

**Kathleen Newell, Ph.D.**  
Narrator

**Lauren Klaffke**  
Interviewer

**ACADEMIC HEALTH CENTER  
ORAL HISTORY PROJECT**

**UNIVERSITY OF MINNESOTA**

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

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

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

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

## **Biographical Sketch**

Dr. Kathleen Newell was born and raised in Wadena, Minnesota. After graduating from High School, Dr. Newell arrived at the University of Minnesota, where she completed her dental hygiene training (Graduate Dental Hygienist, GDH) in 1968. From 1969 to 1971, she worked part time in clinical practice and part time as a teaching assistant while concurrently pursuing her Bachelor of Science in dental hygiene education, which she completed in 1971. While teaching full time in the Dental School, she completed in her Master's in Education in 1976, with an emphasis in curriculum and higher education instruction. In 1984, she became director of the Division of Dental Hygiene. She completed her PhD in Education in 1987. She retired in 2005, but continued to develop a master's program in dental hygiene at the University that launched in 2008.

## **Interview Abstract**

Dr. Kathleen Newell begins with an overview of her upbringing and education. She discusses the degrees she earned at the University of Minnesota, including a bachelor's, master's, and doctorate, her experiences as a student in dental hygiene, her decision to pursue graduate work in education. She then reflects on varying atmospheres of retrenchment and manpower issues, her work with other dental hygiene schools across Minnesota, changing dental hygiene practice, the creation of the dental therapist, and changing roles of the dental hygienist. Dr. Newell then discusses collaborations between the dental students and the dental hygiene students, her committee work, her work on professional organizations, comparisons of different hygiene programs, the culture of the dental hygiene program, Dr. Erwin Schaeffer's tenure as dean, and Ione Jackson and then Donna Aker's leadership of the Division of Dental Auxiliaries. In considering her own leadership of the hygiene program, Dr. Newell discusses the relationship among the allied health sciences, her work with Drs. Richard Oliver and Richard Elzay as consecutive deans of the Dental School, the threat of closure to the Dental School in 1988, and gender and professionalization in the Dental School. She concludes with brief comments on Dr. Michael Till's tenure as dean.

**Interview with Doctor Kathleen Newell**

**Interviewed by Lauren Klaffke**

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

**Interviewed in Diehl Hall, University of Minnesota Campus**

**Interviewed on February 8, 2013**

Kathleen Newell - KN  
Lauren Klaffke - LK

LK: This is Lauren Klaffke. I'm interviewing Doctor Kathleen Newell. It's February 8, 2013, and we're in 510A Diehl Hall.

Thank you for meeting with me today.

KN: You're welcome.

LK: I was wondering if you could comment a little bit about where you were born, and raised, and your early education.

KN: I was born and raised in a small town in northwestern Minnesota called Wadena and lived there, went to grade school, high school there. Then, when I left there, I came to the University [of Minnesota] and have been at the University ever since.

LK: I saw that after you graduated from high school, you spent some time in clinical dentistry practice.

KN: Yes, I worked on as an on-the-job training dental assistant in a dental practice in my hometown after I graduated from high school before I decided to commit to dental hygiene.

LK: Was that a practice common, doing on-the-job training?

KN: At that time, it was. There were dental assisting programs and dental hygiene programs, but much of dental assisting, I think was on-the-job training.

LK: What prompted you to then want to go into dental hygiene at the University?

KN: Well, it was a small town, and I thought I need to leave.

[laughter]

KN: Of course, because I had worked as a dental assistant, I thought I knew everything about dentistry and went to dental hygiene. Of course, I got down here and two weeks later, I was lost like everybody else.

LK: It was called a GDH?

KN: Yes. That's the degree that they offered then. It was a two-year program, but we took nearly twenty-one credits a quarter.

LK: Oh, wow!

KN: It was a GDH, Graduate Dental Hygienist. That was the degree we received at the end of the two years of dental hygiene.

LK: That was strictly dentistry courses. I saw that, later, you did your Bachelor's of Science.

KN: Yes. After I graduated from dental hygiene, while I was working in private practice, I went on and completed my B.S. degree at the U. Then, I came back as a T.A. [teaching assistant]. I think while I was finishing my bachelor's degree, we could be on as a T.A., but we actually taught.

LK: Great. You taught your own classes?

KN: Yes, at that time, we could do that.

LK: You did your B.S. in dental hygiene education? Is that correct?

KN: Yes. At that time, they called it University College [U.C.]. It was the inter-college program through U.C. My dental hygiene was done, so then the rest of my course work for my B.S. was a combination of some education courses and psychology courses.

LK: Did you work part time in clinical practice just to support yourself while you finished your B.S.?

KN: Yes.

LK: You were on the T.A.-ship. Did you just decide to pursue the master's degree because you enjoyed the education course work?

KN: Yes. I really enjoyed the teaching. Then, I was teaching full time as I did my master's degree, which was in higher education and curriculum and instruction. As I did that, I was full time faculty teaching.

LK: What kind of courses were you teaching as a teaching assistant and then full time?

KN: Dental anatomy and... Oh, boy, that goes back a long time.

[chuckles]

KN: Clinic, pre-clinic, instrumentation skills.

LK: Were you strictly teaching dental hygiene students?

KN: Yes.

LK: What about students in the dental assisting program?

KN: No, there wasn't a cross over at that time.

LK: The two programs combined later?

KN: Well, they eventually made departments in the Dental School. I'm not sure what year that was. So dental hygiene and dental assisting were in a department called Dental Auxiliaries. Then, when the dental assisting program was closed, our department became the Department of Dental Hygiene.

LK: Right.

I saw that your master's thesis was in curriculum and higher ed instruction?

KN: My master's degree, yes, higher education and curriculum instruction.

LK: Your goal was doing your master's and, then, going on to your Ph.D. Were you really interested in teaching or...?

KN: Yes. I hadn't gone to school right after high school, so when I got down here, I thought I don't want to stop, because I might not want to start again.

LK: Yes.

KN: So then I went on for my Ph.D., too, but I was teaching full time through my master's and my Ph.D. In 1984, I became acting director, but I finished my Ph.D. in 1987. It was three years while I was administrator, too.

LK: What was your Ph.D. research? Did you use any of your own teaching in writing your...?

KN: My dissertation?

LK: Yes.

KN: The title is so long. I was interested in ethics and we were beginning to teach ethics in the Dental School and in dental hygiene, and, then, I was interested in intellectual development. So my dissertation title was "Predictors of Dental Hygiene: Students' and Practitioners' Stage of Intellectual Development and Ability to Respond to Ethical Dilemmas," or I think I called them professional issues or something like that. It was both the intellectual development part and the ethical decision-making.

LK: Quite a title.

[laughter]

KN: Yes.

LK: Did you continue that research into ethics in dentistry?

KN: Yes. I did some more in that area.

LK: I saw that you had a publication. Doctor [Mellor R.] Holland had included in that history [History of the University of Minnesota School of Dentistry: 1888-1988] specifically the publication, "The Moral Reasoning in Dental Hygiene Students."

KN: Yes. That was subsequent to my dissertation.

LK: Okay.

Could you speak a little bit to the relationship between dental hygiene and dental assisting? I know that we just talked about combining it into departments, but was there any overlap prior to that?

KN: Well, not that I remember. I know that the director of the dental hygiene program before me—her name was Donna Aker—was a hygienist and had graduated from here in dental hygiene, but I think she taught initially in the dental assisting program and, then, went back into practice. Then, Dean [Erwin W.] Schaffer was here and Ione Jackson retired. Then, Dean Schaffer asked Donna to come and be the director of the program. She worked for Dean Schaffer, at the time.

