

**Donna Aker Dehn**  
Narrator

**Lauren Klaffke**  
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 20<sup>th</sup> 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**

Mrs. Donna Aker Dehn was born in International Falls, MN. After graduating from high school, Mrs. Dehn worked as a dental assistant in International Falls from 1948 to 1949. Originally interested in art, she attended Hamline University for two years (1949-1951), working toward a degree in studio art. She ultimately transferred to the dental hygiene program at the University of Minnesota and graduated in 1953 with her Graduate Dental Hygienist certificate. She also earned her bachelor's degree in art at the University. After graduating, Mrs. Dehn became a full-time dental hygienist and instructed some courses for the Dental Hygiene Program until 1960. She became director of the Program in Dental Assisting from 1954 to 1955. She was a member Dr. Arnold Larson's practice from 1955 to 1959, and then Dr. Erwin Shaeffer (dean of the Dental School from 1964 to 1977) and Dr. Norman Korn's practice from 1960 to 1967. In 1967, she returned to the University as an assistant professor and as director of the Program in Dental Hygiene. Mrs. Aker Dehn was promoted to associate professor in 1973. She served as professor and program director until her retirement in 1985.

## **Interview Abstract**

Mrs. Donna Aker Dehn begins her interview by briefly describing where she was born and raised and her early education. She then describes her move to the University of Minnesota, teaching in the Dental Hygiene program, and what the Dental School was like in the 1950s and 1960s. Mrs. Dehn continues her interview with a discussion of the following topics: manpower shortages in dentistry and dental hygiene; continuing education programs; changes in professional skills and responsibilities among dental assistants, dental hygienists, and dentists; gender issues in dentistry; curriculum changes and the class tracking system; and the creation of a bachelor's degree program in dental hygiene. She then reflects on larger topics related to dental hygiene and the University's program, including: changes in the state law regarding dental hygiene; her time in private practice; grants she pursued for the program; relations between Dental Hygiene and the Chemistry Department; retrenchment; her work with the legislature; Helen Tuckner's leadership style; fears that arose with water fluoridation; the emergence of team dentistry; work with the School of Public Health; Dr. Oliver's tenure as dean; her work in initiating the Minnesota Dental Hygiene Educators Association; human relations programs in dentistry; and student behavior in the dental school. She concludes by discussing relations within the Academic Health Center and with the basic sciences.

**Interview with Donna Aker Dehn**

**Interviewed by Lauren Klaffke**

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

**Interviewed at Donna Aker Dehn's Home  
in Elk River, Minnesota**

**Interviewed on August 7, 2013**

Donna Aker Dehn - DD  
Lauren Klaffke - LK

LK: This is Lauren Klaffke. It's August 7, 2013. I'm here with Donna Aker Dehn at her home in Elk River, Minnesota.

Thanks for meeting with me today.

DD: I think I gave you the wrong date on that. I think I put the 8th down.

LK: That's okay.

DD: We just spread the time out a little bit.

LK: I wanted to begin and ask you a little bit about where you were born and raised, your early education, and how you became interested in dentistry.

DD: I was born in International Falls, MN. When I was in high school, I wanted to be an art major and I wanted to get into commercial art. I diddled around. I worked for a year as a dental assistant in International Falls. In a small town, you rarely saw a hygienist, but we happened to have a hygienist. I thought, well, that's something I could do, because it's quite artistic. We used to make inlays and we made dentures. The dentist asked me to help match the color of teeth and that sort of thing. I thought, that isn't too bad of a thing to do on the side. It's really tough to get into commercial art.

So I went to Hamline University thinking that they had a college-level commercial art class and they dropped it the year I got there.

LK: Ohhh.

DD: So I ended up with two years of liberal arts with an art major, studio art. At the end of two years, there were no jobs for art teachers. They're the first ones to get "x"ed off the list if money is short. There were no jobs for fine arts people at all. So I thought I better transfer to the University and have some way to earn a living.

[chuckles]

DD: So I transferred to dental hygiene.

LK: At the University of Minnesota?

DD: Yes. There is a lot of art in dentistry. I loved it when the dentist that I worked for would let me carve up the inlays. It's like sculpture. Making plaster moulds and that sort of thing, all art stuff.

LK: Is that the kind of art you liked? Sculpting?

DD: Yes. I did everything. I just sold my floor loom. I had a great big floor loom this big to weave on. [Mrs. Dehn's foremost interest is water color, also followed by pottery, jewelry, design, weaving, and photography.]

LK: Oh, wow.

DD: I sold it to a farmer in southern Minnesota somewhere. His son got killed in a tractor accident, and he was so depressed. His neighbor made rugs, so he was going to do that to get himself out of the doldrums.

Then, two years ago, my next-door neighbor up here... I'm in charge of her estate. We sold her house and all the stuff that was in it. I got rid of two big kilns up there, just gave them to the... We had one of those estate sales.

Then, I just gave away my potter's wheel last week. I've got to clean this house out.

[chuckles]

DD: We've got to downsize one of these days. I still do watercolor, but not a whole lot. It's more of a hobby than anything. I got kind of serious about it about three years ago. Then, it's hard to find a place to sell the stuff.

LK: The art equipment or your art itself?

DD: The art itself. In Florida, when I get down there and the art groups have already got their stuff up and are selling it. When I come home, the art stuff is already over with

because everybody in Minnesota goes to the lake in the summer. So I have a whole pile of stuff down there. I don't know what I'm going to do with it yet. That's the way it goes.

Anyway, I graduated from Dental Hygiene in 1953 and in 1954, I started teaching part time with Ione [M.] Jackson, who was Dental Hygiene director before me. The Dental Hygiene program didn't get accredited the year before—no, it was two years before; I'm not positive, but it's in Doctor [Mellor R."Mel"] Holland's book [A History of the University of Minnesota School of Dentistry: 1888-1988]—because she was a one-person show. She taught everything in the program except for what Doctor Hall taught. So she was the only person to teach this whole program. It was that way for thirty years almost. [When I taught with Ione in the 1950s, I went to some national dental hygiene meetings with her. Other directors were shocked that she did the whole program by herself with Dr. Hall.]

They had to hire somebody, so they hired me one day a week.

LK: Oh, wow.

DD: Disgraceful.

The year after that, the dental assisting program had just got started. It was a year old. The gal who took that job was from Canada, and she got married and left.

LK: Who was that?

DD: Oh, gosh. I don't remember her name. She was only there for a year. It's probably in Mel's book here somewhere.

LK: Okay.

DD: I directed the dental assisting program for one year then. The year after that, they hired a dental assistant, a certified assistant, to take the program over [Helen Tuchner]. Then, I went back to part time with Ione, again. I taught there until 1960 when my daughter was born. [I taught with Ione one day a week. I had only half a day for preparation and was in class wall the rest of the week; so was Ione.]

As a student in Dental Hygiene, they had a secret grading system. [You never knew your grade until the end of the quarter.] Maybe this is something that shouldn't be on tape.

LK: Do you want me to pause it? I can stop it and we can restart it.

DD: Okay.

[break in the interview]

DD: ...to take seventy students or thereabouts. I think Mel says sixty something in here [Dr. Holland's history], but I think it was closer to seventy. But half of them dropped out because Doctor Hall was so hard on them.

LK: Oh, wow.

DD: Have you done any interviews with dental faculty?

LK: Yes, I have.

DD: Haven't they talked about Doctor Hall?

LK: No.

DD: Oh, my gosh.

