

**Eugenia Taylor, RN, MA**  
Narrator

**Dominique A. Tobbell, Ph.D.**  
Interviewer

**ACADEMIC HEALTH CENTER  
ORAL HISTORY PROJECT**

**UNIVERSITY OF MINNESOTA**

## **ACADEMIC HEALTH CENTER ORAL HISTORY PROJECT**

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

The development of the AHC made possible the coordination and integration of the education and training of the health care professions and was part of a national trend which saw academic health centers emerge as the dominant institution in American health care in the last third of the 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**

Eugenia Taylor was born January 22, 1919, in Spokane, WA, and grew up in rural Montana. She earned her nursing diploma at Sacred Heart School of Nursing in Havre, MT. She worked as a public health nurse in Roosevelt County, MT, from 1943-45. In 1949, she earned her BS in Nursing Education and Public Health Nursing from the University of Minnesota. From 1949-1986, she was a faculty member in the UMN School of Nursing. While she was on faculty she developed the first interdisciplinary gerontology course for health professional students. She was also in charge of the Practical Nursing program for its entire existence (1947-1967). Taylor has been recognized for her work in early public health nursing in rural Montana and for her pioneering work in Gerontology Nursing. She has represented and promoted professional nursing in interdisciplinary work on legislation toward Universal Health Care.

### **Interview Abstract**

Eugenia Taylor begins by discussing her background, including growing up in Montana, her education, her early nursing career, and why she became a nurse. She discusses her experiences as a diploma student, as a baccalaureate student at the UMN, getting her MA in education, and as faculty member at the UMN. She talks about the UMN School of Nursing faculty and deans, including Katherine J. Densford, Edna Fritz, and Isabel Harris. She discusses the practical nursing program and its position within the School of Nursing; the rural nursing program; licensed practical nurses (LPNs) versus registered nurses (RNs); nursing education; the Child Bearing-Child Rearing program; Building F; the Shyamala Rajender decree, sex discrimination, and women at the UMN; the Disaster Nursing Program in the 1950s/1960s; the School of Nursing and the reorganization of the health sciences in the late 1960s; the nurse midwifery program; the nursing Ph.D. program; the Area Health Education Commission; and the School of Nursing's regional work. She describes changes in nursing education curriculum in the 1960s; the creation of a School of Nursing dean and the appointment of Isabel Harris as the School's first dean; nursing education in the Twin Cities; nursing licensing; nursing aids; physicians assistants; nurse practitioners; relations in the School of Nursing between faculty with Ph.D.s and those without; and nursing research laboratories.

**Interview with Eugenia “Gene” Taylor  
Part One**

**Interviewed by Dominique Tobbell, Oral Historian**

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

**Interviewed at the Home of Gene Taylor  
Interviewed on May 27, 2010**

Eugenia “Gene” Taylor - GT  
Dominique Tobbell - DT  
Mary Virginia “Ginny” Betlach - GB

DT: This is Dominique Tobbell. I’m here with Gene Taylor. We’re at 293 Lexington Parkway, Saint Paul, Minnesota. It’s May 27, 2010.

GT: That starts us with good settlement. We know who we are.

DT: [chuckles] Exactly.

Thank you for meeting with me today, Gene. To get us started, perhaps you could just tell me a little bit about where you were born and where you grew up.

GT: First of all, I was literally born in Spokane [Washington], but my home is Montana. My mother [Clara Taylor] always went home when she had the babies. I was born just at the end of World War I. In fact, we joked about I kept my dad [Ervin Taylor] out of the draft because I was expected. Well, then, the Armistice was signed in November [1918] and I was born in January [1919].

I grew up on a ranch. Actually, it was a poor farm, at that time. It was very dry, dry land. We were in northeastern Montana. A lot of my life was there. I went to a country school through the eight grades. It was hard for people to get to town. It was thirty miles away to go to high school. We were some of the first children from that area that even had gone to high school. They kind of ridiculed my folks for making such an effort to get my brother [Robert Taylor] into high school. Once in a while, he actually took one of the horses thirty miles into town and, then, would hope to get a ride back. He’d turn the horse loose and the horse would come home. By the time I went to high school, it wasn’t

quite so bad. We had to find a place to live and we did what we called batching. Have you ever heard that expression?

DT: No.

GT: It meant cook your own things. We had a little bitty place. My brother was three years older than I. For a while, for about two years, we had a very small...like a motel room that we cooked in, and we walked to and from high school. Then, because it was so far away, I ended up taking little extra courses so I could finish high school in three years, mainly to save expense and not stay away so long.

Well, the only problem with that is that when I finished, I knew I was going into nursing, but I was sixteen, but they didn't want me until I was eighteen. Actually, I was almost through nursing before I was twenty. I went to a hospital school, the school of nursing that we had then, a diploma program.

DT: That was Sacred...?

GT: That was Sacred Heart School of Nursing in Havre, Montana. It's a little college town now. In fact, later, I took some college courses there.

I couldn't take state boards until I was twenty-one. As soon as I took those, I went to work in Helena, Montana. From the very beginning, I loved maternity, so, all the way along, I was doing it wherever I possibly could, obstetrics and new born nursery,

After I had worked for a while, I decided I wanted to go back to school. So I went out to the University of Washington in Seattle and did some public health nursing coursework there.

Then, World War II came up. I had tried to join the Navy earlier and then I had hay fever allergies, so they didn't want me. Then, after Pearl Harbor, I tried again and they said, "Oh, well, that's no problem." I took a leave from my job to go visit a friend in Tennessee while I was waiting for the Navy to call me. When I got down there, I got a "Dear John" letter saying, they'd made a mistake and, no, they did not want me with an allergy.

So I stayed in Memphis and worked a couple years at a city hospital. I was there during the early part of World War II. We had *many*, many babies. The GIs were all having... The [GI] bill that we had after the war, you've heard of that. What were they called?

DT: The baby boomers?

GT: Yes, boomers were afterward, but, also, during the war, there were just a lot. We had a nursery that was equipped for about thirty-five babies and we often had up to sixty. So we'd tote them up in long carts that had little slots to put them in, and take them to

other floors on the elevators to where their mothers were. That was really quite an experience.

Then, I finally tried again for the Army.

If no one else has told you this in the history of K.J. [Katherine] Densford... Much later, I met her. Do you know who she is?

DT: Yes.

GT: People have talked enough about her. When Congress talked about drafting nurses, they said that they would draft, she said, "You will never have to draft nurses. Just tell us where we're needed." At the time, they were threatening a draft and having all of us sign up. I was kind of mad because I'd already been trying, you know. This time, I had a blood pressure of not quite 100. I swore they wouldn't take me. I was kind of provoked when I was doing it, so I finally got it over 100.

DT: [chuckles]

GT: To get in, I had to sign a waiver for the fact that I had allergies. That meant that I could not go overseas. That was a real disappointment. By that time, I had two brothers [Robert and Thomas] and a fiancé who were all in the service and said, "Get that waiver back. Don't do that." In the meantime, all the people I went through basic training with got to go over to the Pacific before the war was over, and I went from Seattle to California and back to Seattle to get out, so I didn't see the world!

[chuckles]

GT: I enjoyed it enough to know that...right now I'm very distressed with the war and all of this. It's just criminal...these young bodies. We'd get them back. They were in prison camps in Japan and in very bad shape. They were then still only nineteen and twenty. They didn't live like they are now with all these extreme things. This is why I really am having a terrible time with all that's going on to still be feeding our young people into that, and even without a draft, it's not fair. I'm not a pacifist by any means, but I just don't think we have any business feeding our young people into that. With all the politics... I would like to march on it, but just say, "Get out of there. Get out of there."

DT: What led you to know you wanted to go into nursing?

GT: For one thing, at the time that I was finishing high school, there were two choices: teaching and nursing. Women didn't do much at all. Well, maybe you had a secretarial job and could go into business, but not very much else. I had a great aunt who was a nurse in World War I. She was not formally educated, licensed or anything, but she did work as a nurse. So she gave me, many years later, her little watch that was on a chain. I guess, even in high school, I was so curious about the hospitals. Then, when I found out I

had to wait to go into nursing, I was really disappointed. I guess I always knew I wanted to do that—but not teach. The funny part of that is, later on, now, when people would ask me, “Are you a teacher or a nurse?” I’d say, “Well, I’m a nurse but I’ve been teaching the last twenty years.”

[chuckles]

GT: I love patient care.

DT: When you went to Sacred Heart School of Nursing was there any other option or was it only possible to go to a diploma school at that time?

GT: That was the nearest and least expensive. My whole education probably cost—I kept track of everything—I think about \$400 for three years. That’s because we worked for our room and board. If there were patients that needed care, you didn’t stay in class. You’d be called out of class. It made it excellent learning, but it was not sound educationally to not have all that. I had good people teaching. I don’t regret it. I do regret that so many people, later, kept going to diploma schools and, then, also, even to the practical nursing and, then, they would go up to the next level. My big concern has been get counsel into the right program first and not this stair step thing. It’s not efficient for the person at all, and it’s expensive through duplication.

DT: Did you start the bachelor’s program at the University of Washington and, then, with the war, it got interrupted?

GT: Yes. Actually, I took just a few public health nursing courses, because I knew I wanted to do community nursing.

The other thing is when I was about twelve, I had scarlet fever in the middle of the winter, and we were very, very ill. People used to isolate, quarantine. My brother was in high school in town, so he picked it up. My mother went into town thirty miles away and stayed with him so that she wouldn’t expose us. I had a little brother at that stage, and I was thirteen. Well, she took all the precautions and everything. When she came back home, she became ill, and, then, all of us got it except my dad. He survived without getting it. During that time, they were so worried. He’d had a sister die of scarlet fever, so they were very panicky because we were a long ways... Somebody told the public health nurse in our town [Malta], and she and the doctor—can you believe it?—started out, but it was a bad, bad winter and bad roads, and they had to give up. They couldn’t get out to see us. But they sent this medication. One of the dangers was kidney damage. People were so afraid us, even in the country. My dad told this fellow that drove by that we needed to have this medicine and would he drop it off on the road when he came back? Well, he didn’t. He got the medicine that the nurse had prepared, but, then, he came by and he just sailed right by and didn’t stop...probably twenty miles per hour going by.

That fear of scarlet fever was so extreme.

That night, our little Irish neighbor [Mary Bibeau], a mile away, walked up in the winter and brought the medicine and came in. Mother said, "You shouldn't come in here, Mary." She said, "That's all right." She was from Ireland, a beautiful brogue. She was the best medicine for us. She brought the medicine, but, also, to see another human being. She didn't get sick. She took a risk. She walked up with that medicine. That's kind of a long one.

The fact that this public health nurse had tried to get out to us impressed me. Much later I knew I wanted to do that kind of nursing, so that's what I went to the University of Washington.

DT: Then, after the war, you came to the University of Minnesota to do your baccalaureate. Is that right?

GT: Yes.

DT: Was that just to continue with your public health education? What led you to Minnesota, basically?

GT: For one thing, of course I had heard about K.J. Densford. We studied the history of nursing, so she was well known. First of all, I had heard from one of my teachers that the University of Minnesota, and the other one was Columbia and some others were highly rated. I thought I wanted to do that, but it never occurred to me that I could come here to go to school at the University of Minnesota. .

Then, we had the G.I. Bill so there was no reason why I couldn't go on and go to school. After getting my bachelors degree in nursing education I went back to teach in my school [Sacred Heart School of Nursing], which is not a good thing to do. To the supervisors, I was still "little Gene." Well, then, when K.J. needed somebody to come [to the University of Minnesota School of Nursing], she thought of me because of my public health nursing. [Being a graduate nurse at the University of Minnesota where you were receiving extra training (rather than being a young new student) meant you had a very different status and were treated differently than at diploma school]. I was always teasing her [Katherine Densford] a little bit, "I'm not sure you knew which Taylor you were getting." There were other Taylors enrolled [in the School of Nursing]. People said, "No, she knew exactly." Because I had farm background, she thought that I would be a good fit for the School of Nursing's new practical nursing program, which combined practical nursing and home management.

DT: I'd like to hear more about what your experience was like as a student then at Minnesota.

GT: Oh, well, once I got to Minnesota, for one thing, the University was so busy. There were 47,000 that had come. That was the biggest at that time. I don't know what the

enrollment is now. It was a burst. I don't know if anybody told you this. They were teaching nursing arts up in the second floor or Northrop. They set up practice sessions there. It was mostly theory and, then, some of the other supportive courses. Ironically, when I first got back from the service, I took a few courses in Havre, Montana, at the college branch there. The courses that I took I knew would be a good base. Then, when I got to Minnesota, here I could have tested out of all of those. I did test out of some. The course work that RNs had was very little clinical here. The only other clinical I needed to have was I had to go out to Glen Lake [Sanitarium] for TB [tuberculosis]. They no longer require that, of course.

DT: That's the sanitarium out there?

GT: Yes. That was probably the hardest kind of clinical experience.

