

Interview with M. Isabel Harris

**Interviewed by Associate Dean Ann M. Pflaum
University of Minnesota**

Interviewed on February 22, 1999

M. Isabel Harris - IH
Ann Pflaum - AP

AP: This is February 22, 1999. This is Ann Pflaum. It is my pleasure to be interviewing Isabel Harris, who was dean of the School of Nursing from...

IH: From 1969 to 1975.

AP: She will share with us her memories of the school. It will be a very simple interview. Thank you very much for doing this. What we ask each person to start with is a little bit of biographical background: where you were born, where you went to school, how you got to the university.

IH: It's a long story.

AP: Most people have a fascinating story in that regard.

IH: I was born in mid Michigan in a very small town called Farwell, but I spent most of my early years in Ypsilanti, Michigan. I lived there until I was nineteen, as a matter of fact. At nineteen, I had just finished a bachelor's program at the University of Michigan. It was a general education with an emphasis on science, chemistry, and biology...that sort of thing. From there, I went to Johns Hopkins Hospital because I'd always wanted to be a nurse or had since I was about five years old. So I was admitted there and couldn't even stay for graduation at Michigan because the program started in September and I finished in August. I spent three years in Baltimore and graduated from the program in 1937. It was a very strenuous program at times, but very thorough.

AP: Was it a diploma degree in nursing or a baccalaureate degree?

IH: It was a diploma, a diploma program on top of the baccalaureate. I think that was doing it the hard way, but my parents didn't want me to do that. They were not really opposed but they felt I was too young to be sure.

AP: The three years would give you some chance to think about it?

IH: Right. When I finished there, I stayed on for about two and a half years and worked in psychiatric nursing in the Henry Phipps Building. I was a head nurse there, what they called a group nurse in those days, working with patients. At about that time, I decided that that was not the way psychiatric patients were being cared for across the country and I was interested in seeing... That was about the time of *Snake Pit*, a movie. It was a story that sort of pointed up the horrors of some of the state institutions for the care of mentally ill people. So I went back to Michigan and got a position at Eloise Hospital, which was not a state hospital but a county hospital for Detroit. I can't remember now how many buildings we had, but we had around four thousand psychiatric patients and a staff of twenty-seven nurses and quite a few attendants. It was a very moving experience. I really enjoyed it because there was a lot to be done and you felt you were really where it was, I guess.

The last year I was there, in December, I was working on a Sunday afternoon and that was the day of Pearl Harbor. Back before I left Johns Hopkins, I had signed up with the Red Cross to go to war if I were ever needed. You signed up...everybody. At that time, I didn't—I'm sure most of my class didn't—have any idea that there was going to be a war. I stayed at Eloise and I can remember that Sunday afternoon very well because I was in the office. The doctor on call that day was in an office down the hall and he came back and said, "Well, here we go." He was in some sort of reserve, too. That was the reporting of Pearl Harbor.

AP: Where did you end up going? Did you go with the Red Cross then?

IH: No. I went with the Hopkins' unit. That was very fortunate because we knew the doctors, the medical staff, and the nursing staff.

AP: Where were they stationed?

IH: We went to Australia.

AP: You know that the Minnesota group went to Italy and North Africa?

IH: Yes. I was sworn in in April.

AP: April of 1942 then?

IH: Yes. It took that long to get the process... I was called at work one day and they said I had to be in Baltimore the next day by noon. I still had my car. I had to move. I said, "I can't do it tomorrow, but I can do it the next day." That was fine. Then, from there, we went to Camp Edwards and, then, we went across country on a troop train to San Francisco. In San Francisco, they issued us some uniforms, but they didn't fit. Most of them had been stored in mothballs, as I remember. [laughter] They issued us all one uniform, I think it was, and told us to take our slacks and anything we had like that with us, but to send everything else home, all our clothes. We didn't get

those fitted until we got to Australia. We went out on the *America*, which was a huge ship. We had had heard a rumor—of course there were all sorts of rumors—that we were going out on convoy. Then we found out that they were not to have any companions at all. The ship could go faster than any of the...

AP: The escorts?

IH: Yes. It took us three weeks, I think, on shipboard. There were twenty-three of us in a cabin built for two.