[laughter]

DD: Anyway, he was pretty tough on them. He would make remarks like when we carved up inlays or somebody would carve up one up and he would say, "This looks like a tin can on a fence post." Then, he'd pinch it and break it.

LK: Oh, wow.

DD: Very hard. A lot of dental students dropped out, too. They just couldn't take that.

LK: Were there other dental hygienists and dental assisting programs... Were there many other programs around the state or did those pop up later?

DD: No, in dental assisting there were some programs. But in dental hygiene, at that point, we were the only one. The class before I took over as director was only twenty-eight. I think they started with close to seventy. So the attrition was terrible.

LK: Yes.

DD: He mostly scared them out. I used to laugh at him. I'll never forget. We had to draw these rectangles and, then, we had to draw the tooth inside. Well, I thought what are you going to learn from drawing a darn box? I drew my boxes, but I labeled them wrong and he made a comment to me. He called me a sheep head in German, *schafkopf*. I said, "Doctor Hall, I know what that means! What did I do?"

LK: [laughter]

DD: He thought that was funny, you know. He liked to tease me, but I was a little older than the rest of the kids. I was three years older than most of them. I made a couple

booboos, and he would reprimand me, and I would just laugh. He really didn't scare me. Ione scared me a lot more. [laughter]

LK: I interviewed Doctor Kathleen Newell.

DD: Yes.

LK: I think she was talking about Ione Jackson when she was saying that she was very big on appearances and very proper and calling everyone, "Miss So and So."

DD: Yes.

LK: It sounds like she was very intense.

DD: [I didn't think so—maybe a little rigid. She did not adapt to changes very well. But changes take time and she really didn't have much time since she was in class every day but that half day.] We used to laugh because when you put that starched uniform on—the Hospital laundry did the uniforms—they were stiff as a board. You didn't sit in them because then you'd have a wrinkle in the back, you know. Oh, I can tell you a story about that, too, but then it gets excessive.

[laughter]

DD: We'll wait to get to that.

LK: Okay.

DD: One of the first things, of course, I got rid of was the grading system. On each patient, if you're going to learn something, you have to know what you did right and wrong, where you could improve. It worked. I think the kids appreciated it. It was easier for me to figure out an honest grade. I had something to base it on. I figured out a grade slip—your student got a copy, and I got a copy. They knew what they got on each patient right at the time. Before that, whoever was checking would mark it on a little piece of paper and put it in their pocket, their instructor or Ione would. You never knew what you were going to get. A lot of kids didn't know what they were getting from Doctor Hall, but I figured it out after a while. [If I remember correctly, there were about five points: 1. Appearance; 2. Instrument set-up; 3. Polishing the teeth; 4. Instrument return; and 5. Record keeping.]

[chuckles]

DD: In 1967 Ione retired and I think there were maybe two applicants to be the director of the program. Minnesota had a bad reputation for being a one-man show for years, thirty years. I don't know if they rejected an offer or if the position was offered to anyone. Maybe no one applied.



LK: In Dental Hygiene?

DD: Yes. I suspect nobody really wanted it and I don't know that the pay was all that great either.

Doctor [Erwin M.] Schaffer asked me if would consider it. I said, "Uhh, my daughter is just starting school. I don't think I can do that." Full time? I said, "I don't think I can do that, but I'll give it a try."

[laughter]

DD: So I went over there. They were in the middle of planning Moos Tower, the building, and planning the clinics. It was tons of committee meetings.

LK: I bet.

DD: If I didn't show up at a committee meeting, Doctor Holland would call me. I said, "I have a class I'm teaching. I can't leave now." He expected you to be there.

In 1973, we did move into the new building. I think the first year or the year before we moved into the building, we took 100 students.

We had a government grant from HEW [Health, Education, and Welfare]. That's not HEW anymore; it's something else, but I always call it HEW, because that's what I'm used to. Dr. Holland wrote the grant, I believe, and after it was awarded, he told me, "Here, it's yours from here on." The grant was awarded to the University before I came. We had a ten-year grant to take 150 dental hygiene students, 150 dental students, and 150 dental assisting students and try to make them work together as a team.

LK: Wow.

DD: Difficult to do.

LK: Was that part of the...? What was the organization called? There was a manpower study done. [Hill Family Foundation]

DD: Right.

LK: That was saying there was a huge shortage coming up.

DD: Yes. There was a shortage of dentists and assistants and hygienists. Doctor Schaffer, who was a periodontist, was the dean and he wanted to have a dental hygienist in every office. He said, "We won't have all this dental disease if we have a dental hygienist in every office." He considered dental hygienists a practice builder and a way to treat patients that should be recalled every six months. Then we had to have enough dental hygienists so that when a hygienist leaves, the dentist can find somebody else.

With 28 dental hygienists coming out, there were about 2500 dentists, I think, and I think there were only 200 hygienists or something like that, that held a license. That's probably in here somewhere, too.

We did go ahead then and the next year, we took the 150 students. But I asked Doctor Schaffer if we could take 75 two times a year, because that's an awful lot, 150 to go out there all at one time. There were so many that they wouldn't find jobs. And they might end up taking a job doing something else. Then, the rest of the time, the dentist was waiting for the next graduating class to get somebody. I said, "Better than that, why don't we let the other dental hygiene schools..." I went to the Legislature to help get Mankato [State University], [University of Minnesota-] Duluth. I think those were the two main ones and, then, Normandale [Community College] started on their own. Then, after that, Bemidji [State University] had a program and I think [University of Minnesota-] Rochester has one now, too. In the process, I said, "Let them graduate their students in June. We'll graduate in August and December. That will keep a steady flow of hygienists coming out there. If some dental hygienist gets pregnant and has to quit, we'll have a dental hygienist available." I think it was pretty successful, but, now, they're back to the June graduation, again. But they don't have so many of them. The students are having a hard time finding jobs now.

LK: Did you have some kind of a color system for that?

DD: Yes. You heard about that already?

LK: Yes.

[laughter]

DD: Being an art major, I have to think in color.

LK: Yes, that makes sense.

DD: Well, it makes sense in my head.

The students entering in the fall were warm colors. The 75 entering in December were cool colors. The December class was right out of high school. They actually registered as dental hygienists but they had a quarter to take prerequisites so their course load would be less later. The fall class was transfer students with a year or more of college.

I don't think there's hardly a dental office anymore that doesn't have a hygienist, at least part time. So it worked. He thought that was a pretty good idea. I won him over on that anyway. I said, "It isn't going to cost the program anything."

We also had plenty of applicants. We had like 300, 400 applicants, because the baby boomers hit right about that time. We still could select really good students from the pool of applicants that we had.

At the same time, because of this manpower shortage, I talked to Dean Schaffer again and asked him if we couldn't hire a student, a dental hygiene student, to go out and talk to every hygienist that had a license, no matter when they graduated, to let them know that the law was going to change, and they'd have to get continuing education [CE], or they'll lose their license. I don't remember how many hygienists they had to...200, 250, maybe. So we hired a student. She was a dentist's daughter from Redwood Falls, I think. She went out and visited every hygienist that had a license to fill them in on that stuff so they wouldn't just put their ten dollars in an envelope and think they were going to get their license.

Well, some of them dropped their license, but a lot of them wanted to come back. So we started what I called the Retread Program, where we had older hygienists that had been out of practice who just needed to come in and get updated so they could go out and help this manpower shortage. I taught the first few of those Retread Programs myself. Then, after that, we kept going, and I still think they're offering them as part of continuing education.