Then, because I was combing public health... At that time, the School of Nursing and School of Public Health would allow you to take courses in both, but you had to get a degree in one or the other. Because I was in the School of Nursing, I got the public health. Then, for clinical, I had six months in Omaha [Nebraska] to get my certificate in public health. Then, I proceeded to go back to Montana a short time, and, then, come back and taught, so I never got a chance to use much of my public health training after that.

DT: The baccalaureate program, was it a two-year program or a five-year?

GT: Actually, I was in school probably about—I'm trying to think—five quarters, but I didn't take any of the nursing over like they do now. Now, they have to take some of the nursing theory courses. At that stage, they accepted us clinically skilled.

I had a very good friend who was, also, an Army nurse, so she used the G.I. Bill.

DT: How different was the University School of Nursing compared to the diploma program that you'd done before?

GT: Probably the sciences were deeper. [At the university we didn't have much contact with patients]. Then, of course, the exposure in the rest of the campus was great. I have troubles remembering my baccalaureate. Later, I proceeded to get my master's there and, at that stage, I took... That was in education. I got my master's in education. The bachelors degree was in nursing education and] public health [within School of Nursing]. [The Masters was entirely in the College of Education]. I even forget how they labeled them, but it was a combination. To this day, when they have the reunions or something, they count me as the Class of 1949, and, of course, I didn't have classes with any of those people, unless it was at Glen Lake.

DT: When you were in that program, at that point, they still required nursing students to do thirty hours of clinical service. You were exempted from that?

GT: Yes, I was exempt from that. I don't remember how they...they didn't test us or anything. They just assumed, I guess, that you had enough clinical theory and skills.

DT: [chuckles] That's good.

Obviously, you mentioned K.J. Densford. Were there other faculty that were particularly notable to you as a student?

GT: Probably Fran Dunning was the other. The other person, who became the dean of the University of Iowa and she just died, was Myrtle Kitchell Aydelotte, A-y-d-e-l-o-t-t-e. She was the first one to get her doctorate in nursing. She actually got it in another field. I don't know what it was called, on curriculum probably. Then, she went from here to become the first dean at the University of Iowa [where she started the Licensed Practical Nurse (LPN) program at Iowa]. We used to say that the two LPN programs were cousins, in a way, because they had the same grandmother.

DT: [laughter]

GT: K.J. had introduced "Kitch" to that.

Later on, one of the things I did is I traveled with the National League for Nursing with a person from the University of Iowa. So we traveled—I don't know if that's in my listing there—for six weeks and did curriculum classes for practical nursing faculty in other regions. That was quite an experience.

DT: Yes, I'm sure.

Can you tell me about K.J. Densford?

GT: Have you read any of the things about her? Have you seen the video?

DT: I haven't seen the video, but I've heard much about her. I just love to get other people's perspective.

GT: In the first place, she was a very dignified lady, very aristocratic, and, yet, a very warm person, very particular about the profession. She, also, had a manner that demanded respect.

One day, we were up in the Campus Club. At that stage, the women were not supposed to eat in a certain part. Did somebody tell you that one?

DT: No, but it doesn't surprise me. [chuckles]

GT: Yes. She was very upset with that, because she felt inequality there, so we would sit on the side where we weren't supposed to when I was with her.

She was a real lady and so respected. In fact, I have some very good personal memories of her because, later on. I guess I had finished my master's. I went over to see her one time and she had me curl up on a couch she had with a pretty shawl. We talked and talked and talked. That kind of person, she was. Professionally, you'd see her as the real leader and she was. I had the good fortune to go with her as she was going to the International Council of Nurses in Rome—at that time, she was the third vice-president—and another, Florence Brennan who is now gone, of our faculty. My mother had never traveled, of course, and I wanted her to go, so she went along, and we had four of us. She and K.J. became very good friends.

In fact, when they got the call from her for this job offer, I had been out in California and kind of thinking about another job. Our [the University of Minnesota School of Nursing] reputation was so great in California that they would take graduates of the University without much question. I was really seriously considering this job, but the person that interviewed me made me a little uncomfortable because she was not telling the person that I was to replace that she was being replaced. Yet, the school had a good reputation. I just was uncomfortable. Yet, they offered me the job. I got back and my dad was saying, "Oh, Miss Densford's been trying to reach you. They want you to teach there." He just was so nervous when I called. He said, "You don't belong to California. You don't have any commitment there. You haven't signed or anything." I said, "No, but I feel..." When I told K.J. that, I said, "I've not signed anything, but I feel an obligation to get released from that." Well, of course, she approved of that behavior. My dad was just so afraid I was going to give up this job at the University of Minnesota.

Anyway, that's the way I felt about K.J.

DT: This was a job that you had already said you would take in California or was it the one back in Montana?

GT: No. I had been helping out in my school and I was not going back there. I knew I needed to get something else, because I was still a student as far as some of my former faculty were concerned.

DT: But you didn't have that problem at Minnesota, even though you went through the baccalaureate program?

GT: Didn't have what problem?

GT: The fact that the faculty at Minnesota would see you as a student, too, because you were a student at one point.

GT: No. No, that was quite different.

I should tell you I got fired actually from that job I went back to teach at my diploma school. I really was so disappointed because they still treated me like I was a student, even to the extent of the director wanting to control certain things of the students. What I

found out pretty soon is she was punishing the students for doing what I had planned for them. This other friend of mine had graduated by this time. I went with her to California and while I was out there, I said I was going to see what else there was there to do, and I got the "Dear John" letter saying, "We think you'd probably be happier to work somewhere else."

[laughter]

GT: My mother said that was the best thing that director ever did for me was to release me, because I wouldn't have felt right about leaving that school, I don't think. Anyhow, that's how I got back to Minnesota. I always remember my dad being so afraid that I would not take this job. I had no idea what I was getting into, but you saw what she asked me to do and to start this modified program.

DT: Yes.

GT: Really, it was a big undertaking.

DT: Yes, it was the practical nursing program. Is that right?

GT: It was a new practical nursing combined with home management. The thing is the School of Agriculture had boys that came in for six months of the year, and they'd have the girls coming and doing home management and home care and homemaking and things of that sort. They wanted something where they could be more independent and have a vocation rather than just courses. So they thought this new program... We already had a practical nursing, a four-quarter, program. This new program was set up so that the first quarter and the last quarter, they were on the Saint Paul campus or, then, one quarter, we went out to rural.

Did anybody ever talk about the rural nursing program?

DT: Not very much, and I wanted to ask you about that, too.

GT: The idea was that if you provided some clinical experience for students that were in the University setting where there was very critical kinds of things, to have them have experience in a normal, small town kind of thing. So we had, at that stage, most of the baccalaureate programs, not that they were all baccalaureate... I think even diploma programs in the Twin Cities would send their students out for six weeks. One other faculty member [Marjory Low] that I was introduced to there was the rural nursing coordinator. I started working with her right away. We picked out four different towns where we could have the students go, and, then, we had to have a local teacher there. I traveled between the four of them. They mostly had maternity experience and training in peds [pediatrics] there. It was more the normal thing. The idea was that if they had part of their education in a setting of that sort, they would be apt to stay. Well, the other thing they didn't plan on really was that many of them married some of the farm fellows who had gone back [to rural areas], so it worked, because they did stay [in rural practice].

In fact, I just got a Christmas letter from one of them who is now widowed, but she was one of my first students. She went on and got her two-year RN [registered nurse degree] then, as many of them have.

DT: How long was the practical nursing and home management program?

GT: This one was six quarters, which was about a year and a half. This started in 1949 and it ran until 1960. Then, the School of Ag itself closed. Then, the School of Nursing had the four-quarter program, so I stayed with the four-quarter program till we closed that in 1968.

DT: What kinds of people were doing the practical nursing program?

GT: [Many wanted it.] Well, for one thing, they were people who wanted a short program and they wanted direct patient care. They didn't want have the educational kind of things. That was okay, but they wanted the direct care of patients. As it turned out afterwards, they became very skilled, and many of them wanted to be able to do more.

One of my regrets in that program is that because we did such a good job with these people in a very short time... Many of them were lower scholastically, so they couldn't have made it in the others. Yet, because they were successful and were practicing and liked it, many of them felt they had... Unfortunately, they were well prepared in that year. Ours was just barely a year from the beginning of the fall quarter until the middle of August. That's one of my real regrets is that students came into our program that *should* have gone directly into a baccalaureate program. So they spent a lot of extra time. It was not a good system for figuring out how to give them credit. One of our directors [Isabel Harris] way back that I worked with, she said, "You know, it's like having cookie dough and you cut out this much of the nursing theory. How do you figure out how to figure all the rest of that when you cut out these pieces?"

That was one of K.J's things, too. She knew that. Again, the idea was prepare these people [in a sound educational program for a level assisting the RN in practice].

The other thing is that at the same time, we still had nurses in the services. At one time, we had the chiefs of all the Armed Services nurses—the chief nurses—who came to our program to get the special educational curriculum, because our practical nursing was comparable to what their corpsmen had. So, at one time, we had the Army, Navy, and the Air Force chiefs...and they were doing their practice teaching with us and earning their BSN [bachelors of nursing] degrees.

It was fun. When I went to meetings afterwards, I would find these people who had been graduates of our... They got their baccalaureate. Again, many of them were in the military service without a baccalaureate degree so they were getting that at this time.

DT: For the practical nurses who graduated that program, they would, then, be licensed as LPNs [licensed practical nurses]?

GT: LPNs, yes, [after they graduated they were eligible to take the state board exams to become licensed as LPNs.]

DT: But, then, you had mentioned that some of them went back to get an RN.

GT: An awful lot of them did. The sad thing is that RNs that were working with them would often say, "Oh, you're so good. You should be an RN," without recognizing that what they were doing was... Why not value what they were? It's the credential kind of thing. Many of them went into the two-year program where they didn't have much at all beyond what we had... They maybe had a little stronger... Actually, the number of hours in classes and things they had was not that much more, which was really kind of unfair. It was a costly educational thing.

DT: I was going to ask once you're out working in a hospital or in a community setting, was there any tangible difference between what an LPN was doing and could do versus what an RN could do?

GT: Unfortunately, there was not that much difference. There is supposed to be, and the RNs were to be leaders. The students used to say, "There's whole different rules on the nights and the weekends." So the same people who could not be allowed to do certain things, were, then, expected to do them on a... So that was a disservice, I think, to the practical nursing. What I would like to have seen was to have about a six-month practical nursing program and, then, build on that into the two-year program rather than just people putting in a whole year in both programs.

DT: Was there a demand for practical nurses from the communities themselves? I know at various times, there's been a nursing shortage, and I wonder if in those communities, practical nurses were going out in them. There was a demand for LPNs rather than RNs?

GT: They did some home nursing. I'm trying to think what they were... They had to get certified as home... It was like a nurse aid. There again, they were working under the supervision of RNs. They were not independent practitioners there either; although, many of them carried the same responsibilities. As I said, I think that was the sad thing. There was not that distinction and, yet, because they carried the license of one, they were not valued without having that additional educational part.

DT: So why is it that the practical nursing program, then, was eliminated? I have here it was 1966, but you say it was 1968?

GT: I think it was 1968. [By this time there were about twenty-five practical nursing programs in both hospital or in vocational education settings i.e. community schools].

The reason it closed... When we started, there were not very many practical nursing programs and we were seen as kind of the curriculum guidance. The other schools went on their own and did everything, but they, also, kind of valued the fact that the University had one. We used to have kind of a little kidding. I don't know whether you might have talked to Ruth Weise?

DT: No. She's on my list.

GT: Is she? Ruth was working with the Miller [Hospital] program and I was over here. They would reject students scholastically lower here, and we would take them, and they'd be successful, and they'd say we "tutored" them. They had so many more hours in clinical. At that time, the baccalaureate students had to put in thirty hours a week. It was a lot.

They had that as part of their clinical, but they had to work nights, too, because the hospital depended on them, and they were getting their room and board. It wasn't until quite a while later that they were to be considered as "students" like they are now. As my students used to say, "I don't think that's such a big favor, because, look, we have to pay tuition and our own room and board."

DT: [laughter]

GT: But, for a long time, it was really nursing schools had a—what's the word I want to say?—an apprentice type program. The RNs were certainly well prepared, but, so were the LPNs in those hospitals. Maybe a good part of their year, they'd be putting in a forty-hour week, so they had a lot of experience. I used to tell our students, "You know, you will get extra experience in six months after you graduate, but you don't have to stay in school to do it. You have a base to build on." I was very committed to the practical nursing program, but I felt, even then, we were preparing them beyond the practical nursing level. The state board approved our program. In other states, sometimes the schools required 12 months. In fact, I would have to say they entered in September something and graduated in August [thus meeting the 12 month requirement], so there were in school parts of every one of the twelve months, but the program hours were so much less. We had twenty hours of clinical at the most a week. They were well prepared and valued by employees.

Marie Manthey actually taught with us just a short time to help out, and in between times when I was on leave [and was surprised at the depth of their learning].

Well, I'm giving you an awful lot more stuff here, I think, than you...

DT: Oh, no, this is exactly the kind of material I want to get.

GT: Opinions. [chuckles]

DT: No, this is great.

Did you have other faculty members working with you on that program or was it really mostly...