AP: Twenty-three in a cabin built for two?

IH: We had triple-decker bunks.

AP: Still? I know how small those ship's cabins are. Did you take turns sleeping? Did you have shifts?

IH: It was a bed about this wide, just wide enough and three deep.

AP: That's amazing.

IH: Another thing was we had fresh water for about an hour in the morning and an hour at night for twenty-three people to use. The rest of the time, there was water to flush the toilets and wash your hands, but it was salt water. We had it much better than most of the men. When we got to Australia, we went to Melbourne and, then, we went by train up to Sydney. Sydney was our goal at that point in time. It was a very interesting time. We were welcomed—amazingly—because the Australians were very afraid at the time of being invaded. In fact, there were Japanese coming across the island right off the coast of Australia, New Guinea. They had barbed wire on all of the beaches. They were building a big trench inland farther north that would stop tanks, or at least make it difficult for them.

AP: What was your particular nursing duty?

IH: At that point, we were just sort of biding our time. After about a month, they got a part of the hospital at the University of Sydney and I've forgotten now how many beds. We were getting patients at the time from the Americans up there on that front. Many of them had malaria. They didn't have enough protective... There wasn't much you could do in those days except take Atabrine and I'm not sure they had any supply of that for people out in the field.

AP: Interesting.

IH: In the meanwhile, they were building a hospital for us out at Herne Bay—that's H-e-r-n-e—which is a suburb of Sydney. It was a general hospital. It was all temporary buildings. We were there for two and a half years. We could go into town, at times when we were off duty.

Then, after two and a half years—I didn't look up the time on any of this—we moved north by ship, went on a hospital ship, actually, but we didn't have any patients at that time. We went up to New Guinea and were stationed there. We joined a hospital that was being erected, a tent hospital. We got the first patients that came back when they were invaded in Leyte [Island] in the Philippines. Maybe I'm making this too long?

AP: No, this is just fine. What I'm, of course, most interested in is getting you to the university.

IH: [laughter] Okay. This has some bearing on...

AP: Oh, absolutely. Keep going.

IH: We were there for about six months, probably. I remember the first night, we got 500 patients, if you can imagine, in a tent. We had water and Lister bags. It was very primitive for somebody from Hopkins. [laughter] Then, after about six months, we went on up to Leyte and were stationed there for the remaining time I was in.

AP: What particular assignments did you have?

IH: There, they didn't have time to ask you even what you were qualified to do. [unclear] go to that station. So although I'd done psychiatric nursing up until that point, there were two of us that were assigned to take care of patients with gas bacillus infection.

AP: I'm not medical enough to know what that is.

IH: It's sort of like tetanus, in a way, in that you get it in a dirty area. These boys had broken arms out in the field and had contracted this infection. Often there were comminuted fractures, broken and the skin broken, as well. Sometimes it was legs and sometimes it was arms. We had thirteen patients.

AP: What was the treatment for this?

IH: They did surgery and cleaned up the areas. We were using penicillin for the first time I'd ever seen it.

AP: Was it in rare supply?

IH: It was brand new, really. None of us had ever seen it before.

AP: Was it effective?

IH: Yes. As I say, we brought through twelve of them. We lost one boy.

At that point, we were supposed to work half a day, six hours, because we were in the tropics for the first time. They would do surgery on the station in the tent rather than take the patients to the operating room because they'd contaminate the operating room. They would come down and do the surgery, cleaning out the wounds, and setting the fractures, and that sort of thing.

AP: You talked about this shift. Did that mean you had to work longer than six hours?

IH: We worked twelve hours, two of us. Instead of working one for six and another for six, we worked both of us.

AP: In pairs for twelve hours?

IH: Yes.

AP: That's a long day.

IH: You couldn't do it alone with all that going on.

AP: I can imagine. This was fairly early after you got there?

IH: Yes.

AP: This was at Leyte?

IH: This was still in New Guinea.

AP: These were nurses that, generally speaking, you'd known from Johns Hopkins?

IH: Yes. We had a few replacements during the war, but not a great deal. They all felt that they were being trained to be Hopkins people because we had our way of doing things and it was not the army way necessarily. [laughter]

AP: There must have been two strong cultures intermingling: the Hopkins' culture and the army culture?