LK: Where did the continuing education legislation come from?

DD: I don't really know, but many other professions were requiring continuing ed. It was the law.

LK: Who...like how did that get started?

DD: I don't know how it got started. All the other professions, pharmacy—I don't know if medicine does it or not—OTP [Occupational Therapy Practitioners], nursing, they all require their people to come back and update themselves. I said, "I'm totally in favor of that." We won't have this drop out and then they don't come back. We had hygienists coming from all over the country to take that Retread Program. When I met with the Board of Dentistry, they asked if I thought dental hygienists would be willing to take the continuing ed courses. With my experience with retread programs, I felt that they would welcome the opportunity.

LK: Was it not offered in other places? Wow.

DD: When I graduated half the class went to California, because the salaries were so good out there. It was booming out there. So a lot of those California people came back to Minnesota to take the Retread Program. In fact, one of my classmates came, and I babysat her daughter while she worked on a patient.

[chuckles]

DD: I said, "Just leave her here in my office. I'll give her some crayons and stuff." She's written to me at Christmas time many times.

[break in the interview]

DD: The Dental Practice Act was changed to add some new tasks for the hygienist. It was a result of efforts of the Board of Dentistry, I believe. I'm trying to remember what they are. One of them was taking impressions. We could do soft tissue curettage, remove calculus, place perio [periodontal] packs—I don't know if we could place them or just take them off—and remove sutures, stuff like that. Then, the dental assistants could do some of the things we did. They could polish teeth and this sort of thing.

With all this law change, we had to do continuing education courses like crazy to update the hygienists that were active in practice, to teach them these new things.

Then, we did a thing for dental assistants. I can remember it was a conference call between Marshfield, Minnesota, and Mankato and [the University of] Minnesota. It was on TV. We did the whole thing. We trained a whole bunch of assistants all over the state at one time that way.

LK: Oh, wow!

DD: We also developed a whole bunch of self-instructional things. I developed a self-instructional thing for impression taking. We did everything we could. We taught dental assistants probably before we taught our own people how to do some of these things.

LK: Early versions of distance learning.

DD: Yes.

LK: In terms of dental hygienist skills and dental assistant skills, was there a lot of competition between the professions?

DD: I don't think so. Not competition. When the law was passed, it was very upsetting to both. People were threatened. It was a fear of losing their territory. Dental Hygienists were worried about dental assistants doing polishing and the dentist not hiring a dental hygienist.

LK: Right.

DD: They had no need to be threatened. It all worked out. You know how people panic.

LK: Yes.

DD: If they have to change, it's very stressful. I wrote an article and published it in the *Journal of Dental Hygiene* about what happens to people when you have to change.

The dental profession was also being threatened.

LK: In terms of...?

DD: Well, they didn't think hygienists should do a lot of this stuff.

LK: Oh, yes.

DD: We were even proposing that dental hygienists place amalgams. When I was working for HEW, I was on a site team, and I went to Denver [Colorado], and I went to somewhere in Massachusetts, where we had dental assistants and hygienists placing amalgams. The hygienists and assistants did better than the dentists.

LK: [chuckles]

DD: In fact, in Boston, they told us to go home and not come back.

LK: Oh, wow. Really?

DD: Yes. The auxiliaries did very well.

LK: Did gender issues play into that at all?

DD: I don't think so. I think that they were afraid that they would replace dentists. We didn't get men into dental hygiene till after the Korean War.

LK: I think I have the name of the first...James Jerome?

DD: Yes, and we had a few after that. They've had one or two along the way. A lot of them were from the service. They learned to clean teeth in the service. Some of them didn't. They just thought it was a good profession to get into.

Then, we had a number of Russian dentists that wanted to be trained as hygienists. They didn't want to go to school for four more years, so they were going to become dental hygienists. But most of them had trouble with English.

LK: Were these people who left Russia because of Cold War tensions?

DD: Yes.

LK: Interesting.

DD: We had quite a few Russians.

LK: I didn't know that.

DD: There wasn't very much of a role model for any woman to go into dentistry. We had two women on the faculty, and they were from foreign countries.

LK: Right.

DD: If I'd thought about it, I would have gone into dentistry myself!

[laughter]

LK: I know one of them was Anna Hampel. Who was the other?

DD: I can't remember her name. She was a good friend of Anna's. I tried to think of her name the other day. I can't remember her name. She was a very lovely lady. She was so good with patients and she was good with students, too. She was a real asset to the faculty. She was part time clinical.

LK: I talked to Maria Pintado. I know she's not a D.D.S. [Doctor of Dental Surgery], but she was on the faculty in the Dental School.

DD: Yes. She started as a dental assistant and taught in the dental assistant program under Helen Tuchner until the program was dropped. She was transferred to the occlusal research program and continued her studies. Then she gained promotion.

We did have one student who was a dental assistant, then became a hygienist and, then, went on the Dental School. I can't remember her name. She practices in Saint Paul. The reason she did it is she works in that Spanish community that's by the airport in Saint Paul, that little airport. She went through the whole thing and became a dentist and is doing very well, as far as I know. She speaks fluent Spanish.

We had to make some curriculum changes, too. When I came on as director, Dr. Hall had one more year to go to retire. I had so many things going on that I couldn't try to make any changes. But to the fellow who took his place... I said, "Dental hygienists are no longer doing inlays and dentures and that sort of thing, lab work, and all this. All they do is cleaning teeth because it brings money into the office. We've got to emphasize the root of the tooth, where you have to feel for the calculus." You can't see it. You're under the gums. So they need to know the root better than then need to know the crown. We got him to do a little switching there. We cut some of the dental materials and stuff. We cut back on that, because that was half the curriculum and took hours and hours and hours of time. They really needed to have things like statistics, so when they read an article about something in dentistry, they could judge it as being good or bad. We made quite a few changes there, as well.

The CE courses, we used to teach tons of them, especially with the new duties.

At about the same time, we had our first dental hygienist on the state board, Jan [Janet H.] Spoodis, who is a personal friend of mine.

LK: I ran across her name, possibly in the book.

[chuckles]

DD: I was going to tell you about this girl that we sent out to interview all the hygienists. She was from a small town. Her dad was a dentist in this small town so they had a pretty upscale kind of living. She came back and she said, "Mrs. Aker, do you know where some of those dental hygienists live?" I said, "I was born in International Falls. I'll bet you ran into one with a dirt floor yet." Her eyes popped. Some of those people were living in very primitive places.

[telephone rings – break in the interview]

DD: ...to interview. It must have been a real education for her. Some of these gals, they'd been out of school... We started in 1919. They were sixty, seventy years old. Probably got married right out of school. Who knows what happened to them. It was an eye opener for her, I'm sure.

LK: Wow.

DD: Let's see. [pause] CE. I told you about the Retread. In several classes of Retread, the women got so close to each other and got to know each other so well that they remained friends for a long time afterwards.

LK: That's kind of cool.

DD: It is. It was like a second class.

LK: Yes.

DD: Okay. You wanted to know about the tracking system. These two classes of seventy-five... I'm kind of jumping around.

LK: No problem.

DD: The two classes of seventy-five, the ones that we took in the fall, were the warm colors and the ones in the winter were the cool colors. So we had red and blue and pink and teal, and on and on and on. The kids that had some college, we took them in the fall. Then, the winter class, these are kids right out of high school, so we had them take at least their English and biology and stuff that first quarter so they would not be hit with such heavy course loads. A couple of those quarters were twenty-two credits, quarter credits.

LK: Wow.