LK: In his practice?

KN: Yes.

LK: Interesting.

KN: I was a student then. In my first year in the program, Ione Jackson was the director. She retired. In my second year in the program, Donna Aker was the director.

LK: I saw that you had commented on the different teaching styles between the two. I think the comment was that Ione Jackson was very stand up and present and, then, Donna Aker was like sit down and do dental cleaning.

KN: Oh, when I was in my first year in the program and Miss Jackson was the director... She had been director for thirty-nine years.

LK: Oh, wow.

KN: We stood up. We worked from the back. Well, then, when Donna became director, she turned us around, sat us down, and patients laid way back. So it was more moving into what they called sit down dentistry at the time. That was the difference.

LK: Sit down dentistry... That was something that was going on in clinical practice?

KN: I think they were beginning to teach that then. Up to that time, I think dentistry and dental hygiene were stand-up practices.

LK: Oh, okay.

KN: Then, it was beginning to move to the sit down and the patient back further. Otherwise, they were sitting up and we were standing up, back a little bit.

LK: I hadn't thought about that.

KN: I remember the first patient I had my second year when we were learning to sit down. I said to the patient, "I'm going to put you back." "No way. We've never done that before. I don't want anybody to put my chair back." So I went over to talk to the instructor and said, "My patient won't let me put her back." The instructor said, "You have to." I don't remember the rest of it, but I must have gone back and maybe each time she sat up or something, I eased it back a little bit.

[chuckles]



KN: It was different and a challenge. It was what was the new thing, the more modern thing. That's why I think Dean Schaffer wanted Donna to come on, too, because she was of this new school type.

LK: Was there much resistance similar to the patient that you had for patients to lay back?

KN: I don't know that it was resistance. It was just different and we were being changed. So it was kind of stressful, but we did what we were told. We did what we were told then.

LK: Right.

KN: Yes, it was stressful, but we didn't know enough or didn't dare resist it. We knew that it was the right thing to do.

LK: This is an interesting side note that I saw, that you had, early on, wanted to go to college to be an English teacher?

KN: That was the goal early on in my high school.

LK: What prompted the change?

KN: I think just working in the dental office, but I kind of always wanted to be a teacher, so that's where I think the dental hygiene being a teacher, educator came in.

LK: I saw—this would have been when you were getting your first dental hygiene degree—that there was a visiting Professor, Tillie [D.] Ginsburg, who had been...

KN: Oh, yes, she had been the director at Marquette [University]. Both she and Donna got me interested in education—or I think I was interested in it but they even suggested it. So, then, it felt more feasible, like they thought maybe I would be okay at that. She was a delightful woman. She had been in the service and very... [Doctor Newell taps her hand on the table]

LK: [chuckles]

KN: She knew everybody. She knew everybody by their name. Then, she went back to Marquette. I think she came here for a while—I don't know if it was her father or mother who was ill—and lived in Hector, Minnesota. So she was closer then. Then, she, eventually, went back to Marquette and was the director there.

LK: Would you consider her and Donna Aker mentors?

KN: Oh, yes, definitely. I just knew Donna for a longer time than Tillie Ginsburg.

LK: Were there any other important influences that directed your career decisions, other mentors?

KN: Yes. Doctor Carol Carrier was my advisor with my Ph.D. She, eventually, was vice president for human resources here at the U. Yes, she was very much a mentor. I met her when I was finishing my master's degree, but she encouraged me to go on for my Ph.D., and, then, I worked with her on my dissertation and research. She was very much a mentor in terms of research. There were maybe three, four of us that she would have get together Friday evenings and maybe have dinner at her house and talk about other research. We ended up doing some research together. Then, she had us present it at a national meeting, a higher ed meeting in New Orleans. I remember that. Yes, she was very instrumental in the research part of my career, a good mentor in terms of that part and the teaching part.

LK: Did many of the dental hygienists or dental assistants take a similar route to you in terms of doing higher education in education?

KN: There were very few. I don't know for sure, but I think I was the first dental hygienist in Minnesota to go on for a Ph.D.

LK: Oh, wow.

KN: There are many, many more now, nationally, but there were very few of us nationally at that time. It was needed to move our profession forward and to do the research and that sort of thing, to try to develop our own profession. It was an exciting time and a very rewarding time.

LK: Yes.

This was something that I had seen as a problem in nursing. I know that the nursing program established a Ph.D. in nursing. Has there been any effort toward establishing a Ph.D. in dental hygiene?

KN: There's been talk over the years. But, there are still associate degree programs in dental hygiene. The majority are associate degree programs. They're typically a year of prerequisite courses and, then, two years in the program, so they're really three-year programs, but they get an associate degree. I remember when I started teaching, I went to a meeting in Iowa. This was the early 1970s. The talk was about moving dental hygiene to a bachelor's degree for entry into practice. Well, when I retired, one of the last meetings that I was at—I was on a commission/council thing—and we were talking about moving dental hygiene to a baccalaureate degree for entry into practice. [chuckles] Four years later, we're still trying to do that. The master's degree, developing those then, was so important. But there is still talk but it hasn't been done yet in terms of a Ph.D.

LK: Okay.

KN: To find our own body of knowledge, you know, what is it we would do? I know a lot of the master's degree programs in nursing are a master's degree in geriatric nursing or psychiatric nursing, those sorts of things, where our master's degree, now, is in dental hygiene education and management. That's where the research became so important for many of us, then, working toward our Ph.D.s...is to develop our own body of knowledge so that we would have more to put at a master's or the Ph.D. level.

Dental hygiene has certainly changed over the years. When I entered dental hygiene, it was more of a cosmetic practice. You know, you removed the calculus, and polished the teeth, and did fluoride treatments, a few things like that; whereas, now, what we know about the relationship between oral health and systemic health is so much greater. So the role of the dental hygienist in prevention has increased over the years and become more important. Like I say, when I graduated, you came and got your teeth cleaned so they looked better. Now, it's focused on the *health*, trying to *prevent* periodontal disease, trying to prevent these things. I think that there's more of an opportunity now to have the dental hygienist be a more integral part of the practice as the preventive specialist.

LK: You mentioned that there's a master's in dental hygiene for management?

KN: When I retired, the dean looked at me and said, "You've got too much energy to retire. I think you should come back part time."

[chuckles]

KN: I said, "Only if we can develop a graduate program." He said, "Go for it!"

LK: Ohhh! Wow!

KN: I had retired in 2005, close to 2006. Then, I went back part time and worked on developing our master's program. That's in dental hygiene education, to prepare educators. Then, the current director, Chris [Christine] Blue, worked with the Carlton School of Management and worked out where our students could take some of the management courses. The purpose of that then was that they would work in large dental clinics or for pharmaceutical companies and that sort of thing in a management sense. So there were those two tracks or majors.

LK: That's great.

KN: Yes. It was a goal of mine forever and I was able to participate in it, so it was wonderful.

LK: When was that finally established? What year?

KN: [pause] When did we take the first class? It was between 2005 and 2010. We took the first class in the summer and I think it must have been 2008 or 2009.

LK: I can look that up.

KN: Okay.

LK: Was there any resistance outside of dental hygiene or maybe within dental hygiene about having a master's degree or a graduate program?

KN: No, no. At the time, I think that there were only like six master's programs in the U.S., six to eight, something like that, and not all of them were focused on dental hygiene education. Not all were preparing educators. Some were more related to community health and other things, so there was a big need. Our program, then, was the only master's degree in dental hygiene from Michigan, to the University of Missouri-Kansas City, to the West Coast.

LK: Wow!

KN: Yes, it was a big deal.