IH: Right.

AP: Leyte was your last post?

IH: Yes.

AP: Then did you get discharged and sent back?

IH: Yes, sent back and then discharged.

AP: How did you get to Minnesota then?

IH: I went back to where I'd been before in Michigan because they had a place for me. The adaptation was amazing trying to get back into being a civilian. Somebody had told you what to do everyday, where to go, and when to do it. It was just very difficult. I can remember after they discharged us, you hardly knew how to go get a train ticket because you'd gone on orders for four years and never had to bother. I stayed there for a year. About the end of that year, I had a call from Katharine Densford. I was living about fifteen miles from my own home. My family had never been able to get me on the telephone, but she did. [laughter]

AP: How had she heard of you?

IH: One of my classmates, I had seen her during the war. She was not with our group. Somehow, she had gotten into another. She stayed somewhere with us. She came to Minneapolis first and had been here about a year. They got a grant from the nursing section in Washington [D.C.] to expand their program of training psychiatric nurses. There was a mental health boom back then. They needed additional people and she knew that I had a bachelor's degree and that I should be able to teach, so she had told Miss Densford and Miss Densford was looking for people. She called and I came for a visit and I decided that I knew I wanted to go on to school and this provided that opportunity too.

AP: You would then go on for an M.S.? You would both teach and...?

IH: Right.

AP: What time of year was it when you came to Minnesota? Do you remember?

IH: September.

AP: It would be very interesting to be able to contrast Minnesota and Hopkins and Michigan. You would have experiences at two institutions that we admire very much. Can you describe how you regarded Minnesota compared to those other two?

IH: I think I was very used to an area like this where people had similar goals.

AP: When you say, "where people had similar goals..."

IH: Interested in education and in research and in teaching.

AP: Wouldn't that have been true at Michigan and Hopkins, as well?

IH: Yes. But I guess I was ready for a new experience.

AP: Did Minnesota seem friendlier than the other two places or bigger?

IH: It was very friendly.

AP: Do you remember where you lived?

IH: I lived in Powell Hall the first year.

AP: That must have been very convenient.

IH: It was, but it was too close. [laughter]

AP: You went right into your master's?

IH: No, I don't think I did for about a year.

[telephone rings - break in the interview]

AP: You said that Powell Hall was too close to the campus your first year. You couldn't get away from things? Is that what you mean?

IH: Right. At the end of a year, I moved out with two people I had come to like very much. It was a very hard time to get apartments, right after the war.

AP: Do you remember what year you first came? Was it 1946?

IH: It was 1946, yes.

AP: Yes, the campus was jammed.

IH: Nursing was too. We still had the wartime nurses.

AP: I've seen some wonderful pictures of the mall just crowded with nurses in uniform. Were the commencements held for the whole state so that all of those people in those pictures would have been from hospital nursing schools as well as the university? Or do you think they were all the university?

IH: They were all university. There were 1,000 nursing students, I think, at one time.

AP: Can you describe Miss Densford? One has seen pictures and she looks gorgeous.

IH: She was. She was very approachable.

AP: She looks like she must have had a presence, a kind of charm and dignity and, perhaps, serenity? Or was she more driving than serene?

IH: No, I would say on the serene side. What she accomplished was driving, but she did it very... She gave you faith in yourself. If she thought you could do something, you did it.

AP: Did you that first year report back to her much? Or did she just sort of throw you into the classroom and say, "Go get a master's and I'll see you in a year?"

IH: No. She was very sympathetic and would do anything she could to help you get your education.

AP: Were there many of you working on your master's?

IH: No.

AP: It was fairly rare. Were you taking courses in the Medical School or were there master's level courses in nursing, at that time?

IH: They developed the nursing program. It was a nursing education, really. I can't remember the name of the dean of the Graduate School, but he did not feel that nursing belonged there.

AP: Theodore Blegen?

IH: Yes. So the Graduate School did not award the degree. The College of Education did.

AP: It was a master of education in nursing or something like that?

IH: Yes.

AP: Then, the idea was that you were going to teach the following year?

IH: I didn't go full time ever.

AP: Were you teaching from the beginning or did you teach your second year?