DD: A lot of the students in this tracking system identified themselves with color rather than Class of 1953 or Class of 1975 or whatever. So it was kind of interesting. I think

the Dental School picked up on that a few years later, and they started tracking dental students, too. If you get 150 kids, you don't know where they're at, if they're good, bad, indifferent, lost, or what is going on. We had a coordinator for each one, a faculty member that kind of kept an eye on them. If their grade point average went down, they got extra help. They monitored them more. These kids, most of them, are right out of high school and to step into something like that is pretty tough.

LK: Yes.

I had seen that you were helping to establish a bachelor's degree for dental hygienists.

DD: Yes. We had a bachelor's degree that was dental hygiene and, then, we had two years of courses from the College of Education and the School of Public Health, so they could get it in education or public health. They had enough credits and everything to get their degree and they would do their, like, practice teaching in the clinic with a faculty member so that they could see what was going on and what we were doing, that sort of thing. Some of them did not have four-handed dentistry techniques or use curettes or anything, so we had to get them to come along. We needed faculty and the upper dental hygiene schools didn't have any faculty, because everybody in Minnesota was pretty much a two-year graduate, and they had to have at least a bachelor's degree. That's where we started. Now, it's developed into quite a thing. Master's degrees are required now. Kathy Newell developed those.

LK: I meant to ask you when you brought that up about the fact that Ione Jackson was teaching all of these courses... When you took over, did you hire a lot of new faculty?

DD: I did get five and a secretary when we started the bigger classes.

LK: Oh, wow.

DD: I told Dean Schaffer, "I can't type worth beans. I need a secretary." We had to have one because we got all these applications. We got 400, sometimes, applications for the program. Those had to be opened, and sorted, and sent to the Admissions Committee. We just couldn't do it otherwise.

Ask me more questions if you have any.

LK: Okay.

DD: Oh, in the tracking system, sometimes the tracks would take classes together. We tried to be as economical as possible for faculty. For example, when they took pathology, I think that was one that they got together. Then, they were in with dental students on some classes.

I was still there, and I taught dental students how to clean teeth. Their attitudes were terrible.



[chuckles]

DD: Anyway, I don't think they knew what to think when some woman was teaching them.

LK: Yes. You're not the first person who has commented about how... I've asked other people about dental hygiene students taking classes with the dental students. There's something about dental hygiene students, I don't know if it's like needing to prove themselves or something but they seem to perform better and behave better in classes.

DD: Dental students didn't like it because there were grade raisers.

LK: Oh, that makes sense.

DD: But we had really good students. They could hold their own. Now, I think dental hygiene faculty do teach the dental students all of their instrumentation techniques. They've hired three or four hygienists that just do that. They were dental hygiene faculty. I don't know what happened there. They transposed the whole thing and they transferred them to the Preventive Dentistry Department, I think.

Oh, another thing that they tried to do... I taught dental students in these little small groups. They were trying to do human relations training. So it was more of an attitude development class, and we dealt with race, with class. There were a lot of poor people that came to the clinic. Yet, there were a lot of well-off people, too, a lot of professors and their kids.

LK: [chuckles]

DD: It was an interesting experience. I did some extra master's level work with human relations with the College of Education. That was the first round of racial problems and women's rights.

LK: Right.

DD: I'll get to that. [chuckles]

LK: Okay.

DD: Hiring faculty... When I became director, I could select five people. I had a hard time finding five people with bachelor's degrees. But, I had to get up to thirty-five...

LK: Faculty? Wow.

DD: ...to handle that many students. I got a lot of them from Iowa, because they graduate with a bachelor's degree in dental hygiene before they get their license.

Marquette [University, Milwaukee, Wisconsin]. I'm trying to think of some of the other schools. I had a couple from Winnipeg [Canada]. I hired anybody with a bachelor's degree, no matter what their background was, so we had kind of a variety of backgrounds, and I really didn't have a problem with any of them. I had complaints maybe on one or two but, basically, no complaints from the students. We did a lot of in-service training on how to write test questions. We used "Teaching by Objectives," which is very basic—even the Minneapolis schools use it now—and just a lot of workshops and in-services on grading and teaching and that sort of thing to get them up to level. They just dug in. They did a heck of a good job. So, we got that far.

LK: That's an incredible amount of work just to hire that many people.

DD: Well, I hired an assistant. I said, "I can't handle all of this." I'm still in the classroom type stuff and here we've got thirty-five women. How do you get thirty-five women to work together without...? He was a sociology major. He did a really terrific job of getting these people together. They still get together. Fourteen of them are still around that get together once a month and have dinner or they do whatever. It was a very tight-knit group. He did a good job. There was very little dissension. They all just pitched in. I think part of it was the change in the law. They wanted dental hygiene to be in there and hold their own. Some of them didn't like the dental assistants taking over some of our stuff either, but it all worked out. That part of it was okay.

LK: Would you say that the manpower crisis, per se, kind of empowered dental hygiene, to a degree? You were needing more people and more professionals.

DD: Yes.

Let me take a look at these notes here for a minute.

LK: Yes, sure.

[pause]

DD: Later—after we got this all is going—I wrote another federal grant to develop more self-instructional stuff. We had lots of self-instructional stuff if people wanted to use it. We did a lot of the CE stuff with self-instructional material.

There was a lot of controversy, too, about that time and the new law about hygienists giving local anesthesia. Way back when, when they were dental nurses, they did give anesthesia, but it was nitrous. They didn't give local anesthesia. Now, hygienists with training, they can give local anesthesia.

LK: Was that in tension with the dentists?

DD: I think they have to have the dentists there, but many were concerned. It's been so long since I read that law, and they've had changes since then, so I don't know.

LK: I actually wanted to ask you about that change in naming from dental nurse to dental hygienist. I saw some early discussions about that. I don't know if you had any comments or any insight into that.

DD: It was before my time.

LK: Right. Right, it was in the 1920s.

DD: I think that's where Ione got started. My understanding is that they took all the courses the nurses did the first year. Then nurses went into the Hospital and the hygienists went into the Dental School.

There were some other things about age. One of the first things I had to do as director was I had to go over to the Admissions office. It said in the bulletin that you had to be eighteen years old and not over thirty-five. Well, we were getting teachers and we were getting people out of the service [United States Armed Service] that were thirty-five years old or older that wanted to get in and get a job. Anyway, I had to go and battle with the ladies over in Morrill Hall. I don't know if it's still there. They said, "God, this has never been done before! It's been like this for thirty years!" Well, it had been that way for thirty years, you know. I said, "We can't do this. We'll end up with a lawsuit if we don't change this." We had to get that out of there.

DD: Speaking of stuff like... Shut that off a minute.

[break in the interview]

DD: When we moved into the new Dental School, he [Mellor Holland] was going to be very careful to be very fair. Dental Assisting gets all of this. Dental Hygiene gets this. You'd have equal parts. I said, "Mel, I have thirty-five faculty coming next quarter. They don't even have a place to lock their purse up." Helen [M.] Tuchner didn't fill her classes even from the beginning. I just had a fit.

LK: Is that because the dental assisting programs were easier elsewhere? That is what I understood...and cheaper.

DD: Cheaper and it wasn't two years. Most of them were a year, eighteen months, or so. They weren't standardized. I think the program at the University that Helen Tuchner directed prepared teachers for other dental assisting programs like we did.

LK: Oh. Right, right.