LK: Congratulations. [chuckles]

I don't know if you have any commentary on this. This is from far back in the Archives. There was a lot of contention in the 1920s about the label of a dental nurse versus a dental hygienist. I don't know if you have any comment on that. It's interesting discussion.

KN: This is what I'm aware of. I always say that our program was the fourth one in the country. I wasn't here then.

[laughter]

KN: It was conceived in 1919, took its first class in 1920, and graduated the first class in 1922. At that time, you had to be a nurse to come into the program.

LK: Ohhh!

KN: They were actually teaching general anesthesia and everything then. But, then, I think it was just a couple years after that they decided they didn't have to be a nurse to come in. I don't know if there was tension about it. I'm not sure how long that... The first bulletin of the dental hygiene program should still be in the department.

LK: Okay.

KN: We tried to save one from every year all the way through. It was very interesting to look at the courses that they took and things. But, at first, they did have to be a nurse.

LK: That's really interesting. I hadn't realized that.

KN: I wouldn't know that if I hadn't gone back and looked. I think I probably did look at those when Mel Holland was writing his book.

LK: Right.

Ultimately, you did your education at the University and decided to stay. Had you had any offers elsewhere or you wanted to stay in Minnesota?

KN: Well, I wanted to stay in Minnesota. My relatives were here. My father wasn't living at that time and, you know, I'm the only living child, and my mother was living in my hometown and all my relatives. But I remember having the dean from Ohio State [University, Columbus, Ohio] call me and want me to interview. I said, "I'm in the midst of my dissertation..." Well, no, this was before that. I really wasn't interested. "Well, come anyway." He was rather persistent. I said, "But I don't feel that I should ethically come, because I know I'm not interested." "Well, come anyway. Maybe we can talk you into it." So, finally, I went. I said, "Remember, I'm not interested." It was a very interesting offer. Had I not had my relatives here... Maybe I was working on my Ph.D. by then. So I didn't take that.

Then I was offered a position at Old Dominion [University, Norfolk, Virginia] to be the director of the graduate program out there. I interviewed for it, but I was still on my dissertation, in that stage, and thought—or I hadn't started my dissertation yet. You hear of all these people who don't finish theirs.

LK: Yes.

KN: Michele Darby, the director out there, was a good friend, and, oh, she pressured me. Oh, I wanted to do it so bad, because I wanted to teach in a master's degree program. I came home and really struggled with it. She called me, I think it was on a Saturday. We had a snowstorm here. She said, "I'm calling because it's beautiful out here."

LK: [chuckles]

KN: She knew it was a snowstorm here. So, finally, I said, "Michele, I just can't. I'm so afraid I won't finish." Then, a couple years later, the position opened here. So, it was the right decision. So I headed up the master's degree program, eventually. And I think Oklahoma had called and different things, but I was pretty well established here.

But when I finished my Ph.D., I was sort of thinking that maybe I would want to teach in a college of education.

LK: Ohhh.

KN: But, then, I realized I'd be the new kid on the block probably in a nine-month appointment and my salary would probably be less.

[chuckles]

KN: Then, the position opened up, so I decided to stay. It was a good decision.

LK: Yes.

What would you have wanted to teach in higher ed, I know you did curriculum...?

KN: Curriculum instruction, course development, which I ended up teaching here.

Way back, we had what we called the degree completion program. That's when I was working on my master's. That was for graduates of associate degree programs who could come into our degree completion program and finish a B.S. degree. Much of that was related to dental hygiene education, because there was no master's level program. That was the early 1970s. Then that was retrenched.

LK: Okay.

KN: I started another one in the 1990s. That was not to prepare educators, because now we had the other program and stuff. So we were trying to help the associate degree grads move into a B.S. degree completion program so that they could graduate with a B.S. Those were exciting. It was fun to develop programs and get them going.

LK: I saw that you were head of the bachelor degree program from 1975 to 1983.

KN: That was the degree completion program.

LK: Okay, okay.

KN: Donna was still head of the department.

LK: You said it was retrenched. Would it have been retrenched then in 1983?

KN: Yes, that's when it stopped. Those were budget times. In the late 1970s and early 1980s, we were taking seventy-five students twice a year. Budgets were cut and the market wasn't good. So that program then was cut back. I think the first year it was cut back, we took a hundred students, and, then, got progressively fewer students, too, over the years.

LK: It's so interesting to see how the conversation changes from what I read of faculty minutes from the meetings.

KN: Oh, yes.

LK: In the 1960s, it's pushing to increase enrollment so much to meet needs and, then, a decade later, it's cut, cut, cut. Do you have any comments on that?

KN: I'm sure Mike [Michael] Till talked about this. In the 1960s, there was a big move nationally for national health insurance.

[chuckles]

KN: Everything comes back.

LK: Yes.

KN: It wasn't called Obamacare then.

LK: Right.

KN: That's when the Dental School was built. Well, that's when the funding...the idea then and then the Dental School was eventually built with the idea that they would take 150 dental students, 150 dental hygiene students, and 150 dental assistant students each year, because there was going to be this big demand with national health insurance and dental insurance was going to be part of that. Well, there never was that many dental assistant students. We, then, broke it up. Donna Aker was in charge then. We took 75 students twice a year instead of 150 all at once. Then, the market was flooded. Budgets were cut. Retrenchment occurred. That's when things started being cut way back, which was good.

LK: I can't remember if I saw this or not, but was there difficulty in finding qualified students when you were trying to reach such high numbers?

KN: I don't think so, at that time. [pause] No. You know, until the early 1970s, the Practice Act, the State Practice Act said you had to be a female.

LK: Yes! That was so interesting. I noticed that there was—I forget his name—a male...

KN: Jim Jerome.

LK: Yes, in the 1960s, so they changed the wording.

KN: And we had to get the Practice Act changed by the Legislature. Jim was the first male. He came out of the service. He had been trained as a hygienist in the service, but he couldn't practice on the outside, because he hadn't graduated from an accredited program in dental hygiene. He wanted to come in, so we worked at getting the Practice Act changed. Then a few males came in. Then, for a while, they didn't. Now, I think maybe there are one or two each year, something like that.

LK: But it's still dominantly female?

KN: Yes.

LK: What was that process like trying to change the wording in the Legislature?

KN: We had to go to the Legislature and have one of the legislators write a bill. Then, it changed it.

LK: But there wasn't much...?

KN: Not that I remember. I think Donna was probably more involved in that part of it, because that was my early teaching. Yes, it was very interesting.

LK: Yes.

The other issue I saw with these fluctuating numbers of students was that there was a saturation of the market within the city, but there was still a problem meeting the need in rural areas.

KN: Yes. I think that's probably changed over time now.

One of the things that happened, too... Our program was the only one in the state until the early 1970s. Then, Normandale [College, Bloomington, Minnesota] started. Mankato [State College, becoming Mankato State University in 1975], and a program at UM-D [University of Minnesota-Duluth]—and us, so then there were four. We were taking seventy-five students twice a year and, then, these four other programs were taking anywhere from, probably, sixteen to twenty-four a year. But when you add all of these together, we were flooding the market. I'm assuming that numbers of applicants did go down, because there were four to choose from. Then, starting in 1990, there were more that were developed, so I think, now, there are ten programs in Minnesota.

LK: Oh, wow!

KN: You know it became very different. Our numbers cut back. I think maybe they still take about twenty-four. We had cut all the way back to that. With ten programs, they're graduating, I wouldn't even know how many, a few hundred, I imagine, annually, and with the market, the economy the last few years, it's kind of problematic again, I think.

LK: Yes.

Did you have much of a role in helping to establish these programs? I saw that you had a position working with Normandale.