IH: I took courses and, then, I did go full time, I think it was in 1950, and finished up my master's. But, before that, I was just taking course work as I could work it in.

AP: Would you describe what you took as having a special focus or a special interest from your point of view?

IH: I know there were only three of us in that first program and I was the first one...

[End of Tape 1, Side 1]

[Tape 1, Side 2]

AP: You completed your master's. It's about 1950.

IH: About that time also, I began working on another program in nursing: nursing administration. One of the things I forgot to say earlier was that, at that point, the position was not in the School of Nursing. It was in the hospital and I was supervisor of neuro-psychiatry, which was psychiatric nursing in neurological.

AP: Would that have been Dr. Hastings?

IH: Dr. [Donald] Hastings and Dr. [Burtrum] Schiele and, then, Dr. A.B. Baker.

AP: How do you spell Schiele?

IH: S-c-h-i-e-l-e, I think.

AP: Is neuro-psychiatry both operative and psychoanalytic treatment, methods?

IH: Not much surgery... some.

One of the big things while I was in that area was polio. We had polio patients on Station 50. It was a very stressful period of time.

AP: Was that because there were so many polio patients they needed to be someplace and that's where they got put or did they have psychological problems with the polio?

IH: It was really the neurological because...

AP: Oh, trying to study the neurological impact of polio?

IH: Polio is a neurological problem.

AP: One of the things that one reads about the Medical School at that time and I've been talking to people in interviews and they say that there was a tremendous humanity of the clinical chiefs: Dr. [Owen] Wangenstein, Dr. [Maurice] Visscher, Wesley Spink. Then, there was in Public Health, Ansel Keys.

IH: Starke Hathaway in Psychology.

AP: Right. The legend is that they all had a remarkable sense of public interest and public purpose. Dr. [Robert] Gorlin was saying that he came in about 1956 as a young man, wandering around as a dentist, was accepted in Psychology. He said, "I loved to get to work in the morning and I had the

feeling we were about to make major breakthroughs." He mentioned particularly Dr. Good~~e~~, who had done some work on immunology. What was your sense wandering around with those people?

IH: I think that is a very good characterization. It's quite different than it is now.

AP: If someone were to say, "Who did you admire?" can you describe...?

IH: Dr. Schiele. I didn't like A. B. Baker personally, but I admired him.

AP: Tell me what were the two of them in? Psychoanalytic work or neuro-psychiatry?

IH: Schiele and Hastings were psychiatry and Baker was neurology. There was a man who had preceded... I have completely forgotten his name. He had been in psych and he had the feeling that it was all one, psychiatric and neurology. I think that Hastings and Baker probably felt that these were two different things—not that they didn't impact each other.

AP: At that time, the patients coming into the hospital would have had some kind of psychological problem. They would have been hospitalized. Would their stay have been weeks, months, or no pattern at all?

IH: I don't think there was a pattern. It was not a very long stay. If they needed longer care, they probably went elsewhere. I think part of it was to have enough teaching material.

AP: Right.

IH: That was very important.

AP: You've earned your master's. You're working in the hospital. You're working on the faculty under Miss Densford. Those twelve-hour days in New Guinea must have seemed a little minor compared to...

IH: [laughter] No.

AP: It must have been rather strenuous though.

IH: It was, but it was fun too. I don't know whether "fun" is a real good word. I enjoyed the people I worked with.

AP: You then rose up in the ranks in the Nursing School to become dean. How does this transpire?

IH: About that time, they got a grant. I was starting to talk about the nursing administration. The Kellogg Foundation was very interested and had a year's program where they had a couple of people in nursing from Iowa, from Michigan, from Minnesota, from Boston University and... I can't remember all of them. They were at the University of Chicago for a year, working with people there

in administration trying to work out a program to prepare nurses to assume responsibility, supervisory. Before that, you just sort of had grown into it and if you were there long enough, you became a head nurse and if you stayed on, you became a supervisor and, then, the director of nurses. You learned it by guess and by golly.

AP: So the Kellogg group was interested in a more systematic approach to leadership that you needed?

IH: Yes. They imported a woman who had been at New York Hospital. I'm having trouble with her name.

AP: I can check it later.