DD: Oh, the Allied Health grants... I'd worked with HEW a lot during that period. I was on a think tank. We were exploring all kinds of different ideas of how we could improve on dental education and how we could get this manpower thing...and, also, how to improve four-handed dentistry. Ione worked in front of the chair. That's how I

learned, facing the patient. Then, we had to teach them how to get in back of the chair leaning the patient way back and, then, work like this, because it's a better position for your back. You don't get as tired. That was another thing that I had to do while teaching them how to use the gracey curette instruments.

LK: Was that the sit down versus stand-up?

DD: Yes. The first year I was there and we took that 100 students, I asked Doctor Schaffer if we could just get some stools. The chairs were old, old, old. They'd been there since almost 1919. We couldn't get them to go back that far. I had to ask if we could have pant uniforms, no skirts. You had to sit there with the patient's head in your lap and you had to put your legs apart.

LK: Ohhh, yes.

DD: I said, "We've got to have pants, Doctor Schaffer."

LK: Was he okay with that?

DD: Yes, he was okay. He was pretty receptive about stuff like that.

LK: You were his dental hygienist, weren't you?

DD: I worked for him on Saturdays, and I worked for him for a while almost full time when my daughter was little. But he knew that I had been teaching before at the Dental School and had taught for, like, I guess it was about six years. They really didn't have anybody. They were stuck with me.

[chuckles]

LK: Because you had that professional relationship with him prior to taking over the [Dental] Auxiliary [Utilization] program, did you feel like he was more receptive to your ideas?

DD: We used to sit in the back office, in his downtown perio office, and we'd talk about dental hygiene and I'd ask questions. I said, "What happens to this fluoride toothpaste when it goes into your system? What does the fluoride do to the rest of your body?" He was really good, and he was a very good pathologist, also. He would teach us all kinds of stuff that we would never have gotten...all of the hygienists in that office. I think I was able to bend his ear to some of these outrageous ideas because we knew each other.

LK: Right...the outrageous idea of wearing pants. [chuckles]

DD: Yes. I thought I was never going to get that through. They'd had those starched uniforms for so long. We did get pants with kind of a short lab coat. I'd forgotten about that until I started looking at this.

At the same time this was all going on, women's rights were on the forefront.

LK: Yes.

DD: The Allied Health people, occupational therapy [OT], physical therapy [PT], mortuary science, and med techs [medical technicians] and us had to write grants to get money to do these things. They were called Allied Health grants. We were all working on these grants. I'd organize the group, the Allied Health group, and we'd help each other how to do this. I only wrote one grant in my life before this. We were helping each other write these grants so we could get money to do these things.

Anyway, we started discussing some of our problems and several of the other groups, med tech and OT and PT especially, were really upset with the Chemistry Department because, I believe, they were teaching chemistry for chemical engineers and it was not bio-oriented. They felt that their students were really shortchanged. My students didn't have to take chemistry at that time. So I got elected to talk to the head of the Chemistry Department. We had him come to our meeting, and I just explained, "My students don't take chemistry." He wasn't going to hurt me any. We discussed it with him. What did he do but go to the provost of the Medical School. What the heck was his name? I'll think of it in a minute. And he complained about this. The Medical School got money from the Dental School to teach chemistry. Well, I got hauled into... It's French, Doctor [Lyle] French, who was the provost.

LK: Ohhh. Okay.

DD: I got in to their meeting. He, as head of the Medical School, Pharmacy...I don't know, all the bigwigs in the Medical School. He lectured me about this. [sigh] "Doctor French, if the OTs and PTs are complaining about poor chemistry," I said, "you ought to be concerned about the chemistry your students are getting." His face just turned purple [whispered].

LK: [laughter]

DD: I said, "Do you have any other questions?" I said, "We're just trying to improve our curriculum." I left, and I never heard anything about it after that.

LK: That's good.

DD: He was pretty upset.

But, at the same time, chemistry was the worst place on the campus for not allowing women to do anything. Several women chemistry faculty were going up for promotion, for tenure. One of them was walking down the campus from the [Coffman] Union to Northrop [Auditorium] and met a faculty member from the Chemistry Department. He spit on her.

LK: [gasp] Wow.

DD: Then, she went to her desk one morning and here was a brown lunch bag with either human feces or dog feces in it.

LK: Oh, wow.

DD: She took the bag and she walked into the head of Chemistry and dropped it on his desk. She said, "You take care of this." It was bad.

LK: Who was this, the woman? The Chemistry professor?

DD: Oh, I don't know who she was. They can tell you tale after tale of the way they were treated. The Dental School had at least one discrimination lawsuit, a girl. I think she was going up for tenure. Anyway, she left and went to another school. It was very messy.

LK: Was this related to the Rajender Consent Decree?

DD: Yes. There was an awful lot of stuff.

When we got to the end of the grant, we had to start cutting down. They called it retrenchment...

LK: Right.

DD: ...which was an unfortunate word.

LK: Why do you say that?

DD: Well, because it wasn't really retrenchment. We ran out of money.

[laughter]

DD: The grant ended, you know. Because that word was used, the people that were real aggravated about women's rights got ahold of it, the [*Minnesota*] *Daily* [campus newspaper]. The *Daily* called me, "What's going on over there? They're against women doing anything." They were going on and on. It got off to a bad start. The dean didn't say that. We had a faculty meeting and he came in and said, "We're going to retrench back to 24 students in a class."

LK: Wow.

DD: It wasn't even that much when we started, but we went to 150. Anyway, I had to get all these thirty-five faculty...all but five of them had to find jobs.

LK: Wow.

DD: So they were mad. When I hired them I told them, “We’re on soft money. This is not going to last forever. Get your master’s degree so you can get tenured before this time comes.” Well, some of them did get their master’s so they could go up for promotion. Quite a few of them didn’t. I kept telling them, “You’ve got to do research and you’ve got to publish or you’ll never get promoted.” I was on the tenure committee for, I don’t know, about three years and I knew those guys upstairs in the research labs. They wouldn’t even look at somebody who hadn’t published something or done some kind of research.

LK: Right.

DD: That’s the academic ladder, you know. I kept pushing it, and they thought I was crazy. Some of them weren’t prepared. But many of them had enough background so they could get another job. They didn’t have to go back to private practice. Very few of them went back to private practice. As they left, some of them left in the middle of the quarter.

LK: Oh, wow.

DD: I didn’t try to stop them. Technically, they’re supposed to stay until the end of the quarter. But I was so glad that they could get a job. It was one less person that I had to worry about a lawsuit. I thought, shoot, I’m going to end up with a bunch of lawsuits here at the end. I just said, “Okay.”

Then, I tried to pick up a lot of those people’s jobs. I worked sometimes twenty hours a day.

LK: Gosh.

DD: I picked the scheduling up. I picked up all kinds of stuff. Most of the stuff I had taught before.

LK: That’s so incredible having to hire all these faculty and, then, losing them. Wow.

DD: Yes, a lot of effort. You know, they got some good experience out of it. The camaraderie that they have among each now yet is really worth it to me.

As they left, one by one, I just said, “That’s it.”

I wanted to stay till all of this stuff was done. We’d get down to the twenty-four. So I hung on there till I was so exhausted that I almost ended up in the hospital.

LK: I bet.

DD: I hung in there until it was all over with and I thought the person that takes over will have a fresh start, and they can do it the way they want to do it, and I will stay out of their way—which I did. [chuckles]

Then, I took four years off. I did work on Saturdays still in private practice.