GT: [We guided 5-8 students in any clinical area]. At the most, there were three of us—maybe once in a while four of us [to cover and guide students in all clinical areas].

The other thing is... It's interesting. This is like in the history, the old Gray's history of the school [*Education for Nursing by James Gray*]. It told this, too, that we had to compete with the baccalaureate program for clinical placements.

The first cancer hospital [Masonic Cancer Center] experience...we took the practical nursing students over there, the first ones. The other faculty realized that that was a good experience. Pretty soon, there wasn't room for us. We had to go somewhere else. It was a real caste system that was unfortunate. I had very good friends as faculty members, but many of them did not see them as needing... It was more important to get the experience for baccalaureate students. I don't think that's a very good thing to have in the transcript probably.

DT: No, well actually, that was one of the questions I had: How did you and the practical nursing program fit within the rest of the school's efforts? The fact that there was this baccalaureate program, I wondered how your program was perceived.

GT: Well, as faculty, fellow faculty, we were fine, but if it came down to the... They approved of it and they knew we had a good program, but a lot of them did not feel it was vital for the University to do that.

The students [in the practical nursing and baccalaureate programs], lots of times, hardly knew each other. They were never encouraged to have any joint activities or anything. To this day, you will find graduates of the baccalaureate program who did not know we even had a practical nursing program. That, to me, was very sad. K.J., of course, was the main one supporting the practical nursing. Her theme, by the way, was that these students needed to be—it was kind of a demonstration—students in every sense, not depended upon for work in the hospitals, that you picked the clinical for their learning, not because you had to staff a particular area. So it was many years before the baccalaureate students were released from that and all those number of hours.

DT: Yes, that was the early 1960s, I believe, that they took away that.

GT: Yes. At the time we closed the practical nursing program, I think they were still struggling with that.

DT: What led to the closing of the practical nursing program?

GT: Well, by this time, there were about twenty-seven practical nursing schools in Minnesota. When we started, there were very few. In fact, I think Dorothy Titt, who

now has died, did the first work, she and Alma Sparrow but... I can't say her name right now. Wanyce Sandve had, actually, worked with starting this [four-quarter practical nursing] program. At that stage, there weren't very many others. It was first seen like kind of a "home" nursing, not really a basic-practical total nursing of all areas. Of course, the state board set up curriculum requirements for all of these, and little by little, these other parts of the state were getting their own practical nursing programs, [preparing the students for licensure by the Minnesota Board of Nursing].

Edna Fritz came in as our dean. When she came to be interviewed, she said, "You know, I have to be frank with you. I don't think that practical nursing belongs in the University at all." I said the same thing to her, that a college education for parts of it certainly could be based in a university, didn't have to be in a work situation. "But," she said, "I have to tell you that I will not support it for very long." So that was part of it. The dean does not believe that program belongs. It was kind of looking at where our energy should go. By this time, since there were many other schools, there was no need of us having... We had demonstrated—they didn't follow us always—that you did not have to have that many hours of clinical to be that skilled. So that was one of the things, [most have a few hours of basic skills in the 9 months of repetitive clinical skills].

Then, we had some very grave resistance by a few people, particularly, one was Charles Mayo and you know who he was.

DT: Yes.

GT: He was very upset. He said, "That is the one sound educational program you've got for nursing, and why are you stopping it?" Of course, he was a regent, at that time. We were kind of chastised for that.

One of the things—K.J. initiated this—was that we would continue to help the other practical nursing schools and, also, the two-year programs were starting and that we at the University could help them. My job for a year and a half... Maybe that's why I forget when I retired and when the school closed. I know the one school closed; the School of Ag closed in 1960, but the four quarter one, I think maybe it was 1966. Then, I worked for a while and traveled around and held curriculum conferences for the faculties in these other schools [of both practical nursing and two-year associate degree programs].

You asked me a question a while ago...if other people taught with me. Yes. Many of them, then, transferred and were starting to teach in the baccalaureate program, also—which I did, too, when we closed the [practical nursing] program. Then, I went over in the baccalaureate and, eventually, taught in the master's program, as well.

DT: In between all of this in 1955, I think it said, you got your master's in nursing education?

GT: Yes. [Other faculty were beginning to get master's degrees or were expected to do so].

DT: What led you to get your master's?

GT: Well, for one thing, the base that I had was really a basic by the time I got my bachelor's. Again, it had a lot of nursing education in it, but to have a faculty person to the same degree... Now, of course, it's expected that the faculty have a doctorate. And to be teaching with a baccalaureate, even though I had a pretty rich background, the master's was kind of the ideal goal for me. I planned to go somewhere else. I was going to Catholic University [of America, Washington, D.C.]. I was working on getting admitted there, because I liked things about their program. Then, somebody said to me—in fact one of my advisors, I think; there were a lot of really good people in our faculty—“Why don't you just check the other side of campus? It's a whole different world over there.” So that's how I went into the College of Education to get my master's.

DT: So it was actually a master's in education, not nursing education?

GT: That's right.

DT: Oh, okay.

GT: It's an M.A. [Master of Arts].

DT: You mentioned that you did join the baccalaureate faculty once the practical nursing program closed. What were your responsibilities then?

GT: I was on the faculty anyway, so it wasn't a quitting or a joining, but closing out one program. We had a couple of other programs that Ruth Weise and Fran Dunning had that were... We had a number of programs that were post-baccalaureate, but not master's. There were a number of other things that people could do to get started in what they were doing. The baccalaureate, again, was a difficult thing for those people who had gone to diploma schools. So there was a big transition in there.

The other thing is there was kind of a bitterness of the people who came from diploma schools who had worked a lot and, then, needed to get their degree. By this time, the work situation, too...some people were saying, “Well, you know, you really should have an advanced degree if you're doing this. Nursing is a “profession.” You've not really had it. You've had a training kind of thing.” Of course, that hurt their feelings because they had a good basic education. Though they might not have had all the social sciences and other kinds of things, they got it in different ways. The demand for those people to have an opportunity to get their degree along back in there influenced the school a lot. To this day, there are some that—well, I think they're pretty well retired now—had some resentment of the fact that though the University helped them get their degree... They loved the faculty they worked with. They resented the fact that there was so little recognition of their previous education. That's the same thing the practical nursing people still get in getting some advance credit.

DT: But you say that K.J. Densford was someone who was more inclusive and didn't see those divisions?

GT: Oh, yes. This was one of her dreams. Her thing was this was to demonstrate that students could be prepared as students for a particular level and it should be done in a university setting. So this was to demonstrate... That's another thing why Charlie Mayo... He was so unhappy with us. We said, "You know, I think we've demonstrated for twenty-one, twenty-four years or something that it is a good way to do it. So now there are other schools that could be doing it." They weren't doing it as we would have liked.

DT: [chuckles]

GT: They still aren't. They still have a lot of clinical hours. Those same people will, eventually, want to go on to get their degrees. It was a disservice, I think. One thing I feel saddest about is that it was a disservice to those people that we kept that practical nursing program. It prepared those people so well that, then, when they got into the other setting, they were frustrated because they often had very great ability and could have gone... I would stack them up any time now, the two-year grad and the LPN.

Mildred Montag, Doctor Mildred Montag, she's probably... I haven't heard that she died. She was an alumna of the School of Nursing. She was very influential in getting the two-year program, the associate degree, started. Whenever I met her, and I did professionally, in nursing conventions, she'd say, "You know, you're not a real alumni of the School of Nursing," because I got my degree out of... [laughter] She and I had a lot of disagreements about the two-year program.

I said to them at that stage... One of those two years when I was traveling around with the schools and trying to work with the two-year, I kept saying to them, "Your best people to figure out what the difference should be are faculty in practical nursing and A.D. [associate degree]. You people know what you could cut down on in the PN so that people could have both levels, and not have repetitive kinds of things or not credit for what you've done. It's like that cookie cutter thing. I'm not sure where that came from. I don't think that was K.J., but it was one of the people [it was Isabel Harris] that was saying, "How do you figure out what of all the things in the baccalaureate nursing program you have had in the practical nursing? When you cut those little things out, how do you get the rest of it?" So, it's been a constant heartache, really, I think for faculties in those schools. As I said, as I worked out with those schools, we had curriculum conferences and talked about the two faculties figuring this out. Each one, of course, thought they had to have all of this in practical nursing and the other said, "Well, no, we really do so much different anyway." One of my biggest feelings of lack of success, failure, was to not be able to get those two levels of faculty to decide. They were the ones that should have, would have known.

I know some of the things that we... Well, no, we didn't have too much [unclear]. We had vocational relationships as a course. We had ethics. But we didn't really overdo.

Then, again, those people had a good base when they went out and went to work. When my students came back, I used to say, “In the first six months, you will feel that you have learned more than all last year. That doesn’t make me feel badly at all. It means you had a good base to learn it on.” [chuckles]

One of the good examples was that it used to be that a lot of patients had to be catheterized. Now, we do other things to try to avoid it. It was like students had to have so many catheterizations to graduate. We didn’t really need to, but we tried to get that experience for students. Well, one day, a good example, there was this young woman—I think she was maybe high school student yet, quite young—and they wanted a catheterized specimen for her and she couldn’t void. I think she was going for surgery or something. Anyway, we finally figured out a way to get her to get a clean... Now, to get a clean specimen, they don’t have to be catheterized. Of course, here I had a student all ready to get one done for her requirement.

[It was a challenge of needing x number of catheterizations but as a nurses, we didn’t want to make students do unnecessary procedures on patients just to meet a requirement.]

DT: [chuckles]

GT: When it comes right down to it, would you yourself like to be catheterized just because you as a student...? Well, of course, there was no comparison. That was one of the things: you had to have so many of these things. Well, you know, if you have to do something later on, you’ve got to learn it, that you’ve got a sterile technique, and you know anatomy. You always have somebody helping you anyway. It’s rarely that you have to do a catheterization alone, because, now, again, they try to avoid them because of the risks. All those things just kind of made you sad that we worked so hard to get some... That was my best example of the saying, “You can’t count on a number of things.” The thing is that maybe you did two or three in your one year. That’s pretty good if you ever got that many people that needed it. But, then, the first time you have to do it when you’re working? If you’re not quite sure about that technique, aren’t you going to ask somebody to watch with you and help you with your sterile technique? That makes you a safe person, not to feel you did it back there once or twice—or didn’t.

[chuckles]

GT: You’re getting more than you need.

DT: No, no. This is the perfect amount.

We’ve been going for almost [an hour] in about fifteen minutes. I want to make sure you are okay to go a little longer or do you need to...?

GT: Well, we’re kind of on a roll, and I’m not sure how much more...

DT: Oh, there’s plenty more. I have plenty more questions. [laughter]

GT: I'd just as soon do it again. What other kinds of questions do you have now, because I've kind of just rambled.

DT: No. I can't emphasize enough how ideal your responses are.

I'm wondering if we can talk a little bit about the changes that were introduced to the baccalaureate curriculum in the early 1960s. You were, obviously, doing the practical nursing program, but were you aware or involved in these changes in the baccalaureate curriculum?

GT: Yes. It was a sad time. I'm not sure what others have told you about it. The faculty that were operating at that time decided they needed to have a stronger—what's the word I want to say?—sounder base for the practice of nursing. In that process, they swung pretty extremely. A few of them decided to develop this [extreme change in focus]. Pretty soon, the students were not having very much clinical experience at all. They would work out plans in the classroom. I don't know how much of that they did do. The only thing I know is that pretty soon, there was a split in the faculty. Some said, "Look it, it's fine to have all this theory, but you better be able to put it into real practice and apply it and get it n there and not..." There were people that graduated in 1965... If you really want to get to the unhappiness time, those people were of that class that had the struggle, saw faculty on different strains. Has anyone else talked to you about this?

DT: A little bit, yes.

GT: Of course, I was very aware of it. Again, we did things on the faculty together. We had one faculty. You asked me if other people taught with me. Yes, we were two or three always that were planning a particular class group that we had. There was a person who has just now retired, Mary Weisensee. It might be interesting, if you get a chance, to talk to her.

DT: How do you spell her last name?

GT: W-e-i-s-e-n-s-e-e. I think she had a new baccalaureate when she came from Wyoming to teach with us. Later on, when the practical nursing program closed—in the meantime, she got her master's—she got a doctorate like some of the others had in one of the more shortened kinds of programs. She graduated. She just left the faculty this last year, just retired. She was the one that would have... I'm trying to think of another person. That whole Class of 1965 felt they were very cheated. They came out not feeling like they were nurses. When one of them came to teach with us, she just said, "You know, we didn't really have an education." Mary was not part of that group, but I'm trying to think who was. I think there are still some people on the faculty that came up through that [period and have been very successful].

DT: That's something I can look into, people's CVs [curriculum vitas] and see who was graduating then.

GT: Yes. I'm trying to think who would know.

Anyway, that was a sad time, and it was a time when, as a result of all the dissention, Edna Fritz was invited to leave. She was trying to support these people with a variation of the education, but it just didn't work. They gradually made improvements, but there was a period there...

Then, the rumors got out that the National League for Nursing... Did you hear that?

DT: That the students weren't passing their state boards?