IH: She came and stayed for about two years, I think. Miss Densford asked me to work with her. She was in charge. So I worked with her for a year and, then, she suddenly got married and was going back to New Jersey and I was left in charge of that program.

AP: How many students were in it?

IH: Not very many. At the most, we probably had fifteen, but, sometimes, there were just three or four.

AP: What did you teach them? Did you get Business School professors to teach?

IH: Yes, some. They had worked out a system, almost a curriculum, during that year in Chicago. We used courses from Municipal Administration and from the Hospital Administration program. Our students had some contact with them. Then, we used hospitals in the area for their practical experience. They would all have at least one quarter assigned to a director of nursing service. We used Northwestern Hospital... sometimes as many as fifteen hospitals. In those days, there were lots of them.

AP: [unclear] would have been like a case study of staffing or a case study of sterilization? I'm just making this up. Is that what you would have learned or what the students would have done?

IH: They usually did a project when they were assigned.

AP: They'd work it out with the director of nursing wherever they worked?

IH: Right, what they wanted to do, but then they had their chance to observe her operations and all the kinds of work that she did.

AP: Would the students who graduated from this get a certificate?

IH: A master's degree in nursing administration.

AP: It was an M.S. in nursing. Was this given by the Graduate School or the College of Education?

IH: I've forgotten how we worked that out.

AP: It sounds fascinating.

IH: Yes, it was. It was the sort of thing that if Miss Densford had confidence in you, you rose to the occasion.

AP: I have a question about what the nurses wore. Was there not, at that time, starched uniforms?

IH: Oh, yes.

AP: Somebody even reminded me that you had to learn how to fold a hat. The hat was starched and folded.

IH: That depended on what school you came from because every school had its own cap. The University of Minnesota's was particularly hard. I wouldn't have tackled it. At Hopkins, where I came from, the cap was an organdy cap with ruching around it.

AP: Would you wear the cap like you would an academic vestment from the school from which you graduated?

IH: Yes.

AP: So that potentially, walking around a hospital would have been nurses with different caps, depending on their background?

IH: Yes.

AP: Can you explain to me—because I will need to explain to our readers—the basic ranks in nursing? There is the senior rank, which is the RN [registered nurse], the LPN [licensed practical nurse] and the nurse's aid, which is below the...

IH: Originally—I guess this is the easiest way to say it—they were diploma programs. Then, we had a practical nursing program that started at about the end of the war because of the shortage of nurses. That was a one-year program. The idea was that they were people who could help, but who would not be in charge, who would not give medications usually, when it was first started. Then, there was a nurse in New York at the university there who, for her doctoral program, designed a two-year nursing program. The diploma programs were three-year. They were the first. Then, the four-year programs, or baccalaureate programs, were developed next and, then, the practical nursing and, then, the two-year program. It's sort of a mess. [laughter]

AP: Minnesota had all of those at the same time? We had no diplomas?

IH: We did. That's a long story, but it's a very good one, too, the development of the baccalaureate program. That was fought by the doctors to some extent. They didn't feel that nurses needed to know that much. There was one doctor—I don't know if you've ever heard of him—Dr. [Richard Olding] Beard, B-e-a-r-d... That was about 1905, I think, that he came on the scene. He felt very strongly that nurses needed more knowledge than they had at the time. In those days, they just brought them in in the three-year programs and put them to work actually. They might or might not have classes. The head nurses would do most of the teaching. Dr. Beard was sort of an amazing person for his time because he was really ahead of the nurses in feeling that nurses needed a good basic science education. He was the one that pushed to get the university to really accept that program. It wasn't really until about 1920 that they got the baccalaureate program going.

AP: Now, the other thing that developed after your time as dean is the Ph.D. in nursing and that takes that same idea and carries it forward.

IH: Yes.

AP: One other thing I've been reading about in each of the different health sciences in the post-war period is there seemed to be a very strong sense of trying to treat the whole patient and trying to work as a team member, teaming with other professionals. They might be nurses or they might be doctors or public health specialists. That seemed to be a fairly common characteristic. I gather Dr. Bob Howard was kind of difficult of the Medical School toward the end of his administration. He got a little temperamental and things got difficult sometime in the 1950s.