Then, I built that pond out there. We had horses and we had weeds this high. The town grew up around us. We've got all these expensive houses around us and the woods. Here we were in the middle of town and the weeds were all over the place. Our girls, as soon as they got old enough to drive a car, the horses stood in the barn. They got out of the fence twice on a Sunday, crossed Highway 10 when everybody's coming home from the lake, swam the Mississippi River into the next county. They called up and said, "Your horses are over here." We don't know how they got out. There was no break in the fence or anything, but they knew where to go. The dog went with.

LK: [chuckles]

DD: Kenny, my husband, finally said, "This is enough of this. I'm not feeding these horses anymore."

[laughter]

DD: So we got rid of the horses, but then the weeds grew. We dug out that front and got all the brush out of there and everything. Then, I hauled seventeen-ton of rocks to build those retaining walls. I didn't have the mental strain. I had the physical work.

[laughter]

DD: I took a lot of my frustration out on those rocks. Ohhh.

After four years, I started subbing for hygienists that needed maternity leave or were ill. In one week, I sub five different days in five different offices. Everybody keeps their records differently. They handle their instruments differently, all this stuff. I said, "This is crazy. I'm just going to get a job-job."

So I went to work in one office. I guess I was in two for a while there. I decided I should quit one of them. One of them had such terrible equipment and the other one kept booking me for more and more patients all the time. I chose one of those offices and stayed there.

LK: Which office was that?

DD: Doctor [John H.] Yeager in Maple Grove.



Anyway, after a while I wanted to go to Florida in the wintertime. So I had another hygienist that was doing the same thing. She was subbing for hygienists here and there. I said, "How would you like to sub for a whole winter?" She said, "That would be great. How would you like to sub for a whole summer?" She had a resort up north on the Canadian border. She and her brother bought this resort and they were doing it over, so she wanted her summers off and I wanted my winters off, so we split it for five or six years, I guess.

LK: That's great.

DD: Then, finally, I decided I should quit. I worked till I was sixty-eight. Then, I dropped my license when I was eighty. I said, "That's enough." Since then, I wished I had kept it because I could have been doing some volunteer work.

LK: Oh.

DD: Now, I let my license go. But I've got painting yet.

[chuckles]

DD: That's pretty much my story. It was a pretty wild ten years.

LK: Yes, it sounds like it.

If you don't mind, I wanted to ask you a few questions following up on some of the things you've said.

DD: Sure.

LK: You had commented about going to the Legislature to establish dental hygiene programs.

DD: They had hearings. They have different committees; the legislators do. Higher education, I think, was one of the committees. They want to hear about all this stuff, and what it's going to cost, and what is the need, and all this sort of thing. The dentists wanted hygiene programs out in the rural areas, just like dentistry did. They have too many in the cities and not enough out in the rural areas. So I went with other dental people to try to get more dental hygiene programs started. Mankato was a biggie. I don't know why that one was such a hard one to do. Normandale was in the junior college system and a retired military guy... He'd had some sort of experience with dental hygiene in the military. He was the one that really promoted Normandale. So they got an early start, but they were pretty independent. They didn't have to go to the Legislature and ask for money. After Mankato, Duluth started. Then, Bemidji came after that and after that came Rochester. But I didn't have to testify for those. I think higher education, they knew enough about it so you didn't have to make these individual bids for money and all that sort of thing.

LK: Did you do any other work with the Legislature?

DD: Not really. I didn't get involved in that. I think several years later, when we got to local anesthesia and some of those things, then the Hygiene Association and that sort of activity had to go to the Legislature to break the barrier.

I can remember one time in the Dental School... We had to ask Prosth's Department...

LK: Is that Prosthodontics?

DD: Yes...and Restorative [Dentistry] if we needed local anesthesia in the Dental School. We had to go over and get one of those guys. They didn't want to do it. Oh, too many dangers. What if the patient has a reaction, that sort of thing? Doctor Schaffer told me, "If you have a patient that needs anesthesia, you come up and get me." It embarrassed those two guys to death.

[laughter]

DD: At one time, we had Periodontics right across from our clinic and that worked out fine. They were good about giving local anesthesia when we needed it, but they understood the need to do it. Personally, I never went to take the class in local anesthesia, because I never had a need for it. I think if you adapt your instruments properly, you can clean teeth, you can root plane and everything else without anesthesia. Once in a while, you'd have a patient that's either scared or they're really super sensitive if you're getting into really deep root cleaning where you're really taking a lot of tooth structure off. Then, you'll have a problem, but otherwise, I can't see it.

LK: Did you run into a lot of patients who were frightened of the dentist?

DD: Oh, yes. I had one patient that used to come in the office and he would be sweating and white. We had to get him right when he came in the door to get him in a chair, because he would faint before he got into the dental chair.

LK: Wow.

DD: There are a lot of patients like that.

LK: Is it previous fear, like something previously that happened to them in the dentist's office?

DD: Yes.

LK: Okay.

DD: They were either badly handled when they were kids or... That one patient, I remember vividly. He was so scared. That was just for a cleaning. It does happen.

LK: When you were talking about retrenchment... I know that the Dental Assisting program was shut down in 1982. Was that part of that retrenchment that was going on?

DD: Yes.

LK: The other thing that I saw was that the program for dental assisting in other places... We kind of covered that already.

DD: Dental Assisting never did take 150—I don't remember what their top enrollment was—because there were other schools and they were shorter programs.

LK: Helen Tuchner, she stayed on teaching for...

DD: Till it closed down.

LK: Okay.

DD: A nice lady.

LK: Do you have any comments on her leadership style?

DD: I admired her. She was very practical and down to earth. Probably...in fact, it is in Mel's book her. When they made us a department, they made me the head of the department. When Dental Assisting and Dental Hygiene...she had to be under me. She was really worried about whether she was going to have enough money, that I would give everything to Dental Hygiene. We worked it out very well.

LK: Good.

DD: I think that I was more than fair. She really was very well covered. We got to know each other better after we were both away from the Dental School. We often had lunch together. She was pretty demanding of the faculty and had high standards.

She was, I think, happy with the results. She had an office right across from me, and we got along really well.

LK: Did you participate at all or do you know if anyone in the school participated in the creation of water fluoridation legislation in the 1960s?

DD: Yes. I was involved in that way back when, in the 1950s.

[chuckles]

DD: When I was first teaching... Let me see. Did I go to the Legislature then? It seems to me I did appear at a... It was not very well accepted. There was a lot of turmoil. When I was a dental hygiene student, we went out to the rural areas. I went to Braham, Walbo, and Dalbo in Isanti County and they did fluoride treatments to kids in country schools where they didn't have anything but well water. They had outhouses. They didn't have a toilet in the school.

LK: Wow.

DD: We gave them fluoride treatments with old Army equipment. You had to pump it like a tread sewing machine. We had to polish their teeth and, then, get the fluoride out. We had no running water, so we had to wash our hands in this chemical bath. I think one of the big areas was Askov, Minnesota, by Duluth. There were a lot of Danish people and they like their sweets. Those kids had no crowns on their teeth. They were decayed right down to the gum line.

LK: Oh, wow.

DD: It's just like some kids now when they drink Mountain Dew and some of those things, they have no crowns on their teeth. They're just rotted out.

I can remember going to International Falls and visiting with one of my mother's friends who was sure that she was going to be poisoned by the fluoride in the water. I told her, "If there's a little bit that slips down your throat, you'll have good bones when you're an old lady."

LK: I've heard that there was a big concern that it was some kind of communist plot.

DD: Oh, yes!

LK: Did you have to deal with a lot of that?