GT: Well, they were passing the state boards all right. That was not it. But rumors that we lost our national accreditation.

DT: Ohhh.

GT: We actually never did, but the rumor got out that they were because of this friction. Periodically, the National League for Nursing would come for an evaluation. They happened to be coming about the time there was all this friction and the time that Edna Fritz left.

An interesting thing is that I went on sabbatical when we closed the practical nursing program, so I had a sabbatical—a year and a half, just about a full year, I guess—out in the University of San Francisco. So planning to come back in that time, I went on with more maternity and, then, we decided we were going to have the maternal-child and get nurse midwifery started. So I came back intending that we would get much more maternity in nursing in the master's program. So then we came up with developing the Child Bearing, Child Rearing. Have you heard that?

DT: Yes.

GT: You've done very well. You've gotten a lot.

DT: There's good material in the archives. [chuckles]

GT: Uh ha. That's CCFN [Childbearing, Childrearing, Family Needs]. We said we didn't want to call it maternity and peds, because that was a medical model.

So when I came back, just the day that I came back, Edna Fritz and Iz [Isabel] Harris, who was assistant dean, met me for lunch and, then, they told me that she was going to be leaving. So here I was coming back into that and all this dissention. Of course, the idea was that I would help out in the baccalaureate program at that time, because they had lost a number of faculty who left. Did you find that in the archives?

DT: Yes.

GT: I'll be interested in what vision you get from the others on this.

DT: Do you remember or are you comfortable sharing any of the names of the people who were dissenting on either side of the issues?

GT: Well, of course, Dorothy Titt had worked with them. Then, there was Fran [Frances] Moncure. She was with the group that left. They just left. I'm trying to think. There were a couple more. They were good faculty. In the process, the people that were left then [had a very rough time]. And that year when I came back [was very stressful for students]—I swear that's some reason why some of the students remember me from that time—here I was coming back from sabbatical in the middle of all this thing.

I'm not sure that they want all this in that history.

DT: Oh, I think it's very valuable to be in there. I think this is very important material to have to understand some of the changes that took place in the School of Nursing and how it fits within the broader history of the institution. So I think it's very valuable.

GT: Well, of course, during all that time, the director of our school was not a dean. She was under the dean of the Medical School. One of the biggest things that was achieved... It's probably now come into fruition better than at any time since Connie Delaney is there. She is valued as a whole health science representative. She's a chief in her own right.

There were times... In fact, there was a night meeting that we went on until midnight when we thought the school was going to have to close—not really. But it was really [unclear] desperate. We met with somebody from the Medical School. They said, "Isn't there anybody here that really cares enough about the school to keep it going?" Several of us said, "Yes, Is Harris would, but not under the circumstances. She has to have freedom and not have to work through the Medical School." That was how we got our first dean. Now, has anybody else given you that version?

DT: Not that version. Actually, one of the questions I have was, because I knew that you were on the search committee... Well, when Isabel Harris was appointed, you'd been on that search committee, I think I've seen. I was curious how she got chosen, why she was selected.

GT: She was seen as the only one to save the school and she had a Ph.D. She was an educator. She was very low key. She was, as my mother used to say, "Every K.J. has to have a..." I shouldn't do it that way, using names like this. There was a Ruth Harrington that had been her assistant, and she was from Boston. [chuckles] She was the little shadow behind the blossoming, flowering K.J. My mother when she met K.J. even, she said, "You know, usually when there's somebody of that caliber, it's made possible by somebody who is behind the scenes and kind of doing it." Well, Iz Harris had been that

stability for several of the deans we had. We had [Ellen] Fahy. We had Fritz, but there was another one.

DT: Irene Ramey?

GT: Yes. Each time, Iz was kind of holding the fort together. So when it came to the time...The thing is that she was the one. Fran Dunning and Ruth Weise, and who else? I can't remember who was there. About eight or nine of us, when this person said, "Doesn't anybody care enough about this school?" and we said, "Yes." We knew that Iz would, but she had to be independent of the Medical School. That was when that happened [the School of Nursing got its first dean].

DT: There was lots of changes taking place. The health sciences were being reorganized anyway, and the College of Medical Sciences was going to be disbanded. I was curious how much of a role the School of Nursing had in pushing that forward. I assume that the school was very happy about those changes.

GT: Well, yes, because, again, we were seeing ourselves as other university schools of nursing, and they had their own independence and were not [controlled by a medical school]. I can't think of the words I want to say. What's the word I want to say?

DT: Beholden?

GT: Beholden. Thank you! My brain doesn't bring the word up that I want, but you're right. It made a big difference in the educational kinds of things to the extent that there was a great deal of help for medical students. I don't know about dental, but some.

I wonder if anybody has told you the story about the building.

DT: Building F, Weaver-Densford?

GT: Yes. Did they tell you that one?

DT: I've seen it in the archives.

GT: Oh, really?

DT: I'm very happy to hear the story from you.

GT: We knew that there was all this coming up. Ginny, too, was working, was involved at that time in medical research. They laughed about this thing. It was called Diehls's Folly, where the hospital is now. Doctor [Howard S.] Diehl was, of course, head of School of Medicine, all of it. They had started working on this and, then, they didn't have money. So the thing filled with water. So, here, we looked out on it and there was a lot of ridicule made about that. Is there some of that in the archives?

DT: No, I haven't seen that.

GT: Oh, yes, it was a couple of years before that. Then, they finally got the Mayo [Building] built. But, then, they were building all these others, you know, all the B. C. D, E, and, finally, it was coming time for the... The Dental School had been built, so, then, they got government money to build these additional funny, crazy, chuggy things that look like...not like Lego but something of that sort. They all went in to Washington [D.C.] for this final hearing [for funding]. Somebody there said, "Well, now, wait a minute. I hear all these others, but I don't hear anything about nursing. Where's nursing going to be?" "Oh! we're going to remodel the old Millard Hall. There's a space on second floor of Millard Hall, we can do." That's where we had been squeezed in, the School of Nursing. We had a little bitty place for a faculty room. It was a disgrace. We all got in there. We did a lot of good work at those faculty meetings. [chuckles] So they got to Washington, and somebody said this about where it's going to be. "Well," they said, "with all these things, why do you not have nursing as a separate unit?" Apparently, the Washington committee put that into the funding, that it had to be this separate building that nursing and pharmacy would share.

Edna Fritz went back to the plane that day and she noticed none of the group were around. She went to check on it, and learned the flight that she was on, people had been offered a chance to go earlier and no one alerted her. She came back from the Washington meeting alone.

DT: Ohh.

GT: They were so teed off that somebody had insisted there be a building for the School of Nursing. So it was that kind of stormy thing. When you've been part of it and think how petty that was... I wish I could think of that other fellow who was there that night from the Medical School. He was in university administration.

DT: Was it Bob Howard? He was dean of the College of Medical Sciences after Howard Diehl.

GT: [Robert] Howard, that's right. He may have been there. It was somebody with very much the old patronizing attitude, you know... this bunch of women who don't care enough about saving your school.

DT: Was it vice president Gerry [William G.] Shepherd?

GT: Yes! He could have been there.

DT: Yes.

GT: That sounds about like it, yes.

DT: I've seen some minutes of those meetings and it was Bob Howard and Gerry Shepherd who...

GT: Good for you! See, I don't have to remember all of this then.

[laughter]

GT: Yes, you've been into it a little more recently. When you stop and think that's quite a while ago.

DT: Oh, it is, exactly. This is why I have to do all the research ahead of time, so that...

GT: So you can fit it in and you can challenge some of these stories.

[laughter]

DT: Just fill in the gaps with the names.

GT: Sitting there that night around those groups of tables, it just was so sad. Fran Dunning is gone now for quite a while. She was a real gem.

DT: Obviously, we talked a little bit about Edna Fritz, but I'd like to hear more from you about how you perceived her to be as director. What was her management style and how did the faculty feel about her?

GT: I don't know. She was a driver. She really was. But I think that she tolerated some variation in the faculty that was not wise. I think she knew that the curriculum had to be improved, so she was a strong supporter of this group that was going to improve it. But, then, they ran with it, and she didn't seem to have the ability to direct it and keep it from being a blowup. So she was forfeited.

I should say that I blame her for closing the practical nursing program, but I don't. I had to agree that we demonstrated for twenty-some years and it was appropriate that other schools pick it up and we had to keep on [with other current needs]. But I didn't ever want them to apologize for having a practical nursing program. It still hurts. Not long ago, they were planning this 100th anniversary, and two or three of those people in that planning committee reminded the leader that I should be talking to them about the practical nursing program. "We shouldn't forget about the practical nursing program," but an awful lot of them did, you know. They gave me every opportunity to get... We had some 1,000 practical nursing graduates, but, we had no good way of contacting them to get them in for the reunion, but a lot of them knew about it. Now, many of them are RNs, too.

As far as Edna was concerned, I think she was probably not as strong as she could have been but let some of this go. I think she became forfeited in the thing.

DT: From what I've seen in the archives, a lot of the faculty were writing letters of complaint to Dean Howard...

GT: Oh. [I was away on sabbatical].

DT: ...and to Vice President Shepherd asking for her to be removed.

GT: Oh, really?

DT: But Howard and Shepherd were standing behind Edna Fritz saying, "No, no, no. We're going help her work this out." But, then essentially, they couldn't fight any longer.

GT: I missed that. That was my year of sabbatical.

DT: Right.

GT: So when I came back, I was a little bit free of that, because I hadn't really been in on the battle ground.

But, boy! did I have to work when I came back and try to teach in the baccalaureate program and these students were pretty unhappy about what had been happening to them.

DT: It seemed like most of the faculty just up and left. It seemed to be a lot of the faculty who had been initiating the change who were the ones who were first out the door.

GT: That's right. I wish I could think of the name of that other gal. She was very bitter. That hurt me. I still believed in the school and it bothered me that this got this far. Of course, because I was away, I wasn't getting all the rumors of it, a little bit but not much. So it was a real shock to me to come back...the day I was coming back to be told that she was leaving the job.

DT: How did things change then under Isabel Harris? Was her leadership style different?

GT: Oh, very. Very. [chuckles] Well, you heard one of her expressions, didn't you? There was some kind of a survey about the salaries of the deans. You heard about that one?

DT: Yes.

GT: Isabel Harris said "that was the fastest advanced salary, increase in my salary that I've ever had."

DT: Actually, for the record, maybe you could explain that. I've seen that talked about in the archives, but maybe you could go into a little bit more detail about what that...

GT: *The Daily*?

DT: Yes.

GT: The *Minnesota Daily* came out with...the only dean that has a Ph.D. is in the School of Nursing and her salary is this and that and these are the other salaries and all men, you know.

DT: It seemed like it was specifically Lee Stauffer who was the new dean of Public Health, and he only had a master's, and he was getting paid more than... [Isabel Harris].

GT: Who was it again?

DT: Lee Stauffer.

GT: Oh, yes. I don't know who all they were.

By the way, when Ginny comes back, I should bring up something else. I wonder if you got into the [Shyamala] Rajender decree.

DT: No.

GT: You didn't at all?

Okay, then you should have that. When she comes back, I'll have her tell you about it. There was a faculty member in the Department of Chemistry. Her last name was Rajender. I can't think of the first. She was not promoted and there were others in her department with less preparation... I don't know whether she was actually... You had to have tenure. I think she was denied tenure. They had, of course, a complaint and there was a committee set up to study this. I wish Ginny could tell you about it because she was a civil service employee. They wanted somebody from civil service as well as all the other professional departments and stuff. So they had this hearing and the committee worked for the longest time. They, finally, came up with the fact that, obviously, she was discriminated against. But, when they took it to President [Malcolm] Moos, he said, "Oh, my, gosh, I agree, but I can't possibly follow through on this or that whole Chemistry Department would leave." So... You don't know what else happened?

DT: No, I don't know the details.

GT: Well, he had the power with all that information to say to them, "You've got to treat this person fairly. This is discrimination." He chose not to. She left and she got her degree, got her law degree. She came back and sued the University.

[speaking to Ginny Betlach] I'm glad you're back.

GB: Why?

GT: I'm just telling her about the Rajender [decree].

DT: Yes, I'd love to hear your version.

GB: All right.

GT: I said, "You know about the Rajender decree," and she said, "What was that?" So then...

GB: Gosh! *Everybody* knows about that!

GT: No, they didn't. It stayed very quiet.

GB: You mean they keep putting it under? Hmmm. Ah!

Well, women were not being treated equally or very well at the University [in terms of salaries and promotion]. This woman, from India, was in the Chemistry Department and she was passed over for any kind of, well funding, grants.

GT: Promotion, probably, or tenure. It might have been on tenure.

GB: Yes, that's right. Promotion. I don't know if tenure was... I can't remember that part. But, anyway, she was being passed over and over again. Finally, she said, "Enough. Enough." So she tried to reason with the administration and everything. Finally, the bottom line was she took it to court. The University said, "Okay, we're going to get a commission going here and investigate this." I don't know how I got on that...

GT: They had to have a civil service person.

GB: Well, I don't know. I was complaining to one of the vice presidents about something else.