KN: That was already started. At one point, I was kind of a curriculum consultant. Then, a friend of mine—she had graduated from our degree completion program—taught



at Wahpeton [North Dakota]. While she was teaching there, she did her master's degree through Moorhead [State University] or NDSU [North Dakota State University] or one of the schools in Fargo/Moorhead. Then, she started the program in Rochester [University of Minnesota-Rochester]. I kind of worked with her on an unofficial basis doing that, but there was no official basis. We were friends. That was probably the fifth program to start. Then, there was Century College [White Bear Lake, Minnesota] and others.

LK: Generally, would you say there was a lot of collaboration within these dental hygiene programs?

KN: Uhhh...not really. At the time, in the early 1990s when these other ones started, we didn't think they should start. Actually, we fought against the Rochester one starting, but, then, felt better when they hired Anne [High] to be the director, and thought, oh, it will be a good program. But we also didn't want one in the vocational technical schools.

LK: Right.

KN: We wanted them all to be bachelor degree programs. [chuckles] And they weren't. So there wasn't a lot of collaboration at that time.

Oh, way back, probably in the late 1970s, we started an Educators' Association. So, now, with the other programs, that Educators' Association were all the educators in the hygiene programs in Minnesota. As all these programs started, then I think they began to work more together, because we would meet a couple times a year as the educators. I think some of us became a little bit more accepting.

[chuckles]

LK: In efforts to prevent these programs from starting, for example, in the technical schools, was that something that you were trying to do through the Legislature?

KN: Well, there was a higher education board at the time. I can't remember what it was even called. I don't know if there still is. We would go there and present that there were enough hygienists graduating, that sort of thing. We weren't real successful.

[chuckles]

LK: I'm thinking of the Minnesota Dental Hygienists' Association. Was there any effort within that, as well?

KN: Oh, yes. Actually, when we started the Educators' Association, Sue Hovde and I worked with that. We were trying to get the Practice Act changed so dental hygienists could administer local anesthesia. We thought, well, if there are two associations working toward that, two official voices, that would help—and it didn't.

[laughter]

KN: But, you know, many years later, it worked. That was sort of the impetus of starting that Educator's Association. Then, it was very helpful over the years now, because it did get the educators working together, and meeting, and talking about different issues, and stuff.

LK: I think it was within these discussions of increasing enrollment because of the perceived greater demand for dentists and dental hygienists that there was talk of expanding the role of the dental hygienist within the practice.

KN: Yes. A couple different things. Yes, over time, it has been expanded. I think the first thing is the Practice Act was change so dental hygienists could place pit and fissure sealants. And over time, the Minnesota Dental Hygienists' Association and the Educators' Association worked toward adding functions to what the hygienists could do. Some of it was related to restorative things where they could place some of the fillings and polish them. They couldn't prepare the tooth. They couldn't do any drilling. Then, eventually, local anesthesia, that was passed. So there were a numbers of things.

As time went on, I didn't work as much trying to get those things done. The associations did. Sometimes, politically, when you're a director, chair of the department...

At one point, they developed what they called a Collaborative Agreement Practice where hygienists could have a collaborative agreement with the dentist but the dentist did not need to be physically present and the hygienist could, like, work in a public health setting and do the things that were in their agreement without the dentist having to see the patient first. I'm not sure what the status of that is now. I would assume it's still...but I'm not positive.

So there was a move to have a dental hygienist work more independently. There was a move nationally in some states, Colorado, and some other states, where the hygienist could have an independent practice. They could have their own dental hygiene practice, didn't have to be in a dental office or anything. They'd have their own. There was a fair amount of resistance to that.

So there were a lot of political things that went on, especially over independent practice.

LK: An independent practice, that's real interesting.

KN: Yes, it was very interesting, a very interesting time.

LK: When was that?

KN: Ohhh...[whispered].

LK: You can just give me decade.

KN: It was probably in the 1980s. You could probably contact ADHA [American Dental Hygienists Association] and maybe even on the website.

LK: Yes.

The professional organizations for dental hygienists were pushing towards this greater role to increase professionalization?

KN: Yes.

LK: Was there any tension—it sounds like there was—with professional organizations for dentists?

KN: Oh, yes. We would be at similar meetings testifying on opposite sides...

LK: Oh, wow.

KN: ...and there was some tension between dental assistants and dental hygienists, because as we were trying to move, so was dental assisting. So there was some tension between those two organizations. Of course, dental hygiene organizations felt like dental assisting was trying to move in and do some of our things and dentistry thought, well, dental hygienists are trying to move into some of our things. So there was a lot of tension.

LK: It's really interesting.

KN: I don't know about it now, because I haven't been that involved over the last five or more years. I'm sure there is still some. There was certainly some tension over the development of the dental therapists [In 2009, Minnesota first state to establish licensure of dental therapists].

LK: Oh, I haven't heard of that position.

KN: Yes, they just started a couple years ago. I can't think of his name...the vice president of health sciences before this one...

LK: Frank Cerra?

KN: Yes, Frank Cerra. You know, the rural areas weren't having access to dental care. There was a big access to dental care issue. There was a push to develop what's called the dental therapist. Now, that person can drill the teeth. Certain types of restoration, they can make the prep and fill it. They can extract some baby teeth, I think. I'm not positive about everything they can do. They may have the second or third class of dental therapists now in the Dental School. Of course, there was a big move by dentistry not to have the dental therapist. There were some of our faculty who were fighting for it and some of our faculty who didn't necessarily...maybe were ambivalent about it or didn't

necessarily agree with it. But dentistry certainly was opposed to it. I think Frank Cerra was instrumental in talking Doctor [Patrick] Lloyd, who was dean, into starting it. They were getting calls, "I don't have access to dental care. My kids don't have access," especially people who were on Medicaid or welfare and things. They wanted somebody then that would move out into the rural areas and be able to provide at least some care.

LK: How was that obligation established once you are accepted into the dental therapist program? Do you have to promise that you're going to serve these communities?

KN: I don't know about that. I think maybe that was some of the issue. Now, they haven't graduated very many. I don't know how many have moved out into... I know of one, at least. The dentist that she was working with—I don't know if he paid for her to come—was very supportive and, then, she went back into his practice.

LK: Ohhh.

KN: I think it was out, not in the metropolitan area. I think one went to work for Health Partners in one of their community clinics. But the others, I don't know.

LK: It's really, really interesting.

KN: Yes. Doctor Karl [D.] Self, is the person—S-e-l-f, I think—in the Dental School in charge of that program, so he could tell you more about that.

LK: Okay.

KN: Yes, there was a lot of consternation. I know the dental students were opposed and there were all kinds of meetings. The dean and a number of people... There was a dental therapist program in Australia and one in England and one in Canada that they actually went to see.

LK: Oh, wow.

KN: Yes, to see how it was and what they did. It was interesting times.

LK: Yes.

You hinted at this, as well. We've talked about the tension between professional organizations and the expanding roles of assistants and hygienists. How did that translate to the University? Was the environment here supportive for the expanding role of dental hygienists?

KN: Ummm... Some were; some weren't in the Dental School. I would say probably... [pause] How can I say this? There tended not to be support for it within the Dental School, but they tended to probably be less vocal about it than practitioners.

LK: Oh!

KN: It's just a feeling.

LK: That makes sense.

KN: Yes. I think, over the years, we've always had a very good working relationship within the school.

LK: Could you comment at all on, I guess, the environment when the dental assisting program closed? I know it was part of retrenchment and, from my understanding, it was connected to the fact that it wasn't a four-year degree?

KN: Well, most assisting programs still aren't. It didn't meet the mission of the University. At that time, it was a two-year program and all the other assisting programs were, like, nine months to a year. So it was a lack of applications, and, then, it was more costly for a student. Then, it was budget time to stop. I think all those things had an effect. Then, there were a lot of other assisting programs.