DD: Oh, yes.

Then, I did a little bit of research... When I first started teaching, I think that was in the 1950s. We had a lot of patients come in with black stain on their teeth. It was almost like stove enamel, really hard to get off the teeth and when you got a hold of it, it would just chip off. I said, "What is this stuff?" Doctor [Robert J.] Gorlin worked with me then, and he sent me over to the Chemical Engineering Department, and they analyzed it. It was from fluoride.

LK: Oh.

DD: I started collecting data on it, but, then, I quit in 1960 when my daughter was born, so I never finished it. It was interesting.

LK: Do you ever find out what the black stain was?

DD: It was caused from the fluoride.

LK: But how...? You don't know like why the fluoride caused the black stain?

DD: I don't know why it stuck to the teeth. When I chipped it off, I saved a little chip so they took it over there and analyzed it.

LK: I've never heard that before.

When Medicare and Medicaid were passed in 1965, did that have a big impact on the Dental School?

DD: I don't think so. Maybe in the Oral Surgery Department. They didn't cover dental, really.

LK: Right.

DD: But if you had to have surgery, like cleft palate. I don't know what your background is as far as... Do you know what cleft palates are?

LK: Yes.

DD: The Smile Train [international charity that provides cleft palate surgery to those in need].

LK: Yes. I interviewed Karlind [T.] Moller. We talked a lot about that.

DD: I think that maybe even in a case like that their speech therapy might be covered. That's such a long time ago.

[laughter]

LK: They've got a new round of [unclear] now.

DD: Yes.

LK: In 1970, when the Academic Health Center was created, did you feel a big impact at all within Dental Hygiene? That was a little bit before you came back to the school to take over the Dental Auxiliary Department. Did you feel like there was a more collaborative environment?

DD: Well, they were trying to get team dentistry going. That was about the time that they were getting four-handed dentistry. The University of Kentucky in Louisville and in Lexington had really good four-handed stuff. Louisville had a circular supply station

with the dental students' cubicles around in a circle so the instruments and materials were all dispensed from this central thing. Then, the four-handed dentistry thing, it was a matter of how they hand instruments. You see this in nursing a lot where the nurse takes the instruments and then smacks it into the surgeon's hand.

LK: Yes.

DD: Well, this is what they wanted us to do and work sitting down behind the patient. They also implemented the way they scheduled patients. They had ten-minute units. My husband had a broken tooth in Florida and he made an appointment and it was ten minutes to eleven. I said, "That guy's got to be a Kentucky graduate." He sure was.

[chuckles]

DD: But it was a system. First, they tried to train dental school faculty and some dentists and a lot of the guys from the dental association so that they would accept the idea more. Then, after that, when they had money left over, they brought the system to hygienists then to see what they were doing. They taught me how to do macramé using both hands, you know.

LK: [laughter]

DD: Part of it was to save time. For example, when I would clean...do a patient, I would have all my instruments lined up here and when I'd use this one, I'd flip it over. I knew right where I left off. If I got a phone call or something, I could go right back and tell where I was. It's that sort of thing that you never wasted a motion. You worked down in front and got behind the chair and did the upper teeth, the cheek side on this side and the lingual side on this side and, then, you turned around and you did the other side, but you didn't move much. That's what four-handed dentistry is.

LK: Okay.

DD: Time and motion studies is what it amounts to.

LK: Did you, as part of the Dental Hygiene program, do any collaboration with the School of Nursing?

DD: Not a lot. They were independent and they had their own college, so to speak. But we worked with OT and PT.

LK: Allied Health.

DD: Yes.

LK: Then, you had mentioned trying to get the faculty that you hired to get master's degrees in public health or education.

DD: Yes.

LK: Did you do a lot of collaboration with the School of Public Health?

DD: Yes.

LK: Were there people in the School of Public Health working on dental health or were you...?

DD: They were just taking courses, more or less general courses, from the Public Health faculty. They were going out on some of the sites where there were projects going on. We did have several graduates go to the State Department of...the dental unit over there in public health. I'm trying to think of some of the clinics that they went to. There's one on Hennepin Avenue [in Minneapolis] and there's one on Franklin Avenue [in Minneapolis]. I can't remember which one is which. Then, they went to Cambridge Hospital and they went to...where all the sugar beets are. I'm trying to think of the name of the town. It's just west of here. It will come to me.

LK: While you were head of the Dental Auxiliary program, Doctor Schaffer stepped down as dean.

DD: Right.

LK: Then, Doctor [Richard C.] Oliver came in.

DD: Right.

LK: Did you find him to be as supportive of your program as Doctor Schaffer had been?

DD: No [spoken very softly].

LK: Do you think it was part of the period of retrenchment or he just had different goals for the Dental School?

DD: Well... Mmmm. He was a periodontist, too, and he worked in Schaffer's office, part time.

LK: Oh, I didn't realize that.

DD: He was a graduate student under Doctor Schaffer. I don't know what was different. He had different goals in mind. He came from California. [pause] I can't really put my finger on it. Doctor Schaffer was very serious about making this school a good school. Maybe Oliver was, too, but... I don't know.

LK: From what I've heard about Oliver, he seems to be very clinical research focused. I don't know if that helps.

DD: I don't see him that way.

[laughter]

LK: When Doctor Schaffer stepped down, do you know if he had any problems...not problems, but was that a strange position to be in? I know he stayed on in the school, but, then, was no longer...

DD: He had a heart attack.

LK: Ohhh, okay.

DD: It was his health that kept him from... He did a lot of research, perio research. He was on the Perio, whatever program it is that gives them their specialty. They have to take this test to be a periodontist. He was on that for a long time. So he had plenty to do. But his heart attack... He had asthma really bad. He would occasionally have a patient come in with perfume on and he would be gasping for air.

LK: Wow.

DD: They should go home and take a shower and come back and don't put any perfume on. Doctor Schaffer was very dental hygiene oriented. He wanted hygienists in every office. He said, "We can prevent all this stuff." I think he worked very closely with Doctor Meskin. Doctor Meskin was very forward thinking, and very progressive, and had a lot of innovative ideas to get this thing going.

LK: Is it Lawrence [H.] Meskin?

DD: Yes. He went to be a dean out in Colorado [University of Colorado], I think, eventually. He died young [June 26, 2007, age seventy-one].

LK: Oh, really?

DD: Yes. He wondered how I ever got to be on this think tank in Washington. He said, "How did you get on there?"

LK: What think tank was that?

DD: When I was with HEW.

LK: Oh, okay. Right.



DD: We were pooling all these ideas. In fact, we were going to teach oral pathology when the first satellite went up. We were going to use that satellite to teach oral pathology to every dental school in the country.

[chuckles]

LK: Big plans.

DD: Yes, right. Well, they had a surplus of oral pathologists anyway. It would have been very unpopular.

LK: I saw that you also created an organization, the Minnesota Dental Hygiene Educators Association.

DD: Yes, we started it.

LK: Who did you start it with?

DD: Normandale and Duluth and...

LK: Okay, okay. That was just to try and ensure that there were dental hygiene educators being produced and to improve education?

DD: Yes. Coordinate it. That was kind of a national... All the directors from dental hygiene programs all over the country would get together once a year. We just kept trying to sort of standardize so we didn't have any really poor... Some of these...what do you call those that are on Lake Street [Minneapolis] that teach them in a eight month this stuff, proprietary schools.

LK: The for profit ones?

DD: Yes...