[laughter]

GT: Typical of...

GB: I really was, and I can't even remember who he was. He was very nice. How did I get to him? I don't know.

Anyway, then when this Rajender thing came up, they said, "We've got to look into this." So they got a committee together. Somehow, I got on that committee that was to look into this. Was there discrimination there or not? We would sit around a big table and

discuss this. Who was it that was head of Home Economics at that time? He was very well known.

GT: *He* was?

GB: Yes, *he* was. He was made chairman of this committee. He said, “Okay, you people go over and talk to these people over in Chemistry and we’ll look at this and that.” Then, all of a sudden, my boss said to me—I was working as a tech in one of the research labs—“You can’t go to those anymore. You can’t. If you do, you’ll have to make up all that time.” So I had to drop off the committee, which did not make me very happy.

The committee did find very much so that there was an awful lot of discrimination going on against women, especially in the Chemistry Department. That was all male and they sure didn’t want a woman being given tenure or whatever. They finally shook it down and because of this Rajender... Of course, she had to quit. She won her suit and because of this, every woman at the University was looked at very differently, and they all got raises.

GT: Now, Ginny, that was another stage, though. The first thing, wasn’t it, was to Moos and he made the decision and he could not intervene.

GB: He would not do anything. He *would* not. He could have, but... He said, “The whole Chemistry Department will resign. I can’t do that.”

So, of course, then it went to trial.

GT: A couple of years later.

GB: Yes. Oh, yes, it took...

GT: I hope there is enough in the archives about that.

DT: Yes, I believe there is. This is the early 1970s, would this be or late 1960s?

GB: Late 1960s or early 1970s.

Of course, everybody was up in arms about it. Of course, men against women; that’s the way it was.

GT: Then, she went and got herself a law degree.

GB: Yes.

GT: And a couple years later came back.

GB: I can't remember how that came about. Anyway, now, whenever anything comes up, it goes back to the Rajender decision...

DT: Okay.

GB: ...that women were not to be discriminated against in any way. Oh, it was a mess. It was huge, because women, all of a sudden... Her dean got a raise.

[chuckles]

GT: That one was because of the publicity in the *Daily* that got that one first.

GB: Oh, yes.

GT: That was quite a bit earlier than the Rajender.

GB: Oh, boy, I'll tell you, it really shook up...not only that, but I think all over the United States.

GT: The interesting thing was just a few years ago, we each had knee surgery, orthopedic, and the doctor there was telling about her being employed in the orthopedic department. Ginny said, "Oh, that was the Rajender." "Well, I heard them talk about that, but what was it about?" Ginny made sure she got the whole [story with clippings].

GB: This orthopedic surgeon said, "One of the reasons I got my position here is because of the Rajender decision." I said, "Don't you know about it?" She didn't know much about it. I said, "You read about it."

It was such a *momentous* decision. Get the old *Dailies*.

DT: Oh, I will look, yes, for sure.

GT: I can't remember the sequence of the years either, but I think it was after 1970 because I was gone the year of 1968 for my sabbatical.

This Doctor [Elizabeth] Arendt said they didn't think she would have the strength... How could she possibly have the strength to do ortho surgery?

GB: She's been in this position now for I don't know how long. It's not back that far for her.

GT: But she, again, was a woman. How could she do orthopedics? So she said they used this thing, but I never knew what it was.

DT: Were there other women on the committee that you served on?

GB: Yes. There was a secretary who was in Pediatrics at that time. I can remember her. She was black, very knowledgeable, very up on everything. Who else? It would be interesting if you... The thing is they may not have records. They have to have the records.

DT: I'm sure they have the records somewhere, yes.

GT: Of the votes, for instance.

DT: Yes.

GT: I don't think that was publicized very much.

If I hadn't known Ginny at that time, I wouldn't have known that they had really recommended to Moos... Then she told me about the other thing. She was also discriminated against by being told she had to make up time, because when you were assigned something, be you faculty or civil service, he had no right to tell her she had to make up that time.

DT: Who did you work for?

GB: I can tell you his name. I had been laid off from another job. I worked according to where the grants were. That is my history at the University. Whoever had the money could hire people to do their research. I can give you his name. His name was Sam Schwartz.

[chuckles]

GB: A very bullying kind of person. He was. There were times when I even said, "I cannot work late tonight." He called me into his office and he said, "I wish you'd quit your bitching and blah, blah, blah." We were standing on cement floors all the time, not even any rubber mats or anything. It was killing my back!

DT: Yes, I'm sure.

GB: He told me, "You're just going to have to make up all that time."

GT: You didn't report it to anybody?

GB: Well, who could I report it to?

GT: Civil Service could have picked up on that, you know.

DT: Did you go through the medical technology program?

GB: No.

DT: But you were a technician in the lab?

GB: Yes. I got my B.A. [Bachelor of Arts] over at Saint Kate's [College of Saint Catherine, Saint Paul and Minneapolis, Minnesota]. I went over there and they started me in different labs. Whoever had the money.

DT: I'd love to talk further with you, because you have a whole other perspective on the Academic Health Center. [chuckles]

GB: Well, not much because I just went from different department to different departments, whoever had the money and had a job.

DT: But that's an interesting perspective, a valuable perspective still in that you were a woman working in the labs at this time.

GB: There were a *lot* of us.

DT: Yes, I've always wondered why there were so many. I have my theories about why there were so many women technicians, but I'd be interested to...

GB: They were team teaching...whatever. It was a woman's... There weren't many men. I can't remember any. Oh...

GT: The other thing, of course, is social security... For a long time, faculty were not eligible to buy into social security. I can't remember what the rationale was. I think we were professionals. [laughter] I don't remember what it was. In terms of buying into the retirement, we were allowed to buy \$1,000 a year, something like that. That was changed somewhere in the 1960s. Now, I get a larger retirement from the University, separate from the regular thing, because they had changed the policy somewhere along there. So I got their higher rate.

GB: I spent my years at the University and I said, "I rattled a few cages."

DT: [chuckles] How long were you there? You were there during the 1950s, 1960s, 1970s and 1980s, as well?

GB: Yes. I said, "I rattled a few cages because, finally, when I did get my master's in industrial relations, they had a job open in Personnel, but I was marked.

DT: [chuckles]

GB: I was marked. I had just the perfect qualifications for what they wanted, but...

GT: She lost out to one black. About the time they were doing a lot of that, this fellow for the library...

GB: Oh, that, yes.

GT: Yes.

DT: What's your last name?

GB: Ohhhh...

[laughter]

GT: You're going to get on the record now, Ginny.

DT: I've got to put you in the record.

GB: Oh. Betlach, B-e-t-l-a-c-h. My first name is Mary, but I go by Virginia.

DT: Oh, okay.

GB: I must say that I wouldn't have liked me back then either.

[laughter]

GB: I wouldn't.

GT: It took people like that and like Rajender, for instance, to...

GB: I'd be very curious as to why... I think I was complaining about the civil service. The whole personnel system was so bad. I wrote my thesis on...

GT: The evaluation system.

GB: Yes, how did they do evaluations? They just shouldn't be doing them like they did them.

DT: Were they receptive to that?

GT: Her advisor was.

GB: Yes. Yes. I knew some people in Personnel. I said, "I rattled some cages not very nicely and I wouldn't have liked me either."

DT: [laughter] So if I start saying your name around there, they're going to know who I'm referring to?

[laughter]

GB: Not any more. It's been too long.

GT: I think its something that's cured now.

GB: It's been too long.

GT: There are some other things in the school that I'm not sure.....Maybe we ought to call it a day today.

DT: Sure.

GT: I'm not sure you were aware of the leadership that the school had in a lot of things. One of them... I was just trying to think... Do you remember when there was the worry about bombs and what else was it that we had?

DT: The student riots on campus?

GT: No, country-wide, that you had all the defense systems.

DT: Oh, yes, sure.

GT: We had kids taught to go under their desks.

DT: Duck-and-cover, yes.

GT: Then we had what we called Disaster Programs, and we set up places like in England with a supply of meds and stuff like that. The School of Nursing took leadership in that. I'm trying to think whether there might be a report of that. We called it "The Disaster Nursing Program." I called one of my colleagues who went with me. People from a couple of places [the National League of Nursing and the American Nursing Association] and I think it was funded by [Kellogg].

[Representatives] met us near the Kennedy Compound in Hyannis Port [Massachusetts]. We went out to Cape Cod for this workshop, and, then, we came back and set up what could be included in schools of nursing. But I think it got lost. I don't remember if it [was ever put into curriculum].

I would say it would have been in the late 1950s or somewhere like that, maybe early 1960s. I was able to have a leave for a period of time for the National League for Nursing.

So our school, particularly K.J., was ready right away to have some of our faculty help with things that were needing to be done nationally. That was one of them was the Disaster Nursing thing and the other was the curriculum, when the [National] League [of Nursing] wanted us to... That had, also, to do with the fact that we had a practical

nursing program. Gosh, you know, so much of that gets away from me, that I try telling you about. The curriculum conferences that... I'm trying to think how that developed.

GB: Well...Excuse me, Gene.

GT: Go ahead.

GB: I was thinking about going back to that Rajender. Did you know how to spell it? R-a-j-e-n-d-e-r.

DT: No, I didn't. [chuckles] I spelled it completely different.

GT: Good for you, you got so much, though, Dominique. You surprise me how much you've got.

GB: I was thinking, also, at about that time, what act was it that they finally put men and women on... Title IX?

DT: Nine was the education and athletics.

GB: Of course, that made a difference at the University, also.

DT: And equal opportunity in employment.

GB: It was something about that same time, so they really stirred the pot.

Just as a little aside... When I was between jobs, I was working over at the Women's Center, and they had a couple of women over there, students, mainly just on part time. They stirred the pot for the *band*.

The University band had only men. They wouldn't allow any women in there at all.

GT: They couldn't march, you know. [chuckles]

GB: Not only that, but you couldn't go on a trip with men *and* women together. Some of the students that were just really up on everything went to the band director [Frank Bencriscutto]. I can't remember his name, but if you want an interesting story... They went to him, and they met with some University officials, and said, "Because of this act, you've *got* to open up the band to women." And they said, "He almost pooped in his pants because he was *so* upset to be told that he had to have women." He said, "I can't. I won't." It was a *real* rouser. That was one of the big things at the University when they were doing that mixing up men and women.

GT: Well, at that time, it was [unclear]. Don't forget that. We were living in an age when things like that were not acceptable.

DT: This is why the 1960s and the 1970s are so interesting, not just what was happening within nursing or medicine at that time, but socially and culturally, change particularly around discrimination and civil rights, as well.

GB: Oh, I guess these people from the Women's Center really shook a lot of people up.

GT: I know what... Dominique asked me earlier about what I knew about the Medical School at that time and you knew more about them than I did, very much, that there was quite a turnover there. Of course, the researchers, they...in the heart surgery...

GB: [Richard] Varco?

DT: [C. Walton] Lillehei?

GT: Lillehei, yes. You've gotten quite a bit of that?

DT: I have, but I'm serious, Ginny. I would love to sit down with you. One of the things I'm trying to do with this project is to get as representative a sample of people as possible, so not just talking to faculty members or people who were making decisions, but people who were working in the labs, who were students there at the time, during the 1960s and 1970s and people who were staff members. So I think you have a lot to tell me.

GB: [chuckles]

DT: I'll just have to ask the right questions.

GB: My name is not nice in a lot of places.

[laughter]

GT: Oh, Ginny, you'd...

GB: I have to take a lot of responsibility, Gene, when I think back...

GT: I don't think you should be admitting that.

[laughter]

DT: It's okay. We can always cut that part out if you need to.

GT: That's good.

DT: I'd, obviously, like to follow up, meet with you again and hear... I have a ton more questions to ask.

GT: Well, fine.

DT: I would love to sit down with you, as well, and hear your side of things.

GB: You heard it.

DT: I'm sure there's more in there.

GT: You're right.

[Discussion unrelated to project]

GT: Dominique.

This has been fun. It opens up a whole lot of stuff that I forgot, you know. So when I think about some of the things the school has done...

Have you read Laurie Glass' book [*Leading the Way: the University of Minnesota School of Nursing, 1909-2009*]?

DT: Yes.

GT: I have not. I should go borrow one. I don't want to buy anymore. We just got rid of books.

DT: Oh, yes. [chuckles] It's a good read. Actually, I got a lot of my background from her book, as well, which was helpful. Hers is, obviously, of the whole 100 years, and I'm focusing much more narrowly on the 1960s and 1970s...

GT: Sure.

DT: ...for the moment, at least.

GT: When was Gray's book written? In 1950, I think [correctly 1960].

DT: I think so.

GT: That's why with this being the 100th anniversary, it was written at the 50th anniversary of the school. I hope that somebody... Well, you don't have to get all that background, because Laurie did that.

[speaking to Ginny Betlach] I think it's interesting...she asked me who else of the faculty was there when the big exodus came. I really can't remember names anymore. I'm trying to think of anybody else.

GB: Again, they should have...

DT: I've seen the names, but it's...

GT: You've found out a lot already.

DT: I have, but it's not clear to me who is still around.

