ask you when we were talking about those days. Perhaps, you could share some of those stories?

RG: I have really one main one. He was operating on—he never operated on an easy case; he always had the hardest—a woman who had an *immense* goiter, just immense, and he nicked the trachea during the surgery. He came down and stayed as a special duty nurse with that patient *all* night long. Now, I happened to be on nights on Station 21, it was. About five o'clock in the morning he said, "I think she's doing all right. I'm going to go to the intern quarters and take a little nap, and I'll be back." I just felt that was incredible.

We were juggling his Wangenstein Suction Machines all the time as students. The first time I did it, I wondered if that's the same Wangenstein as Owen Wangenstein.

[chuckles]

RG: Then, some years later, my Uncle James Gray, who was a friend of his and his wife, had him do his gastric surgery. I can't remember what he charged, but my uncle said, "Owen, I don't understand your charges." He said, "I have a flat rate for everybody, regardless." It was just minimal, unlike if you had Doctor [William or Charles] Mayo

operating on you, you could expect to have a fairly large bill. That's just the kind of man he was.

Those are my two stories.

DT: Those are good stories.

Did you ever work with any other surgeons when you were a student nurse?

RG: Like Doctor [Richard] Varco. Well, I just *loathed* the operating room. I always managed to scrub with Doctor Varco. He always was yelling, I mean, telling everybody where to go, and everybody was nervous and doing the wrong things because of his yelling. I was the circulating nurse. The intravenous fluid on the patient stopped. Somebody had to crawl under all the drapes and with a flashlight get that IV going, and that was me. So I'm crawling under the operating room table, under the drapes, and I don't know whether it's finally going, so I ask, "Is it going yet?" "Yes, it's going." So we, finally, got the darned thing going. So, then, I had to back out crawling under this thing and I hit the sterile drape on the back table. "She contaminated the back table. We must get her out of here and get that contamination taken care of!" [laughter] That's one of my four favorite moments as a student.

DT: I've heard that Doctor Varco was a difficult personality, especially to the nurses.

RG: Yes, and med students.

One of my best friends married a med student who was very tall, so he was always in the back of all the shorter students. So here is this open gapping wound, and Doctor Varco says, "We've got to get that clamp done right!" Bob, in the back, holding it, he couldn't see what he was doing, so he picked it up and he just kind went like this. "My God! you tore a piece of flesh there!" He said, "Well, if I could see..." So they started in. I think Bob almost got sent out of med school because of that. He ended up a pediatrician, so, a nice guy.

[laughter]

DT: What was his last name? Bob?

RG: Carter. Actually, he was the first dean of UM-D [University of Minnesota-Duluth] Med School.

DT: Oh. Then, he's probably someone that I will...

RG: He has died.

DT: Oh. That's too bad.

RG: His widow lives in Albuquerque [New Mexico].

DT: This is the problem with this project...getting to people.

RG: Yes. I was in their wedding. He was a wonderful person.

DT: Do you have any other stories from either your time as a student or any other time in your career that you'd like to share?

RG: At the moment, I can't think of any.

DT: Those were some pretty good ones.

[laughter]

DT: Oh, I was going to ask... When you were in the long-term care administration program, did you have any interaction with University Hospitals and John Westerman?

RG: Yes. John Westerman taught problem solving in our program, both the on-campus MHA and our long-term care students. He was an *excellent* teacher, and I thought a very nice person.

DT: Is there anything else—we've covered a lot of ground—that you can say about changes or things you observed during your career?

RG: I can't think of any more.

DT: Do you think the culture of long-term care has changed?

RG: Oh, definitely. Definitely. I think they've still got a ways to go, but it's so different than when we started. People talk like they know what they're doing sometimes.

[laughter]

RG: They never did before. Yes, I think you can find good places these days.

DT: I'm sure the programs like the one you and your husband were involved with were pretty key to having that changed culture.

RG: Oh, I think in the State of Minnesota, I really believe that, yes.

DT: That medal for being one of the 100 [Distinguished Nursing Alumni] was well deserved.

RG: It's interesting that I should get that from the School of Nursing, but I think it was the long-term care part, the gerontology part.

DT: But, you, clearly, had introduced some innovations earlier in your career as well.

RG: In nursing, yes, that's true.

DT: Well, this has been really enlightening. Do you have any recommendations for who else I should speak with?

RG: [pause] Maybe you should speak with Vernon Weckworth.

DT: I actually have an interview scheduled with him next week.

RG: He's out at 1666 Coffman [Street, Saint Paul] too.

DT: Yes. He's actually still got an office on campus, so I'm meeting him on campus.

RG: See what you think. He shares an office with Bright Dornblaser and Ted Litman. They're kind of all cramped in together. I think it's just too bad that when you retire, you go back. I think today's students look at those three and must wonder what are they doing. In fact, somebody said to me, "Gosh! the two of you when you retired, you retired!"

[chuckles]

DT: Couldn't get out of there fast enough.

RG: Yes. I went back and taught a few classes a few times, but I just never thought of setting up an office.

Ted Litman might be a good person to talk to, by the way, because I think he set up the doctoral program and he was the head of the doctoral program. Yes.

DT: That's a good idea.

I have a letter out to Bright Dornblaser and I haven't been able to get him on the phone yet.

RG: He would be, I think, probably, one of the most objective persons that you would talk to. He is that kind of a person. He always looked at things objectively. You'd get a fair picture of everything from him.

DT: Yes. Let's hope he responds favorably to my invitation.

This was wonderful. If you think of any other names, do let me know.

RG: Okay, I'll call you.

DT: That would be great. Thank you so much.

RG: You're entirely welcome.

[End of the Interview]

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