[break in the interview]

DD: ...surprised me when I got into Mel's book here. I flipped a page open and here was Dean [Richard] Elzay. I didn't know that the Dental School was threatened. They were going to close it down.

LK: I was going to ask you if you were...

DD: I wasn't involved in it and I didn't even know about it. I told Kathy [Kathleen Newell], "I tried to stay away from dental hygiene. You can do the whole thing from scratch yourself." That happened. I guess he was in a year or two when they hit him with that. I didn't know about it till I read Mel's book.

[laughter]

LK: When you handed over the reins to Kathy, did you mentor her in that process?

DD: I did ahead of time. When I was working on the grant, I would have her read the grant, read what was going on. I was kind of building her before, because I knew I couldn't last much longer.

LK: Not working twenty hours a day.

DD: Noo, no. With commuting, it's an hour and a half. That's three hours a day. That's one of the reasons I had all this yard work and everything, because everything had just gone to pieces during that time. I was never home long enough to do anything.

LK: You touched on this earlier with the human relations training that you were talking about. Do you have anything else that you wanted to talk about with that? Was this something that just the dental hygiene students were doing?

DD: No, I did it.

LK: You taught it?

DD: No, I didn't teach it. I worked with the College of Education when all of this women's thing and the race thing all came up. They taught some courses and workshops and human relations training. I felt his was going to be a problem in the Dental School and it was a problem. A lot of our dental students, dental hygiene students had never seen a black person before.

LK: Wow!

DD: And there they are working in their mouth and their gum tissue is a different color. Their teeth are a different color. We had some workshops.

One workshop I can remember. This one guy was a mathematician. He was probably a genius. He used to come to the Dental School to get his teeth cleaned, but he was like a Nazi skinhead type person.

LK: Ohhh.

DD: We had an Indian woman in this workshop. She was sitting right behind me. He made some remark about American Indian women. I just heard her go...[gasp]. She was shocked to be treated that way in a University situation. So I let him have it.

LK: Good for you.

DD: The person directing the class was just horrified that I pinned this guy to the wall. I said, “If anybody needs human relations training, it’s you! No wonder you’re here.” That was just uncalled for.

Doctor Meskin promoted this team approach and so I was invited to be on the faculty involved and meet with these small groups of young students. Well, the dental students’ attitudes towards women were just awful [whispered]. I said, “If you don’t treat them well and they quit, you’ll have to hire somebody else and retrain them. This costs money every time you have to train a new person. You better treat them well and pay them well or, otherwise, you’re just out of luck.”

LK: Did the practical aspect of that help?

DD: I don’t know.

When I was teaching dental students how to clean teeth, this one big, tall guy had an arm around his student patient. I said, “If that was a lady with a forty dollar hairdo”—and forty dollars was a lot of money then—“she wouldn’t come back again.” He said, “Oh, he likes it. He likes it.” His attitude was just...

[chuckles]

LK: Speaking of dental students attitudes, I read several newspaper articles, actually, about the dental students in the 1970s—this might be a product of the militant student atmosphere in the 1970s about the Dental School specifically—protesting exams and coming to class looking very shabby and throwing things at professors and things. Was this something that you experienced? No? Okay.

DD: One of my faculty caught some students cheating. They had to write this paper and they had the same words in their paper. I think they got them on a computer, because they did have computers then. She said, “You’re not going to get a grade for this. You’re not going to get credit for this.”

LK: A female professor?

DD: Yes. The dental hygiene students got a bunch of law students to come over and they had this trial, like a trial, but it was a kangaroo trial. None of the faculty could speak, just the students. This is what lawyers do. Anyway, they said, “We got nowhere.” I told Heddy [last name?] afterward, “This is just the most ridiculous kangaroo trial I have ever seen in my life.” She couldn’t do anything after that. I said, “You’re just hung.”

LK: Gosh.

DD: So what do you do?

LK: Yes.

DD: Cheating... Dental students cheated all the time. They were always asking me to carve their inlays for them, because I got good grades, and they didn't.

[chuckles]

LK: So even when you were a student you experienced this stuff?

DD: When I was student, yes. Their attitude toward women was pretty bad. Now, the dental class is almost half women. I could just see Doctor Holland now.

LK: Why do you think that the professors had no power in that situation, like this kangaroo court? Was it because she was a woman? Why wasn't the school supporting her?

DD: We didn't know that this was coming up. That's probably my fault. I should have gone to the dean with this. I had no idea what the kids were up to, you know. Here they bring in these law students and here's this kind of mock trial thing. Well, what are you going to do? What would the dean do?

LK: So did they get a grade?

DD: I think they got credit for it. They had to go through a lot to get that all worked out. They learned something maybe, too.

LK: Right.

DD: I had dental students that plagiarized all the time.

LK: Did you get support in trying to stop that plagiarism from the school?

DD: It was pretty hard to do. I think now that computers are so readily available, all they need to do is get on there and get somebody else's report that was written maybe five years ago. It's really sad.

LK: Right.

DD: On tests and stuff, they keep test questions from year to year at the frat houses.

LK: Yes. [chuckles] I've had my own experience with that, too.

You had mentioned earlier that you had that one particular meeting with Lyle French regarding that chemistry professor. Did you have any other interaction with the vice presidents of the health sciences?

DD: I knew Doctor [Frank E.] DiGangi from Pharmacy pretty well. I don't remember what the reason was for that. I can't remember now.

Doctor French, after that incident, appointed someone from the Medical School to work with Allied Health and he wrote the grants.

LK: Ohhh.

DD: That was okay with me.

LK: Yes.

[chuckles]

DD: I didn't have that much work to do, but he was kind of a jerk [whispered].

LK: Oh. [laughter]

DD: I think it was to keep us quiet.

LK: Did you have any other problems with professors in the basic sciences, other than that one in Chemistry?

DD: No. They were very cooperative, very helpful. Even when I was on the tenure committee, they understood that these kids were coming from a bachelor's...working through this whole situation. They were pretty helpful.

I think when the expanded duties came in, it kind of opened a gate. The dental profession had a couple of open meetings where the dental profession and dental students could talk about these expanded duties and what they were going to do, good, bad, or not. During this open meeting, my own daughter's pediatrician who was not even a dentist was in the audience. He was against all of this promoting of auxiliaries doing stuff. I thought, oh, my gosh, what's he doing here?

[laughter]

LK: Did he continue being your pediatrician?

DD: Oh, yes. I forgave him.

I think that the medical profession was concerned about all these different auxiliaries and there's all kinds of new ones now, like the physician assistant.

LK: Yes.

DD: They're threatened by that at first, till they find out how good they are.

LK: Nurse practitioner is another.

DD: Yes. Now, a lot of them rely on those people tremendously. The med techs, for example... I think the medical profession was threatened by them, because they are very knowledgeable about what their part of medicine is. Sometimes, they probably have better information.

[chuckles]

LK: We've touched on all of my questions, but I did want to ask you about this one paper that I saw you had written that Doctor Holland talks about called "More Woman Power for the Dental Hygiene Profession?"

DD: That was the manpower thing.

LK: Oh! Okay.

DD: That was getting these older hygienists to come back and be trained.

LK: You've done a ton of work with Continuing Education stuff that I ran across.

DD: Yes.

LK: Do you have any final comments on the Dental School or anything I didn't touch on?

DD: No. I'm glad to see that there are lots of women in dentistry, pharmacy, medical school.

LK: Vet [Veterinary] school is predominantly women now.

Well, great. Thank you so much for meeting with me.

DD: Oh, yes.

[End of the Interview]

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