GB: Not many of them are living anymore.

DT: Yes.

GT: Well, that's it when you stop to think of it. I'm ninety-one now, so a lot of these people that were my...

DT: Peers.

GT: I forget that they were...

GB: I just can't get over that you weren't aware of Rajender.

Talk about the atomic bomb! That was something here that...

GT: It really created a...

GB: ...ran all over [unclear].

DT: That's what it sound like, yes.

GB: That woman was to be admired.

DT: Oh, absolutely.

GB: She had the guts to do it.

GT: She was quite abrasive, of course, too. It takes that kind of person.

GB: Do you know who Phyllis Kahn is?

DT: No, I don't.

GT: Ohhh.

GB: She's our legislator, and she was teaching at the U. I can remember one time... Do you know what the CUWP was?

GT: Council...

GB: Council for University Progress Women [correctly Council for University Women's Progress]...work... Well, anyway, it was a group—you look that up, too—of women that finally got together and started to do... I don't know if that was before or after Rajender.

GT: I think it was before.

GB: I remember Phyllis Kahn coming... It was just a few people, and more and more it spread throughout the University, and it was quite a big group. Who was it that was the social worker? She was over on the West Bank. Who were the husband and wife in social work?

GT: One was in public health.

GB: They were very, very well known. Her name was Caroline [Baer Rose]. She was well known and her husband [Arnold M.] was, too. Anyway, they were part of the CUWP.

GT: They were?

GB: Yes. Oh, yes.

GT: University Women's Progress, that's what it was.

DT: Okay. I will definitely look that up.

GT: You're never going to get through if you get threads like this, Dominique.

DT: I know. [laughter]

GB: Where was I going with that?

GT: About Phyllis Kahn. I bet Phyllis would be an interesting person to interview.

GB: Her husband was in mathematics.

GT: But he was University...

GB: Oh, yes.

GT: ...and they were quite a... She is a very fascinating person. She was the one who started this "no smoking" in restaurants.

DT: Excellent.

GT: She was really bashed for it.

GB: I can remember one time Phyllis came to this smaller group of the CUWP and she said, "I think I need some help. I cannot get grants for my projects." She had her Ph.D. in biological sciences of some kind.

GT: She was a neighbor of ours and still didn't know a lot of this.

GB: We were in Prospect Park, and she just lived down the street from us.

GT: I'm going to get you her office number.

GB: She should be able to tell you, too, because she came and asked for help for some kind of support. You know, nobody was really supporting a lot of these women. I don't know how far she took it. I think she finally just quit.

DT: She does sound like someone...

GB: She's not one to quit easily, not at all. Kahn is K-a-h-n.

GT: I'm looking for her contact information.

GB: I don't think people helped her. It was a lone struggle for her. You'd have to get the story from her, because I didn't know that much.

DT: Yes. This is great. You're sending me off in some really interesting directions.

[laughter]

DT: Hopefully, I'll come back more knowledgeable in a couple of weeks' time.

GB: Phyllis Kahn is part of it, but she wasn't one of the key... I don't know how much she did.

GT: I think she was working with Rajender. I think she was supporting Rajender's appeal.

GB: Oh, I'm not surprised.

GT: She was quite involved in that.

I just took out a bunch of stuff. We're trying to get rid of a few things.

GB: She has been on the island [referring to Nicollet Island], Phyllis Kahn. They finally moved out of Prospect Park and had a house down on... Where is De LaSalle [High School]? What island is in the middle of them...? It's just off Hennepin [Avenue]?

DT: Okay.

GB: Oh, I wouldn't expect you to know that.

DT: [chuckles] I've only been here a year and half.

GT: You've done very well in the short time you're here.

GB: I don't even know if a lot of people knew that she was struggling with getting grants. You'd have to get it from her as to whether or not they didn't want to give her grants or something, but there was something there.

DT: She's still a legislator now?

GB: Yes. She and another one are the longest [serving]. There was something in the paper just the other day, that she is one of the longest [unclear] people that has been there the longest.

DT: I should easily be able to find her contact information from the state then.

GB: Oh, yes. Her husband's name is Donald.

GT: I have her telephone number.

DT: Okay.

GT: It may have been changed now...296-4257. I'm looking for my legislative book [*Minnesota State Legislative Manual*], and I can't find it. Her email is [Phyllis.Kahn@house.MN](mailto:Phyllis.Kahn@house.MN).

DT: Oh, yes.

GT: You can tell her you spent some time with us.

DT: I will do.

GT: I'll bet you she would have...particularly, when she was the one that go the smoking... It's a joke, too, when her husband always went out to walk the dog in order to smoke, because he couldn't smoke in the house.

[laughter]

DT: Oh, that's great.

GB: Smoke his pipe.

GT: Yes, that's right; he had a pipe.

Do you realize we've been at this two hours?

DT: I know! It's amazing how time flies.

GB: There was another person who was so involved in the CUWP. Once you get to CUWP... She [Nancy Pirsig] was in the public relations something or other.

Her husband [Robert Pirsig] wrote *Zen and the Art of Motorcycling* [correctly *Zen and the Art of Motorcycle Maintenance: an Inquiry into Values*].

DT: Oh, really?

GT: Now, I'd like another session to talk with you about...

DT: Yes, absolutely.

GT: We'll finish more of this.

DT: Yes

[Discussion unrelated to project].

GB: Well, take care of yourself, because I'll tell you, if you don't put this together, who will?

DT: I know. Well, thank you.

GT: She is just like an octopus.

DT: Has many, many legs.

GT: Yes, to get all this.

DT: Well, thank you. We will talk again.

[End of the Interview]

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**Interview with Eugenia “Gene” Taylor  
Part Two**

**Interviewed by Dominique Tobbell, Oral Historian**

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

**Interviewed at the Home of Gene Taylor  
Interviewed on November 23, 2010**

Eugenia “Gene” Taylor - GT  
Dominique Tobbell - DT  
Mary Virginia “Ginny” Betlach - GB

DT: I’ll reintroduce us as it’s a new interview day, so to speak. This is Dominique Tobbell. I’m here with Gene Taylor and Ginny Betlach. It is November 23, 2010. We’re at Gene and Ginny’s home.

One of the things we didn’t talk about when we first met was in the late 1960s, the health sciences were reorganized, and the College of Medical Sciences disbanded. I wondered if that had any influence on the nursing faculty and how the faculty maybe felt about this.

GT: That was about the time that we had a lot of other changes there, yes. Of course, the biggest thing was maintaining the school and getting enough support. I can’t remember just when those were, those dates. I have trouble remembering. The changes there enabled our directors to have greater influence on what happened in the school. That was kind of the problem in many of the places, that the School of Nursing was seen as just a portion of the medical system and not as an equal part, as it was later on. I can’t remember too much there. I don’t know why. It seems like it was kind of a struggle constantly. We didn’t get the grants and things that we do now, of course. It was pretty much on the tuition and things of that sort that we depended. We didn’t have people doing very much research at that stage either. They weren’t attracting that kind of thing.

This is one of the questions we had is how much you wanted of Ginny’s feeling about the place there, because she saw it differently than I.

DT: I think that’s very valuable.

GT: We didn't know how you wanted to fit that in. I just really have a hard time remembering some of that.

DT: What Ginny talked about last time was great, more of the culture, and if you want to add anymore about the culture of the place, as I say, your perspective because it is different is so valuable.

GT: I didn't feel it as much probably as now. There's so much more of a political thing in terms of getting funding...now, so many other kinds of things with the whole university system. It's looking at higher education quite differently.

Of course we were, are, a land grant institution, and that was used a lot, that we had greater responsibility because of that, and, also, that you could not veer too far afield because you had to be sure of those types of things.

I can't remember, really, when some of the changes happened that caused more of the uproar on that.

We talked about not only the [Shyamala] Rajender [lawsuit] but Title IX and the impact that had. The University had kind of an upbringing as a traditional kind of program sitting within something else. We were quite late at moving, I think, for that, as you saw in Columbia or Yale or some of the others where the schools were really seen as individual leaders. Some of the leaders, actually... Our K.J. [Katherine Densford] was one of the strongest leaders, but you didn't get the same sensation of a contribution as you did from the others. Of course, we were always hearing about some of the leaders that were quoted and the authors of some of our books and stuff.

As far as the reorganization, I really can't remember that very much at all.

DT: You've kind of alluded to it here and you mentioned last time though that it was, as you said, significant that, for the first time, the school had its own dean in Isabel Harris and that it had more autonomy with respect to things.

Your comments also bring up... You mentioned that it's a land grant institution. It seems that the state legislature had a lot of demands or expected a lot from the University. Did you feel or do you recollect whether there were any particular constraints they put on the School of Nursing?

GT: No, except that it seems like Nursing was often going to the legislature for some funding. That's how this thing grew of the rural. Many of the schools of nursing were given special funding if they sent their students out for part of the year. That set up a whole system. One person I didn't mention before—I think I have her in the other thing—was Marjorie Low, who was the original rural coordinator. When I came to start this program, it was just a natural for her to help me get started. We went around to all the places where other schools had their students. At that time, they were giving quite a good stipend for the students going out. They were six weeks, the practice nursing

programs that I worked with. We had them there for one quarter by our choice. Almost all of them were still hospital programs at that stage.

Then, we had the leaders... I shouldn't even try to list them now but Hamline [University, Saint Paul, Minnesota] had an outstanding nurse educator there, and, of course, Saint Olaf [College, Northfield, Minnesota]. Saint Catherine [University, Saint Paul, Minnesota] was certainly doing a lot, but not heard quite as much as Saint Olaf. Then, the other one was the one that Bethesda is part of, the other state university, south in Saint Peter.

GB: Gustavus Adolphus [College].

GT: Yes. There were some definite leaders there.

Interestingly, there was one school of nursing that was at what is now the hospital over in Midway [District of Saint Paul]. The Midway School of Nursing was a fairly strong one, and, yet, some of the leaders that were going in at that stage were coming out of that diploma system. Then they, of course, tied in with Gustavus, too. That kind of history, to me, is always very interesting, how the [unclear] and the number of diploma schools that gradually dropped down along the way.

DT: It seemed that in the 1960s and 1970s there were really big efforts to ensure there was a sufficient regional workforce of nurses within the state, but, also, neighboring states, too.

GT: Yes.

Then, the other thing was so hard to deal with was that we would have a wave of having a great need for nurses and, then, all of a sudden, a surplus. Right now, we're seeing something where they are seeing the need of RNs [registered nurse] but, instead, are getting all the other auxiliary... You go in to a doctor's office and you have any kind of short term prepared person to take your history and all these others that have been added that dilute, as I see it, the kinds of things that nursing could do.

I was over yesterday and I've gotten so I start asking people what their background is. Well, I'm just doing thus and so." They sound very official, almost too bright.

DT: It is hard. You're never quite sure whether it's a nurse you're speaking with or a nurse's aide.

GT: For a while there, we really were using the idea that we have a licensing board so people were not [unclear] they were a nurse unless they were a licensed person. That's one of the things as we go through there. Every once in a while, we talk about the licensed practical nurse [LPN]. We should be clear, there were RNs schools and LPN schools, but, then, licenses were set up and are approved by a board of nursing. That was kind of interesting as we were doing our program, because, always, there was quite a bit

of criticism. How does this [the practical nursing program] really fit? Right now, there are some places that are not hiring or are letting their LPNs go, which, to me, is really tragic. In the meantime, they've got all these nurse aides. I had some wonderful care while I was in rehab. To me, that's such a sad thing...that they eliminated that level of person. I blame part of it on our preparation. We prepared them too well for our short program. I think I mentioned that a couple times that my regret is that we didn't develop a lesser length program, and, then, have that person really as an assistant to the RN. We set it up so that there was a way that they were almost too well prepared in terms of their technical ability and work-with-people ability and to the RN, that, then, they were stymied in what they could do. At the same time, we had all these others, the two-year program coming up, which did not have that much more preparation; yet, it set up, really a jealousy thing. Why should that person who happened to have, maybe, another quarter and took a different exam have that much more respect? So we kind of lumped the RNs into the two- and the four-year, and there's not that discrimination of the individual. I feel for the places that are employing them. I think we neglected that as we continued all these programs.

Mildred Montag... I don't know if anybody has mentioned her.

DT: You did last time, yes.

GT: She was a graduate of our school originally, and, then, went to teacher's college. She developed the two-year program that was supposed to be that assistant level, but it should not have been set in there to become, also, the RN program. I think we've done a real disservice to nursing and to the employers. It's very easy to...

I mentioned [Doctor] Charlie Mayo. He said, "If you're going to close that [practical nursing program], I'd just as soon bring in all kind of people here." He didn't say kitchen help. "Put a cap on them and they could do everything that I really need." There was that kind of an attitude, not really a value of the depth of preparation [the practical nursing program provided].

One of the questions you asked in there was how was my program different. Well, the theory base that is underlying nursing has been developed so much more. It was there, but I think as we had it, it was kind of passed down that this is why you're doing things. Now, they encourage them to do more exploration of it.