LK: At that time for dental assistants and for dental hygienists when there was such variability with the amount of education you needed to complete a program was it more prestigious to come from the University of Minnesota or from a four-year program and go into practice?

KN: All the little vibes, but I think so.

[laughter]

KN: Actually, after we started our pre-licensure baccalaureate program, at that time in the late 1980s, there were cutbacks yet and stuff, but, then, the University was saying that there would be no more GDH programs because they didn't meet the mission of the University, baccalaureate degree and above. We were going, "Yea."

[chuckles]

KN: That's what we wanted.

LK: Right.

KN: If it had come from us, it maybe wouldn't have happened, but it came from on high. You will become a B.S. program or you won't exist. So we developed that and started that in 1990.

What was your question? [laughter]

LK: Did it give more prestigious or more career opportunities?

KN: Yes. Yes. I'm, of course, biased, but I also think I'm enough unbiased to judge. Our students, then, had a year of pre, you know basic sciences and liberal ed and, then, three years in the program. We had a separate cariology course and a separate research course. Then, our students took perio[dontic] courses right with the dental students. They took oral path[ology] right with the dental students. So our students had a more in-depth but, also, a broader education.

I remember doing a survey. I wanted to do a survey of the dentists that our graduates were working with. Well, we didn't know who those dentists were. So I sent out two surveys to each one of our B.S. graduates and asked them to have the dentists they were working with complete the survey and send it back to us. One of the questions was "If you had a choice, which of the following would you hire?" It was the University B.S. grad, or A.S. [Associate in Science] grad, or it doesn't matter. Over fifty percent—I don't remember exactly, fifty, sixty percent—said, "The University grad. B.S." or "It doesn't matter." Nobody said, "An associate degree grad," or they would put, "It doesn't matter," and then, maybe write, "It depends upon the person." So we knew that we were doing some things right.

LK: Yes!

KN: And we were getting feedback from our graduates, too, saying, "I feel so well prepared. Some of the other graduates in our office come to me and ask me about things."

LK: That's great.

KN: Yes, we were pretty proud.

[chuckles]

LK: You just said that dental hygiene students and dental students were taking classes together. Because of your work with curriculum development, did you feel like that was a good environment because you're getting these students in contact with each other early?

KN: I think so. At times, it was difficult for the students, because the dental faculty who taught some of the courses were used to dental students. Sometimes, I think it was difficult for them to think, okay, now, I've got hygiene students in here, too. So when they talked, it was about dental students and maybe they didn't even do that. Sometimes, I think our students felt like they were maybe second-class, not second-class citizens, but not the major focus—and they weren't. Over time, our faculty, too, started to teach more with dental students and started teaching their pre-clinic and clinic. The dental students learn what the dental hygienist does, like cleaning the teeth and those sorts of things, too. We started teaching the dental students those skills.

LK: Oh.

KN: That went very well. I would say that I think most of the people in the Dental School, the dental faculty, hygiene faculty agreed that it was important to have the dental and dental hygiene students learn together, if not in the same courses, at least in the same atmosphere, and they got to know what each other did and collaboration and stuff; where the stand-alone hygiene programs don't have that. I think it helped both grads.

LK: That's great.

I saw that you were on a lot of committees throughout your career. I didn't know if you had any particular committee that you wanted to comment on, something really significant that you did, either within the Dental School or I saw that you were on some University-wide committees, too.

KN: Yes. Well, it was very interesting. Certainly, I was on a number within the Dental School. I was on what they called the EPC, the Education Policy Committee, in the Dental School but it was focused on dental curriculum and ethics. So I was the hygiene rep on that committee. That was my way of keeping track of what was happening curriculum-wise for dental students, but, also, for me to give my input. So that was exciting.

This is sort of an aside. OT [occupational therapy], PT [physical therapy], med-tech, and dental hygiene all worked real well together, not that we had courses together, but we would get together and meet periodically. That was real helpful. It was kind of an ad hoc thing. It wasn't a formal committee or anything. So that was good.

Then, I was fairly active in the University structure, whatever you call it, and was on the Senate Committee on Educational Policy. That was real helpful. I think it helped dental hygiene. These were people from the College of Education, from Medicine, from Nursing, from Engineering, from CLA [College of Liberal Arts], and everything on this Educational Policy Committee, so we were talking about educational policy for the whole University. So I think it was a good chance for *me* to hear what goes on, and what's being talked about. From me, it also let them know what we were all about. Those, I think were real helpful. I enjoyed that.

Then, you were on different subcommittees. I was on one subcommittee that they're probably still dealing with about the number of part time faculty, what we called clinical track faculty and things. There was concern about tenured faculty, that they're reducing the numbers of tenured faculty but adding part time faculty, so that balance. Those were very interesting all-University committees.

Then, my professional associations... The American Dental Hygienists' Association and I chaired research councils and education councils and stuff. Then, there was, at that time, what was called the American Association of Dental Schools [AADS], which is now called ADEA, American Dental Education Association. The American Association

of Dental Schools sounded like it was only for dental schools, so they changed the name of it so it would be broader for dental faculty, dental hygiene faculty, dental assisting faculty, and dental lab tech faculty, a national committee. I, at one point, was the chair of the council... What was it called? Anyway, it was the chair of the council for directors of dental hygiene, dental assisting, dental lab tech. So those were exciting, because it was a national look at all of dental education and what was going on and things like that. It was fun and it was very rewarding.

Then, at one point, through AADS, was appointed to be a site visitor on accreditation site visits. So I would do accreditation site visits of dental hygiene programs. That was *very* rewarding and very exciting. I probably learned as much as I gave looking to see how well these programs were fulfilling the accreditation requirements and stuff.

I frequently would say, "I had an absolutely wonderful career. There were times that there was just a little bit too much."

[laughter]

KN: "But it was all worth it."

LK: Speaking to your role in this accreditation process, do you have any comments on the different environments at dental hygiene schools compared to the University?

KN: Oh, yes, I think facilities, for one thing. I'd come from the dental old school. We moved into this one about 1975, but our school is still, the facilities, just the looks of them, a very wonderful building. Sometimes, going into some of the associate degree programs that are stand-alone...are very small. They're certainly getting more modern now. I was used to coming from a big school and a big program and things and to go into some of the smaller associate degree programs where they maybe had twelve to fifteen students each years and three, four faculty, it was just so different for me. I thought, oh, I kind of like where I'm at.

[chuckles]

KN: We had the perio. We had all of the different disciplines that we could draw on. Some of the facilities weren't as nice and some of them were very small, so it was always good to go and always good to come home to my place here, and I felt very good about it.

LK: Okay, great.

I'm going to shift gears a little bit. I was wondering if you could comment on the culture of the Dental School and the Dental Hygiene School in terms of... I guess dental hygiene would have been more clinically practice oriented? But, did you feel like the Dental School was more research versus clinically practice oriented? Any comments on that?



KN: I think my impression was that, generally, faculty were more interested in preparing the clinician. Certainly, there are faculty and were faculty that were research oriented, but I think the main focus of the school was to prepare the clinicians. Certainly, then, the researchers were focused on adding to the body of knowledge and things in the different disciplines. We certainly changed over time as we had advanced degrees and were more interested in and more skilled at doing research. It can continue and certainly grow. We were able to collaborate a fair amount. Dental faculty and dental research faculty were most helpful and most willing to work with us and to serve on committees and that sort of thing. I feel like we developed a very good relationship within the school. You know, we had our moments. As we became more interested in growing our profession and doing research and things, I think we became more accepted within the school, too.