IH: Yes, I knew him. I'm not just sure I know what you're getting at.

AP: I'm not so sure whoever was telling me this was getting at either.

IH: The School of Nursing was under the Medical School.

AP: So you all had to know these people very well.

IH: Yes. They controlled the budget. While Dr. Howard was very smooth, I don't think he had any idea of what nursing should be and I don't think he had a great deal of interest. This is more or less confidential. I think KJ [Katharine Densford] led a very difficult life as far as getting support. Salaries were poor.

AP: The school became independent of the Medical School just after the war. Didn't Public Health and Nursing emerge at about the same time?

IH: Yes. Actually, at the time I took over as dean, the year I was acting dean, they brought in a group of consultants to look at the arrangement of the Health Sciences, the relationships and what not. It was at that point that we got our freedom in Nursing.

AP: Dean Densford, if I remember correctly, remained dean until about 1959?

IH: Yes.

AP: That meant that there was a number of years where she was the leader of the school?

IH: Right.

AP: That must have been an important advantage to get it established firmly.

IH: Yes. In some ways, I hate to say this, but I think she stayed almost too long.

AP: That happens.

IH: When she left and the new person was appointed... I never know how much to say about this. You're privy to the goings on.

AP: What you want to do is say what you're comfortable with for the public record because this will be a public document.

IH: A lot of changes had to be made with programs when the new person came in. The new director was Edna Fritz. There were a lot of changes that had to be made in order to maintain our status, our accreditation.

AP: Would that have been staffing ratios, more staff, more funds, different types of programs?

IH: Probably the program was the thing.

AP: More basic sciences?

IH: No, more of the nursing aspects of it.

AP: At this stage, were you still in the psychiatric nursing area or had you moved into the administration area?

IH: No, I was in the administration area.

AP: The Nursing Administration Program?

IH: Yes. Then, I also was sort of an assistant to the dean during that period and, then, assistant dean actually after Miss Fritz came.

AP: Where did Miss Fritz come from?

IH: She came from New York Teacher's College.

AP: Was she happy here, would you say?

IH: I think she was very happy at first. She liked Dr. Howard, but she found it difficult, I think, to work with him. For one thing, nurses were still required to work in the hospital so many hours a week and that was outdated at the time according to the National [unclear] for Nursing that set the standards.

AP: That must have been in effect free help for the hospitals or modestly paid help.

IH: There were other things that I don't remember too well now that needed to be changed. Not having control of your own budget and that sort of thing made it very difficult.

AP: Miss Fritz was dean from 1959 to 1969 and, then, you followed her from 1969 to 1975?

IH: Right. I didn't really want to be dean. They were in a time when it was difficult, because of some of the problems, to recruit a new dean.

AP: You had to be drafted?

IH: By... I guess I shouldn't say that publicly. It's hard to sort out what you...

AP: How did you feel about it? Once you became dean, was it hard to grow into?

IH: [sigh]

AP: You were dean for a good chunk of time.

IH: Six years. That's not too long.

AP: Lyle French was vice-president of Health Sciences and he came in 1970, if I'm not mistaken.

A third thing I'm looking at is the capitation story. If I understand it correctly, the federal government paid the health-related schools, in effect, a sum of money for each student that you enrolled, which created an incentive to grow the schools. Then, in the late 1980s, they took those monies away so that it was very hard for the schools that had taken the money to hang onto their budgets. Does that ring a bell?

IH: No, not to me. That may well be, but that would have been above my level.

AP: What were you most pleased about as you were dean and as you looked over the college? I see entering classes of around 125 in 1973 and 165 in 1978, so there was some growth in enrollments. That must have had its challenges when you're trying to plan for more students than you had before.

IH: Yes, and to get new faculty, get the money to get them. Our facilities were not good. We were in Powell Hall mostly.

AP: They began construction on Unit F and my records show that construction was begun in the late 1970s and was completed about 1981. Does that sound like it's about right? That's a checkable fact.

IH: I guess that's about right because I left in 1980. I retired. I think the final move over was after that. No, it wasn't because I moved over...

[End of Tape 1, Side 2]

[Tape 2, Side 1]

AP: I've asked Dean Harris to reflect on the 1960s and the Health Sciences' student body, how that period of tumult affected them—if at all.