DT: It seems like there's been an increasing number of, I'll say, auxiliary positions, that in these positions, people are being trained for very specific tasks, that used to belong to the nurse. Now, the nurses with more education are, then, going into supervisory positions.

GT: Yes.

DT: As you say, where does that leave the RN and LPN? Kind of in the middle there, not with a defined role or that other groups are encroaching on their...

GT: There's a lot of bickering on that.

One of the other things that I have always really disliked is the adding of the physician's assistant [PA].

DT: That's something I wanted to ask you about, yes.

GT: There, again, we'd have somebody that they would take in with a baccalaureate from any field and teach them within a short period of time in contrast to our nurse practitioners [NP], who really have a base [of knowledge] of the patient and everything else. In our little hometown, they are called doctor. It's the nurse practitioner who is working there who really had much more knowledge. She's the one that I would like to be doing a better job of supervising and care of my brother than the physician. The doctor there is not interested at all. But she is; but she's a nurse practitioner. They never think of calling her doctor. For a while, when he had an assistant, that was just automatically...

DT: Oftentimes, it's just because the physician's assistants tend to be male and the nurse practitioners tend to be women.

GT: You're so right.

DT: So it maps onto those gendered assumptions.

GT: Yes.

DT: I know the physician's assistants and nurse practitioners developed professionally around the same time in the 1960s and 1970s, and there was a lot of debate then.

DT: Yes.

DT: Do you remember any of those discussions about training PAs versus NPs?

GT: Not very much. We were more aware of the hospital administration rubric thing, again, because they were being brought up into the business level and, again, having a great deal of influence on how the employment, how the practice was carried out. The physician's assistants, for one, thing, we didn't have very many here. If you'd get out state, then you'd find that people had brought somebody in. It just kind of grew like Topsy, and had, as far as I could tell, very little—even now—curriculum control.

DT: I don't know. I know much more about the nurse practitioners than I do about the physician's assistants.

GT: Yes. To me, that's one of the real serious delusions of medical health care really. Again, those people were given sort of a narrower limit of where they would practice,

and didn't even think about all the other things that they could have been bringing into it that the nurse practitioner brings. I guess that goes back, again, to the way in which our leadership developed some of those things. I think the nurse practitioner...

One good example was the nurse midwives. So many places, they didn't want them to practice, and, yet, if you stop to think about it, they were so much better prepared for that level of a normal pregnancy and delivery than many obstetricians who had a few classes and had an internship, certainly, but not the background. Once you get a real obstetrician and a nurse midwife working together, you have the best of all worlds. They have six weeks period in their internship.

DT: And, as you say, the obstetricians really focus much more on the problematic pregnancy than the normal pregnancy.

GT: Yes.

DT: Were you involved in setting up the nurse midwifery program at the University?

GT: Some, yes. At that time, we had somebody, who was a nurse midwife, who did most of it. Because we were setting up the Child Bearing-Child Rearing thing, the idea was that we would have also a pediatric nurse practitioner in there, again, for all students to have that normal child bearing thing.

DT: What was the Child Bearing-Child Rearing Center? What can you tell me about it?

GT: It wasn't a center. It was one of the majors that you could choose within the graduate program: Med-Search and Psyche and I can't remember what some of the others were. It was, again, based somewhat on the medical model, but the focus for that was... The reason we called it that is we didn't want it to be in OB and Peds [Obstetrics and Pediatrics]. Geriatrics is the other one that bothered me. Here, I think our program now has done a much better job of gerontology, but it started out with the frail, ill, damaged, elderly person who happened to be older but had other kinds of problems rather than the gerontology. That's why I used to test when I had the elective. In fact, I think that was something else I found in your...went through and I was remembering that first elective. Now, there's all kinds of books on it, but it is getting much more of the healthy rather than the medical. But, I still see it referred to as geriatrics, which is like pediatrics.

DT: It seems like that's a major difference between nursing and medical practice, that nurses are much more oriented to the whole patient in sickness and in health.

GT: That's right. Initially, we were set up that way. Now, the family practice maybe comes a little more to the average person...all the other kinds of things that happen. We can't get people into family practice, they go into the specialties. So you can't be treated fully by any one level if you've got to get care from specialists. That's okay, I guess, but, again, it's the medical picture that has influenced health care too much.

DT: With the setting up of the nurse midwifery was there any resistance from the obstetricians in the Medical School?

GT: Not in the Medical School. No. I think there was more as you went out for practice, that, then, they were questioning and were very hesitant at giving them privileges for certain kinds of decisions that would not have to be standing orders, for instance, that if certain things were happening, then, you could operate individually, independently. But I don't think we had any. I didn't hear much of that. I'm not exactly sure why not, now that I think of it. Again, I think there was much more attention to the healthy person and delivery was part of it, but that was not the major part of the care.

DT: The other thing that happened in the 1970s was the development of the Ph.D. program or in the 1980s. I guess it took until the early 1980s to be approved. Did you have much experience with that or much insight into that process?

GT: No, not a lot; although, as faculty, we did. They were developing the courses, the basic courses that we had, the core courses that we had at the master's level, also that were carried on. But, then, there was much more of the beginnings of looking at research and feeding it back into what your practice was.

There was a division of the faculty at that time, too, in terms of where do the main resources go, as they were getting more Ph.D. programs set up, and more of our people were getting their Ph.D.s. Then, there was the thing like some people could not be bothered with helping a master student. That was the kind of thing that I saw. Of course, I was not eligible to officially advise, because you had to have all of this... I did an awful lot of it. For a long time, I was an advisor. Then, pretty soon, you just say you really didn't have the authority, particularly working with their research. So what happened is most of us would do a lot of the work with some of the graduate students, but they had to work with a Ph.D.-prepared person for their final work. That set up a division within the faculty.

DT: Did you feel then that those that were doctorally prepared viewed those of you who weren't doctorally prepared in a different way? I don't know the kinds of tensions that that brought between...

GT: Oh, there was some. Sure. Again, they were given much more freedom to do things than a lot of the workforce. I think they had more freedom with their own research while they were working with students. So it made a different workload.

The workload of the baccalaureate faculty was terrible. I'm not sure if it's much better now. I haven't heard lately, but they really did have a terrific load, and, again, were working with a changing philosophy of the role of nursing at the same time that they were getting the basic things. They even had to do some of the same things that we did with earlier programs in that they had to be skilled at the moment that they graduated. No other field, teachers or anybody else, is expected to walk out, put your graduate cap on, and become the professional, but to have an internship. There should be, even now,

something like an internship—not with the limitations of the medical model. [chuckles] But an opportunity...expect to work for a period of time and work with... That s the kind of thing that I think more of our doctoral people could have done is to help the people who had their master's to do the kinds of things that they wanted to do, do their own research, but the workload of the baccalaureate was so terrible.

Now, I don't know whether you've gotten much of a feeling about that now?

DT: I don't know so much about it now, but I recently, a couple weeks ago, interview Mitzi Duxbury.

GT: Oh, did you?

DT: Yes.

GT: Her story must have been [unclear].

DT: Yes, it was wonderful. She was wonderful. She had such great stories. She was only at the University for a relatively short amount of time, but she had many great stories to tell about the efforts to get the doctoral program up and running. She told the story of I guess it was at a faculty meeting or something where there was pressure on those with Ph.D.s to commit more to research, but, then, who would carry on the teaching? She said that Ruth Weise stood up and said, "Give me more teaching. You do the research, get the Ph.D. program up and running, and I'll take on more teaching."

GT: Yes.

DT: It seems like what you're saying is the baccalaureate faculty had to do all the teaching while those in the doctoral program had to commit to research.

GT: Well, they had some teaching and the advisory role, which was very important. I'm surprised that has worked out as well as it has. Again, some of the old school people that had done this for so long really insisted that they have the quality of clinical experience for their students. Sometimes, it was because of their need, too.

Mitzi, I'll bet her visions are... There, again, was an assistant dean who carried the kinds of things that I said before, the assistant to K.J. [Densford] and Mitzi was another one. We had quite a turnover. I can't ever remember now for sure the different deans. But, you've gotten a lot of good stuff from these interviews.

DT: Yes.

GT: I think I'm going to want to go back over and read about what happened the last thirty years.

[laughter]

DT: You probably will.

You talked a lot about Isabel Harris and how she was when she was dean. What were Irene Ramey and Ellen Fahy like as deans?

GT: Well, they were so different. Irene was much more a dictator kind. She held her own on things. I can't remember...she was not as involved with faculty, I don't think. I'm not sure where that was in terms of where the doctoral program was coming in. I think that was true of...who was the other one? Floris.

DT: Floris King.

GT: Have you interviewed her?

DT: I spoke with her on the phone. Her health is pretty poor at the moment. She's got a failing heart, so she didn't want to have the stress of being interviewed. She did talk to me for a little bit on the phone and gave me a bit about her story.

GT: There, again, there were people of that sort who had to struggle with...I'm not sure with the administrators or the deans, at that time. Their views were sometimes not as compatible as would have been helpful.

DT: Yes, she alluded... She said as much. It sounded like she had seen a different side of Dean Ramey than, say, a lot of the other people I've spoken with. She recounted times where Dean Ramey could be quite angry at faculty. I don't know if you encountered that with Dean Ramey?

GT: Again, I don't remember having any real clashes with her. Mitzi and I had some differences. [chuckles]

Back to Floris, Ruth Weise still keeps in touch with her. Did you talk to Ruth about Floris very much?

DT: I can't remember if we did or not. I think her name probably did come up with Ruth Weise.

GT: She still sees her and checks in with her when she comes back. I think she's still living here.

DT: Yes, she is. I'm really hopeful to meet with her, but she was just worried about her health situation.

GT: I think that's very true. Sometimes, she's had a lot of problems.

DT: The last thing I want to do is stress some one out.

GT: That's right. Sometimes, they want to kind of close the door on some of this, too. Others probably have not forgotten as much as I have. Yet, we've got a thread in there that keeps you going on it.

DT: You seem to remember an awful lot though.

It seems from what people have said and what I find in the archives that Irene Ramey was less hands on with the faculty and more focused on building political goodwill and getting money from the legislature and the federal government and doing a lot of that important role; whereas, say, Dean Ellen Fahy was maybe more hands on with the faculty. Was that your experience?

GT: Yes. She was kind of all-around person, Fahy. They were very different personalities, when you think about it.

You know, one other person that I wondered if you've had any contact with is Bernie Feldman.

DT: Ruth Weise recommended that I talk to Bernie Feldman, and I sent her letter, and I left her a couple of voice mails, and I haven't heard back from her. This was a few months ago. I do want to follow up with her because her name has come up a lot.

GT: Tell her that I think she's got so much... She came from a diploma school setting, over to the faculty, and, then, was one of the early ones that got a Ph.D. From my standpoint—I shouldn't say this, because I'm thinking, oh, it will be in print—she was middle of the road. She could be the very capable person, but she could also be at the practical level. I just have a lot of respect for her. She came from the diploma program setting and into this one at the time the junior colleges were coming up with the AD [associate degree] programs.

Of course, she also did that rural thing, the AHEC. I've had some association with that. Do you know what that was, the Area Health Education [Commission]?

DT: I know a small bit about it, but not enough.

GT: She was actually the staff person for that. At that time, we had medical students and [unclear] students in various places around, particularly in the Anoka area.

Tell Bernie that I said she just jolly well better do it. How long are you going to do this?

DT: I've got a couple more years on this.

GT: Oh, well, then I think she should definitely get in on it. As I said, she had such a very interesting history. I think she did public health at one time, too.

DT: Ruth had mentioned her, and, then, subsequently, I've seen her name all over the archives and, then, Mitzi Duxbury mentioned her, too.

GT: They see each other every winter. They've maintained a friendship, social, beyond that.

DT: If I have to leave another message for Bernie Feldman, I'll say, "Gene Taylor and Mitzi Duxbury and Ruth Weise all say that you need to speak with me." [chuckles]

GT: That's right. She would really give you a piece. I think she also...

[Ginny laughs]

GT: What's the matter?

GB: She's so funny.

GT: She really is. She's just a joy.

GB: You'll *love* her.

DT: Good.

[laughter]

GB: We talk to her every once in a while and we just laugh and laugh.

GT: A few years ago, one of her nieces, an only niece, I guess, had triplets. They are now five years old. The family had been very supportive. She's got more stories with those little kids. When they learned to talk, they called her [sounds like Boin-dee]. She said, "Don't you dare correct them." She liked her name [sounds like Boin-dee].

[laughter]

GT: I will tell her.

DT: Yes, good. Good.

GT: She just jolly well better answer you. I think it's so important to get that version.

DT: I think so.

GT: I think the AHEC was a very important part. I'm trying to think why I wasn't working with that. I did a little research. You were helping me with that, too, weren't you Ginny? We were setting up for taking our graduate courses out. That was part of the work that we did under AHEC. I did stuff like that, but I didn't know what I was doing at

all, but I knew the questions I wanted to ask. Then, we set it up with card files and stuff like that.

DT: It may have been Ruth Weise who talked about this, too. The school's faculty were going out to other nearby schools and teaching at North Dakota, for example.