LK: Oh.

KN: I think my Ph.D. helped. Certainly, some grads went on, you know, to master's and Ph.D. programs. We built it.

LK: Great.

In the Archives, I came across several newspaper articles that were commenting on the behavior of the dental students in the 1970s.

KN: Hmmm.

LK: There were talks about the antics during lectures and I believe there was a protest against an exam.

KN: That could be.

LK: I didn't know if you recall any of that within the dental hygiene...?

KN: No. In fact, I think, sometimes, when our students took courses with dental students, the faculty felt that the dental hygiene students were probably the well-behaved ones.

[laughter]

KN: They were probably afraid. I think there were times. I remember when I was working on my bachelor's degree, the protest of the Vietnam War, and, at times, didn't dare go out of the school to go across campus for a class session, because the protesters were out or they were sitting in front of the doors of the building. Those were interesting times. I remember one night, after a meeting or something, trying to go all the back ways to get off campus, because Washington Avenue was blocked.

LK: Oh, wow.

KN: The talk about...if you see packages laying around or anything, call the police. Don't touch it. There were things like that. It was an interesting time. I go way back.

[laughter]

LK: I was wondering if you could talk a little bit about Dean Schaffer and his role as dean, any interaction you had with him.

KN: I didn't interact with him a lot until I became... At that time, I was chair of the Department of Dental Hygiene. Then, we became a division within the other department, the restructuring. He was *very* supportive of dental hygiene. He was a periodontist. He was the one that brought Donna Aker in to be director of the Hygiene Program...very supportive. I didn't work with him as much until I became [director] in 1984. So there was just a few years in there.

I remember one of things he did. I don't know how this happened, if you have to be recommended or what to a Rotary Club, but there was a University Rotary Club of some sort, and he asked me to go to one of the meetings to potentially join it. It just made me feel very, very good.

Then, I had started what was called the 1919 Society. That became our fund raising arm. It took us a while. We struggled for a couple years trying to figure out what we were doing and who we were. You know, when you try to develop and have mainly women, especially at that time, write out a check as a donation... But when he died, he left a fair amount of money to the Dental Hygiene 1919 Society. A couple of the people on that board met with him, so at that time, he changed his will.

LK: Wow.

KN: So I always felt a lot of support for Dental Hygiene. He was always very pleasant, very friendly. I think Donna worked with him longer than I did. I *know* that she felt the same way and continued to work, I think, part time in his practice. He was very, very supportive.

LK: The 1919 Society and the fundraising you did, was that primarily to support education and offer scholarships or improve facilities?

KN: All of that.

LK: Okay.

KN: Everything we could. The more we got, the more we could do. Yes, scholarships and, then, later, scholarships for the graduate students. One of the members of the board was very generous. She was the first donor to what was called the [Donna] Aker [Dehn] and [Kathleen] Newell Endowed [Scholarship] Fund. So a lot of different things, or even equipment and stuff like that. It was good. Nothing like this had ever been done. None

of the other programs in the U.S. had one, so it was like how do we get women to write a check for more than twenty-five dollars?

[laughter]

KN: But they became very generous and it was very, very helpful.

LK: Great.

We've talked a little bit about Ione Jackson. Do you have anything else you wanted to say about her work in the Dental Hygiene School?

KN: She was *Miss Jackson*. After graduation and getting to know her, she was a character, but you never would have known it as a student. Our uniforms were dresses and they had to be below our knees. You couldn't wear slacks in the Dental School. This was in the old school. You couldn't wear slacks, so, sometimes, you'd roll your slacks up, run in the Dental School up to our locker hoping your slacks legs wouldn't fall down.

LK: [chuckles]

KN: Ohhh... But afterwards, she was quite a character. I can't imagine her time in that Dental School. She retired, it must have been in 1966 or 1967, and she had been director...

LK: I have Donna Aker coming in 1973.

KN: Oh, no, she came in before that.

LK: Oh, really?

KN: She was my teacher.

LK: I have her as head of the Dental Hygiene Department or Division in 1973.

KN: Well, it must have been then director of the program. In 1967, she was there. I graduated in 1968 and she was there my last year.

LK: Okay.

You were talking about what she must have seen over her years.

KN: She had been there thirty-nine years as director and retired in, what, 1968 or whatever. She was there and at times had only one other faculty member and no secretary. She had, I'm sure, a lot of battles over the years. But she was a strong woman

and really a character afterwards. You got to know her as a person and really enjoyed her.

In fact, I am wondering if there is a picture of her and Donna and me.

LK: Yes, it's in Doctor Holland's book.

KN: Okay.

Afterwards, you enjoyed her. I remember one time, somebody was sick, one of my fellow students was sick, and couldn't take her patient. I said, "I will take the patient, but I don't have my white shoes here. They're in my dorm room." "Then, you can't go to clinic."

LK: Oh, wow.

KN: I thought I'm trying to help out.

[laughter]

Things were rather strict, but they were teaching us professionalism and stuff.

LK: When did those rules about the dresses change and the wearing slacks in clinic?

KN: It was certainly after Donna came. I think early 1970s.

LK: Okay.

KN: And we wore the hats like nurses. When we graduated, we got a lavender striped band, because I think nurses' were black. As those of us came on to teach, we got rid of that real soon.

[laughter]

KN: It was the end of the Vietnam War and all the loosening of all the rules and everything. When we were in school, we had to call each other, "Miss So and So."

LK: Oh, really?

KN: Yes. I would never get by with that. Your fingernails had to be...all these things. So, then, it had to change and we were ready to change. Then, faculty started calling students by their first names, where we used to have to call each other "Miss So and So," and, certainly, the faculty, "Miss So and So." After those Vietnam War years, it became much more casual and everything and it really changed.

LK: Do you have any other comments on Donna Aker as head of the department or...?

KN: We were the program in dental hygiene and, then, when we moved into the new school and became so large, there became departments. There was the dean, and associate deans, and, then, departments. It was Dental Hygiene, and Dental Assisting, and Department of Perio, and Department of Pedo[dontics], and Department of Ortho[dontics], all of those. Then, I don't know, it must be the late 1980s or something like that...

LK: There were several reorganizations.

KN: Yes. During that reorganization, they made four departments: the Department of Preventive Sciences, Department of Diagnostic and Surgical Science...there were four of them. Then, we were all divisions within, so it was the Division of Dental Hygiene, Division of Perio, Division of Pedo as part of the Department of Preventive Sciences. So they really added a layer in there. Our departments were so small when we had thirteen departments that my understanding was that the University was saying, "You don't have enough tenured faculty in any one of those little departments," so they made the bigger departments. Maybe it was easier for those four department heads and the deans to meet and come to some conclusion than thirteen and us... I wasn't going to vote against anything for Perio because they might vote against... It was a restructuring. Then, we became divisions.

LK: So I guess then Donna Aker would have been head of the Department and, then, the division.

KN: Yes.

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

KN: Well, she was very instrumental in developing all the curriculum and everything when we became very big and when we took seventy-five each year. Donna's background was art.

LK: Ohh.

KN: She was a Hamline [University, Saint Paul] grad. She was very color coordinated. I still can't figure out what's a cool color and what's a warm color.

LK: [chuckles]

KN: But she did. So the cool colors entered in January and the warm colors entered in August. When you talk to graduates who were part of that, they'll say, "I was in orange track." "I was in blue track." So she had them labeled the colors depending upon whether you were cool or warm and stuff. She did a lot of work on that. It was a big, big department. At one time, I think we had forty-some hygiene faculty; twenty-some were full time.

LK: Wow.

KN: I know it was hard on her when the cutbacks started coming.

We still keep in touch. She's in Florida right now.