IH: I don't think it affected our area very much at all. One of the things I've forgotten to put in here is that in midst of all of this, I got my doctorate and I was gone from the school. I was here on the campus, but not working in the school...about 1956 and 1957.

AP: What did you do your dissertation on?

IH: It was on, in essence, why nurses were reluctant to take administrative positions. [laughter]

AP: Oh, that's interesting.

IH: Things have changed so much that it is not really very applicable anymore.

AP: It was a profession on the cusp of tremendous social change. That might have been where you were socialized one way and suddenly... Particularly doctors are sort of socialized to be sort of tyrannical, so I can imagine that that must have been a rather difficult interchange.

You mentioned that you're working now for a campaign for the school for the Densford Center. Just from listening to the interview, it sounds to me that there must be some similar characteristics to the program in the Center for Nursing Leadership to the kind of program that you must have first brought to the university in that Kellogg grant.

IH: I hadn't really thought about that.

AP: I may be reading things into the situation that is not there, but it struck me that that might be.

IH: As I say, I hadn't really thought about it. I'll have to talk with some of the others about that.

AP: Is there a large nursing alumnae body?

IH: Oh, yes.

AP: They're pretty loyal to the university?

IH: Very. One of the things we did in the process of this—I say we and, really, I'm very much on the edge...believe me, by choice—was to get members of the President's Club. I think it was about Christmas time and they said, "Fifty by July." They got it; they got more than that.

AP: That's terrific. That's wonderful.

IH: I think that's one of the most telling...

AP: Indicators of their loyalty.

IH: Yes.

AP: Did you have much of a sense of the nursing program, say, at Mayo or the nursing program in the other hospitals or compared to Michigan where you'd come from? Are there any hallmarks of the Minnesota School of Nursing that make it somewhat different than others? Or is it pretty typical in every way?

IH: I think fairly typical. Mayo has never had one.

AP: That's right. They have the hospitals, but they don't have their own nursing school.

IH: That's right. Now, Mankato and...

AP: Does Winona have one?

IH: Yes. There are several of those colleges. There are no diploma programs in Minnesota anymore.

AP: The whole field has been elevated.

IH: There are still a lot of problems in utilization of nursing personnel, I think.

AP: Can you tell me what you mean by that?

IH: In some places there is a feeling that a nurse is a nurse whether she's a practical nurse, a two-year nurse, or a four-year graduate. Sometimes, I'll admit, there is not a great deal of difference because you get extremely bright people into the one-year program and they do very well and recognize what they don't know. The current baccalaureate nurse has so much better background in understanding why she is doing what she is doing and setting goals.

AP: Are you suggesting that there are some people or institutions that don't really appreciate those nuances and don't give that baccalaureate-trained nurse the level of responsibility and respect that she should have?

IH: Or they give too much to...

AP: Too much to a person who has only a diploma?

IH: Yes. They don't understand the chemistry of what's going on, the developmental aspects.

AP: As you look back on your career at Minnesota and the nursing field, are there any stories that you would say, "That was really the highlight of my life," when something happened? You described the very touching story of the young boys in New Guinea. Were there any dramatic moments of memorable moments in your years where you worked hard to achieve something and it happened or you lost the battle and it didn't happen?

IH: One of the joys I get is the work of the master students that I taught, graduate students and how well so many of them have done. One of them is now about to get an honorary doctorate from here.

AP: That's interesting. What has she done with her life?

IH: She's gone into the business of nursing at continuing education, I guess you would say, and is really internationally known. She's done a lot of work.

AP: What is her name?

IH: Marie Manthey, M-a-n-t-h-e-y. She has a business really.

AP: What does the business do? It gives continuing education programs?

IH: Yes, and consultation. They have people that will go out on consultations.

AP: Consultations for hospitals or consultation for individual nursing positions?

IH: Yes, or hospitals.

AP: That's interesting. As I end these interviews, I always like to ask if there was any question that I should have asked that I didn't think to ask.

IH: I can't think of any. You asked some, obviously, that surprised me. [laughter]

AP: I thank you very much for the time. It was very, very nice.

[End of Tape 2, Side 1]

[End of the Interview]

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