GT: Yes. She and I went up there. She also did Duluth and Rochester a lot. To me that was a real outreach for the University, because, at that stage, those students could not come in and leave their jobs that long. In fact, we had a four-plex, and, at one, time, we had three of the students from the Duluth area who sublet apartments with us. It was fun because they were in classes with me, but, also, living there. One of them went on to get her Ph.D. and did some really good stuff. So when you think about the people that you've had contact with, it's been really gratifying, I guess I would say.

DT: It seems like it was a great opportunity, especially for those nurses who can't travel because they're working full time. It was a chance for them to get more education, more training.

GT: We scheduled the classes so they could. Eventually, we got more and, now, there's much more on TV so they can do a great deal that way. That was pretty tough to take those courses out. Again, some of these people were not that enthusiastic about doing something more with their basic preparation, so you had a little bit of what are you really going to give us? It was satisfying and really interesting.

DT: Do you feel that throughout the rest of the state that the nurses working in practice held the University School of Nursing in good regard? Were there any kind of tensions with having the School of Nursing faculty come out and teach them?

GT: I don't think so. I think, again, it was their desire and everybody else's desire to have them.

There is another person who is not well who probably could not do very much with you. That's Jean Andrews. Has anybody mentioned her?

DT: No.

GR: She has her doctorate; she came with her doctorate. She worked with the northwestern corner of the state trying to set up the steps from nurse aide, practical nursing, to the diploma, and on up. I wish she could do it, but I don't know that she could. If she'd once get into it, she'd do well.

GB: Do you want her number?

GT: Yes. She's one, too, that I think we should tell her what we've been doing. She has now Parkinson's [Disease]

GB: Her phone number is 651-646-9661

DT: I see.

GB: You might have to call her a couple times, because she doesn't seem to respond all the time. She's just not feeling good.

DT: Yes.

GB: Don't give up on her.

DT: I'll look into it.

GT: She was brought here to work through, again, the idea of a number of levels of nursing. I can't think what that was called. The northeast project. [Gene Taylor meant to say northwestern here] Then, it was extended over to the northeastern area, too, so she worked both, but most of it was up with the Crookston group. In fact, she was up there when Ruth and I were doing the courses. She met with the vocational ed level and the existing diploma programs that were still out in the field and were still operating and with the baccalaureate.

There was another program, too. I think that's the only place that I know there was some kind of friction was when they set up the one at Fargo [North Dakota]. I don't know who else would know about... You talked to Marilyn Sime, didn't you?

DT: Yes.

GT: Did she mention any of that?

DT: She didn't, no.

GT: That was another part of the outreach. The Fargo program, I don't remember now how that... That was one of these things, too, where you can't do everything in the Cities. You've got to get out and serve, and that was really an accepted belief, that you had an obligation to the rest.

Quite a few of the other baccalaureate programs came along, Saint Olaf, and Saint Catherine's, and even Bethesda, and, then, also, the one in Duluth, [Saint] Scholastica. Some of those people became good leaders in their areas and, then, they could work with whoever was coming out, like with Jean Andrews. So it was cutting across all those lines of education, which, to me, was a fabulous thing for this state. It's a big state, scattered out in distances between...

DT: Do you have a sense whether Minnesota was distinctive in its efforts to make sure there was a fully regional workforce of nurses?

GT: I don't know enough about the other states, but I think a lot of the other states had more established educational programs closer. I think the very fact that we were spread out so far... For a long time, patients were brought in from all the corners to the University Hospital. That was kind of a pattern, so that the University was seen as the ideal. In fact, one of the things I used to try to tell people... Our practical nursing program happened to be based at the University but it was not that different and, certainly, the others were good programs; although, they were still on the diploma pattern.

That's one of the corrections I started to make there is where I started quoting Ruth Weise when they had the Miller program. Maybe we should go back to some of that. Is this kind of getting the other edges that we didn't...?

DT: Yes. This is great.

GT: Remind me to [unclear]. Ginny will convince Bernie. You'll enjoy her.

DT: Oh, good. Ginny can have [unclear] [laughter]

GT: She has a very unique way of looking at things. I don't always agree with her, you know. I admire her a great deal.

DT: I just have a couple more questions.

GT: Sure.

DT: It looks like there were efforts to establish the health sciences bargaining unit in the 1970s to have all the health sciences, I guess, lobby for the same benefits together. But the nurses really didn't want to be part of that health sciences bargaining unit.

GT: I don't remember that. So who gave you that kind of an insight?

DT: I saw that in the archives.

GT: Ahhh.

DT: Yes, I saw it in the archives and thought, well, that's interesting, because the nursing faculty didn't think they were like the other health sciences, and certainly not like physicians going to have your own private practice. So you have a different set of issues and that the nursing faculty were more like faculty outside of the health sciences.

GT: Yes.

DT: I haven't found anyone, I think, who really remembers that.

GT: I don't, and I don't know who would. I'm trying to think of some of the other School of Public Health people. There was one person—I think she's still on our faculty—and I'm trying to think of her name right now. I'll have to look at my list. She was in charge of the pediatric nurse specialty. The trouble is some of these people now... That's when I start to think about my age. They were older than I before so now they're gone.

DT: I will be interviewing Ruth Stryker-Gordon this week.

GT: Oh, yes. She'll come with a very different... She may have a handle on the [School of] Public Health.

DT: Yes, that's what I was hoping for.

GT: The other person is... Who is the one down at Joseph's [Saint Joseph's Home Care for Children?], Ginny? She was assistant dean. She would be an interesting...

GB: Miller. Marietta?

GT: Marilee. [unclear] her. She was assistant to whom? Maybe Fahy. It's not that far back. Was Fahy the one whose husband was...?

One of the things that was sad, I think, in a lot of this is that because we were so involved with our jobs, many times we didn't hardly realize that there was another life people had.

DT: Mmmm.

GT: Let's see if I can find her. I'm pretty sure I've got her in here.

Another one is Mary Lou Christianson. I think she's been chair of not the Nursing Foundation...but maybe, yes. Maybe that's right. [pause while Gene Taylor reviews her list]

Her [Marilee Miller] email is [mille006@umn.edu](mailto:mille006@umn.edu).

DT: Okay. Great.

GT: Now, Marilee knows me fairly well, but I don't see much of her. She was one of the ones that was involved with funding to have that sculpture put out in front of the school. Mary Lou Christianson...both of them had been in the School of Public Health.

DT: Okay.

GT: That's another whole piece of history that we don't even want to get into, the rivalry that there was there. Part of it was because Public Health was primarily under the medical situation. We were going to have the pediatric nurse... Oh, I have to look at my

list. The certificate program was going to come over to the School of Nursing when the School of Public Health was closing and doing some things differently. Now, this is more recent, I think.

I want to get to your part Ginny before you have to go.

GB: What part of what?

GT: The part of the report here.

GB: I don't have [unclear] to say. I said it.

DT: [chuckles]

GT: We need to go back over it and be sure that there's stuff that okay that's in there.

GB: It's just that I rattled the cages.

[chuckles]

DT: Do you want that part out?

GB: Yes. I did myself in.

GT: I have to give you that other name. Barbara... She was in charge of that and she came over. I think she's still on the faculty.

Then, the pediatric specialty went over to Saint Kate's [Saint Catherine's].

DT: Oh.

GT: They had it as a post master's program.

[laughter] This shows you history. I still hang onto this oldest list of our faculty, because I can't get another one that's as good.

DT: Oh, my.

GT: This one usually finds those people that I want. Let's us go back over to the other thing then, if I can't find this kind of quickly.

Verona Gordon. Has anybody mentioned her?

DT: No.

GT: She was the psyche program person.

Why can't I think of that other one? Here it is. Barbara Leonard. I think she's still on our faculty.

DT: I'll be able to find her then.

GT: She was in charge of the pediatric nurse specialty and, then, it went over to Saint Kate's.

Other faculty, too, [unclear] recent is [given name?] Lindgren. I don't know if she's still on here or not. I made a new list. [chuckles] They don't have any like this so I can find my old stuff that are here.

GB: Is there anything else that I can contribute?

DT: You were working in the various labs.

GB: In the research area.

DT: On the research side. I wondered if you felt there was any change after the health sciences were reorganized in 1970 when the College of Medical Sciences was disbanded and the Academic Health Center was created. Did you have any experience with that?

GB: No. As I said, we would rub elbows with a lot of these doctors. We were always jockeying for their position.

[chuckles]

GB: We were not involved, but we could see what was going on, that everybody was elbowing everybody else. It was politics; all politics is what it was.

DT: Did you get a sense that some departments, some schools were higher status than others?

GB: Probably Surgery because of [Owen] Wangenstein. He had a name for himself. Cecil Watson, he was in Medicine. He was plying for himself. Once they got their positions, they hung onto them. We just observed what was going on. We didn't really have an edge [unclear], whatever.

DT: You stayed clear of that.

GB: Oh, yes. We had nothing to do with it. We just observed.

DT: I'm sure that observing taught you a lot.

[laughter]

DT: The other people who were working in the research labs with you... Were there a lot of women who were working in the labs or were you one of the only women?

GB: I would say that ninety percent of the people working in labs were women, ninety or even a little bit more. Very few fellows were into it at all.

DT: Why do you think that was?

GB: It was a gender problem, just like everything else then. I don't know whether you want this on or not. You might just take this off.

DT: Sure.

[break in the interview]

DT: What responsibilities did you have in the lab? What was your day-to-day like?

GB: To run any and all the tests that we were working on. When I was in Medicine, we had B.J. Kennedy, who was a very well-known internal medicine man for breast cancer. He was one of the leaders in breast cancer. We were doing metabolic studies on the patients. We did urines, bloods, and kept everything. Of course, they had a couple of dieticians who monitored what they were eating. Then, I got into the diabetes thing with Fred Goetz.

GT: In those, you were also writing some of the things for publication, doing some of the summaries.

GB: We were doing the things for the publications. Of course, they forgot our names on the publication but we were doing all the work.

[chuckles]

I guess I was in I don't know how many departments. Wherever the money was that's where I was, wherever there was a job.

DT: Did you ever see that there was a shift in how many women were in the lab? Did eventually more men come into that position or has it always been kind of a gendered female position?

GB: It was gendered female. Once in a *great* while, we'd see a boy come in or a man. You know it's interesting. I think it was a subservient job to whatever was going on in the medical field. It was an entrée for a job. Yes, that's what it was; it was a job to be able to not be a PT [physical therapist] or an OT [occupational therapist], but to be in the tech [technology] business. There were a lot of jobs that had to be done because the men,

the faculty men, were earning their living also by doing this research. The grants came in, so that supported them, too.

GT: Well, they had money in grants for hiring people, too, so that was a limitation. If you moved up to where you were costing them a little more, they'd look for somebody cheaper to do what was needed.

GB: They had their grades: junior scientist, senior scientist, whatever. It was whatever the human resources had decided.

DT: Given all the research that was taking place then, was it an exciting place to work? Was there an atmosphere of excitement or was it just kind of mundane?

GB: It was mundane. It was just running all these different tests, whatever we happened to be doing. I worked with mice. I worked with rats. I worked with humans.

[chuckles]

GB: As I said, it was the master and us.

DT: How did those senior scientists treat you? They had you do the work but didn't give you credit for it on the publications.

GB: No.

DT: How did they treat you within the lab?

GB: It depended on who you were working for entirely, the personality of the person. There were some tough people there. As I said that one that I worked for a while, I couldn't tolerate because he was a bully. I just could not do it. He wouldn't let me go to talk about the Rajender stuff. [chuckles] He was one of the worst that I had. Otherwise, they were all pretty good.

GT: For a while, when you were with [William] Krivit, you really enjoyed it because you were doing more work with leukemia and children. It was meeting with the families, so she had a lot more satisfaction, I think, in that than just the tests.

GB: Does that give you an idea...?

DT: Yes. It does. I worked in a lab for a while and I found it quite mundane. I don't think it's changed much.

GB: You knew everything that was going to happen almost every day.

DT: Yes. Sometimes, it was like watching paint dry watching tests run. That's my own little personal bias. [chuckles]

GT: When I first knew her, she used to go back to check things at night. After it ran so long, she had to go back, but there was no overtime pay or anything like that. It was expected.

Well, shall we...?

DT: Yes, we can...

GT: We really covered a lot of territory here.

DT: Absolutely.

GT: I'm sorry that I can't remember some... I think getting some of these other people...

DT: The names that you've given me are really helpful.

GT: I think if you haven't talked with the people who have been in the School of Public Health that would be very interesting. They would really know the 1970s. It must have been about the mid 1970s when I came back that the pediatric program closed in the School of Public Health. There was some real rivalry and some really historical [unclear] there.

DT: That is one of the questions I've asked people is why was public health nursing in Public Health and not in the School of Nursing. Of course, they then re-merged in the 1980s or something.

GT: In Public Health, it was much more the administration and the whole health thing versus direct. Like when I did public health nursing, I was working with families, direct nursing in that area. A great deal of theirs is doing with the statistics and watching the health of the whole world. I don't know how they got started with the pediatric program there. Again, it was like in fashion. It was like the physician's assistant. They were kind of being [unclear].

[End of the Interview]

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