LK: Yes. I'm hoping to interview her, because I heard that she comes back to Minnesota in the summer.

KN: In April, usually. Oh, yes, she'll have a *lot* of stories.

LK: Okay, great.

KN: I had lunch with her and Kathy [Katherine W.] Britz, another friend of hers and a friend of mine. Kathy and I taught together there. Spring, summer, and fall before Donna goes to Florida, we always have lunch, periodically. So we keep up on stuff. Yes, you'll enjoy talking with her.

LK: Okay.

Did you have much interaction with Helen Tuchner?

KN: Just a little bit when she was director of [dental] assisting. I don't think we taught anything jointly—or at least I wasn't involved. We were all sort of there and knew each other and stuff like that. I maybe got to know her more after we graduated and she was active in the Assisting Association and I was active in the Hygienists' Association. We seemed to meet, yes.

LK: I interviewed Maria Pintado.

KN: Oh, yes.

LK: I think she said that Helen Tuchner stayed on in the dental hygiene faculty when the dental assisting program closed.

KN: She did, yes. At the time, in the curriculum, the hygiene students did rotations through like Pedo, Perio, not to treat patients, but to work with the dental students themselves. Helen did take over that part of it. Maria, then, taught, I think, some in our dental anatomy. Well, you've talked with her. She went to biomaterials research and teaching oral anatomy with the dental students.

Yes, boy, this is bringing back a lot of those memories.

[chuckles]

LK: In 1970—this would have been when the new building was coming about and all of that—there was the reorganization of the health sciences, bringing the Medical School, as well as Public Health, Nursing, Dental School all together. I didn't know if you had any comments on that or could speak to attitudes at the time.

KN: I don't remember that much, because it was my sort of early teaching, but Donna would have more information on that.

LK: Okay.

We talked about this a little bit when you were saying that, I guess informally, dental hygiene had this relationship with PT and OT and those other programs. Could you speak at all to your relationship as head of dental hygiene with, maybe, people in the Medical School or the School of Nursing or Pharmacy or Public Health? I don't know if there was much collaboration there.

KN: Not a lot. The four of us, the allied health ones, as they called us then, would meet just to kind of keep track of what was going on in each of our areas. We really didn't have much collaboration with Nursing. I think that that was something we should have done. Nursing has its own school, its own board, and everything. We are still under the dental board. I don't know that that affected us, but I don't know that any of us made the effort. The curriculum course work is so heavy for all the programs that it was like we've got enough to do. At times, I connected with some of the faculty in Nursing because we were on a curriculum committee in the Center for Spirituality and Healing. They were beginning to do things with each of the schools. So I got to know some of the Nursing faculty, a few of them, more through that. In some of my graduate school courses, some of the Nursing faculty were students in some of the education courses and things. Other than that, we didn't do a lot.

Now, OT, PT, and med-tech and hygiene, at one point... Well, way back in the 1960s or early 1970s, there was a Dental Hygiene Alumni Society within the University system. That folded, because our program was the only one in the state. The people who were active in the Hygienists' Association were the same people that were in the Alumni Society, so I think this kind of over time fizzled. Then, I wanted to start it again. At the time, Margaret Carlson was head—I'm sure she had a bigger title than that—...

[chuckles]

KN: ...of the University Alumni Association, the whole association. At that time, she really didn't want to start any new alumni societies. So there was the discussion about whether we should become the Alumni Society for Allied Health that would include OT, PT, med-tech, and hygiene or join the School of Dentistry Alumni Society. Mike Till was dean then. I talked with Mike. My preference was to be part of the Dental School one. It just felt like we were separating ourselves out. So we became part of the Dental School one. I talked with the other people about it and they all understood. That's when we became part of the School of Dentistry Alumni Society.

I don't know if that was even your question.

LK: It was. Yes, you answered it, but we got good information.

You had mentioned the Center for Spirituality and Healing, which reminded me about the development of the Center for Bioethics. I know that that was some of your research interest. I didn't know if you had any work with them.

KN: At times. I used to go to some committee meetings over there, I mean very peripheral, I think, yes. What was his name? Jeff [Jeffrey P.] Kahn?

LK: I don't know.

KN: I was aware of it and maybe went to a few meetings.

LK: Did you have any interaction with Lyle French as v.p. [vice president] of health sciences?

KN: No, I really didn't, but Donna maybe did. He was vice president, I think, at that time.

LK: Yes. [pause]

KN: But I sure worked with a number of Dental School deans.

LK: I'm looking to see if I had any more questions about the 1970s. We try to do this in chronological order.

KN: But I'm jumping around.

LK: That's perfectly fine.

Let's move on. I know that Doctor Schaffer stepped down as dean in 1977. I didn't know if you had any insight into his reasoning for that.

KN: If I remember correctly, and I'm not positive, I think it was health reasons. I think maybe he had had a heart attack. Donna would actually know that better, too. She was still director or chair, whatever, administrator.

LK: Did you have any role in the appointment of Doctor [Richard C.] Oliver as dean?

KN: I didn't have anything to do with his appointment, but I worked with him when he was dean.

LK: Yes. Could you comment on...?



KN: Do you know what year he came on?

LK: I have 1977 to 1986.

KN: He would have come on when Erwin Shaffer retired.

LK: Right.

KN: Nineteen seventy-six to what?

LK: Nineteen seventy-seven to 1986.

KN: I became acting director in 1984. So, yes, I did work with him during those couple of years. He was a periodontist, also. He, I think, was supportive of dental hygiene. Donna certainly worked with him longer than I did, from whenever he came to 1984. Then, I worked with him those two years.

LK: Richard [P.] Elzay came on, then, in 1986, so you would have worked with him?

KN: Yes, a delightful man, a very caring man, calm. But he came into some...the restructuring.

LK: Yes.

KN: They wanted to close the Dental School and the Vet Med [Veterinary Medicine] School.

LK: Right

KN: So a tireless worker. I remember him, especially in the summer of 1990, because my mother was quite ill. I would run up north and come back. Usually Monday morning in my office, the phone would ring at seven-thirty, a quarter to eight and he'd say, "How's mom?"

LK: Ohhh.

KN: Just a very caring person like that. Doctor Anna [T.] Hampel still talks to him at Christmastime on the phone.

LK: Oh, wow.

KN: He still calls her or she calls him. Just a very warm, caring, comfortable person. You felt like you could just really sit down and talk with him, "You know, we're having problems with this" or "I'd like to look into this." He was just very open about it.

I worked very closely with Carl [L.] Bandt. He was the department chair of Preventive Sciences for a long time. I remember saying to him, at one point, “You know, Carl, I don’t always like what you tell me. When you say, ‘No,’ I don’t always like it.” But I always felt like he was the most honest, ethical person I had worked with.

LK: Wow!

KN: Dick Elzay was that way. You always felt listened to and considered. Maybe you got a “No,” or a “Maybe,” or “Tell me more,” but you always felt like he was present when you were talking with him. Carl was the same way.

Well, and actually, Dick Elzay, when we became the bachelor’s degree program, he was very supportive of that. That was 1990 when we started that. We didn’t have any graduates then in 1992. I remember saying to the faculty, “Don’t say a word. Don’t even bring it up and maybe nobody will notice.” I was afraid all the dentists on the outside... “What do you mean you’re don’t have any graduates. How will we get a hygienist?” So I said, “Just don’t say a word.” Nobody noticed...

[laughter]

KN: ...that I’m aware of. You do what you have to do.

LK: With Elzay’s deanship, he did go through that potential closing of the Dental School. Were you part of the fight to...

KN: Oh, yes. That was at the time right before restructuring, so we were all these department heads. We were meeting then and plotting strategy, *planning* strategy, all those sorts of things. We wanted hygiene support, too, for saving the Dental School because we were part of it. Yes, we all worked very hard. Maybe I wasn’t as much of a leader toward that as the dental faculty were, but certainly supportive and planned and everything. Yes.

LK: Did it come as a major shock when that...?

KN: Oh, it was. I can remember being in meetings. It was very difficult for staff and students. The students, of course, were saying, “Well, what about us? What if it closes and I’m not graduated yet?” And accreditation... You couldn’t just close the school now. You had to finish students that were there. You couldn’t take anymore. Yes, there was a lot of consternation and fear. Students wondered what will I do? Where will I go? It was a very difficult time and Dick had to pull everybody together and say, “Listen, don’t wallow in this. We need to be proactive and not just sit here and complain that it’s not fair.” He did a marvelous job, as did everybody in the school.

LK: It sounds like he also helped keep morale up.

KN: Yes!

LK: And even after you were able to keep the school open, that could have had a big impact.

KN: He was a very good communicator. He would have periodic meetings, and explain what was going on, and listen. I think he probably started the times when he would have periodic faculty meetings, periodic staff meetings, and periodic meetings with students and student leaders. So he was very much open to communication.

LK: This is backtracking just a tad. I saw that you were a consultant on the dental health program at 3M.

KN: Oh, *years* ago.

[laughter]

LK: Okay. So it was pretty minor?

KN: Yes, very minor.

LK: In the 1970s and 1980s, I was wondering if you could comment on efforts to admit more minority students into the dental hygiene program.

KN: In the 1970s and early 1980s... Donna can speak to that more.

LK: Okay.

KN: It was always an effort, even more so back then, because there were very few minorities in Minnesota. There are certainly more now. I think that over time, there was more work done in recruiting and programs for high school students, going out and talking at career days at high schools and stuff like that. Yes, she might know more about that. I'm sure it's helped now with Naty Lopez here, but I didn't work with her. She came, I think, after I left, the first time.

[chuckles]

LK: Do you know if the Rajender Consent Decree had much impact...?

KN: I remember that.

LK: ...on dental hygiene at all?

KN: Well, there were certainly years in there where we felt like we were being retrenched. They were cutting us so they didn't have to cut dental students. Faculty were retrenched.

We still have a group—I won't tell you what it's called—...

LK: Okay. [chuckles]

KN: ...that gets together, fourteen of us that all taught together at the same time. We've been getting together yearly one night a month for about thirty-five years.

LK: Wow!

KN: There are two people left in the dental hygiene division of that group of fourteen. Some were retrenched. Some didn't get tenure. Some went to graduate school and, then, moved into something else. It's been a wonderful support system and wonderful friends.

LK: Yes.

KN: Yes, those were kind of tough times, especially as we cut back numbers. We didn't need as many faculty. So some that had been full time were cut back to part time and, then chose to leave. That was all kind of through the Rajender years, too. I don't know that anybody brought any sort of a grievance or suit or anything. There were certainly times when we felt a little discriminated against.

LK: Yes, especially because the program is predominantly women.

KN: That's right.

LK: You're having so many fights for professionalization.

KN: I remember at times saying, "Hey, if it weren't for dental hygiene, the Dental School wouldn't meet its quota of female..."

LK: Wow. The numbers of dentists, are they about fifty/fifty now in the Dental School?

KN: I think for the first time, and I don't know if it was this fall or last fall, there were more females who entered than males.

LK: Oh, wow!

KN: I think it was the first time ever. I think maybe it was a year ago. That was different because the Medical School, and Pharmacy, and Vet-Med even, for a while have been over fifty percent women. It took a little longer for Dentistry.

LK: Yes, interesting.

I also saw in 1980, there was a discussion within the Dental School of creating a two-track tenure system with teaching as a way to tenure. Do you have any comments on that?

KN: I think, still, when you go up for tenure, it's teaching, research, and service.

LK: Right.

KN: But, maybe that was about the time that they started what they called the clinical track. That's the group that does not have to do research. They talk more about scholarly activity, but it doesn't have to be research like a tenured faculty. That has been part of that one subcommittee I was on saying, "Well, are we getting overly heavy with clinical track people and not the traditional tenure track people?" I don't know what the percentages are now. There are a number of clinical track faculty. They're traditionally the teachers and, certainly, service. They serve on committees and things, but, also, scholarly activity. I'm not sure exactly how they define that, but they aren't expected to do the research like tenured faculty are. That's what I would think that would be.

LK: Yes. When you had mentioned clinical track earlier, I hadn't heard it referred to in that way. So I'll have to cross-reference those two.

KN: Yes. I know within the Medical School, too, they have a lot of clinical track faculty. Their role is mainly teaching. They don't have time to do the research and stuff, too. Medical School, Dentistry...you need a lot of people to be teaching all those students clinical things. You've got full time faculty that have to have their time to research and teaching and service.

LK: I don't know if you can comment on this, but Neal Vanselow as senior vice president...

KN: No, I can't really.

LK: Were you involved at all in the appointment of Michael Till as dean?

KN: Yes, and I had known Mike for years.

LK: He was at the school...

KN: Yes. He was the head of Pedo. Then, he became acting dean and, then, he became dean. Mike and I had a very good working relationship. He was part of the decision about the Alumni Society, too, supportive of us becoming part of the School of Dentistry Alumni Society. When Mike was head of Pedo, our students would rotate through pedo, so I've known him for years. He was very supportive. I remember one time when he had one of his first meeting with the faculty as, I think, acting dean. He talked about the student body as the dental students. We were sitting there and I'm thinking...

LK: Yes.

[chuckles]

KN: As I say, I'd known Mike for years. I went back to my office and emailed him and said, "Mike, thanks for your interest in informing us all of everything. However, when you talk about the student body as the dental students, it does tend to disenfranchise some of us, i.e., dental hygiene and graduate students." He didn't respond, but he never again forgot to mention... Periodically, he might call and say, "I was at this dental meeting and I was telling *all* about your program."

[laughter]

KN: We've never talked about that email. He was always supportive. Sometimes, you have to remind them, "We're here, too. Don't forget about us."

LK: Yes.

KN: I thought I needed to do that or I was going to be angry for a long time.

LK: And it worked.

KN: It worked. It worked.

LK: Did you often find yourself having to be kind of that spokesperson?

KN: Oh, frequently. "Hey, don't forget us." I became very good at it.

[chuckles]

KN: "Oh, you're here again." No, they were great.

LK: Yes, just a little reminders.

KN: I think it helped when many of us went on to graduate school and became a baccalaureate program. I *know* that within the Academic Health Center that helped in terms of Nursing, OT, and PT. We were recognized more. Then, as we got involved in research and everything, then we belonged in the University.

LK: Michael Till had his Ph.D. in education.

KN: Yes.

LK: I didn't know if that created a lot of common ground?

KN: Yes. He did some CDs...were they CDs at the time? On something about course development. I think Mike and I had that interest in education so, at times, talked. It was just that comfortableness.

LK: We are very close to time. I didn't know if you have any final thoughts or things that I didn't cover?

KN: Ohhh [whispered]. There are so many stories.

[chuckles]

KN: I think you've pretty well covered it, yes. If I think of anything, I can certainly email you.

LK: Okay. Yes, we can do an addendum to the interview.

KN: Or if you think of anything, I can certainly come in again.

LK: Okay, great.

[End of the Interview]

Transcribed by Beverly Hermes

**H**ermes Transcribing & Research Service

12617 Fairgreen Avenue, St. Paul, Minnesota, 55124

952-953-0730 [bhermes1@aol.com](mailto:bhermes1@aol.com)