

E=Eleanor  
M=Mary

Interview with: Eleanor Shalhoup  
Interviewed by: Mary Blewett  
Date: January 7, 1987

M: This is an interview conducted with Eleanor Shalhoup, in her office, on January the 7th, 1987.

E: Is today the 7th?

M: Ya, today is the 7th. Um, I was reading your transcript and I noted that a couple of your cousins were doctors, and that you said you wanted to be a doctor. Is there any connection there?

E: Not really. (M: umhm) No, my cousins were doctors, and my father was always proud of the cousins that were doctors, but I don't really think there was any connection between them being a doctor, and my wanting to be a doctor. It wasn't their influence on me. What it was, was that I always wanted to be able to do something for people, and it was very dramatic to be able to help people, be the you know, to be a doctor.

M: Had you watched someone be a doctor at some point?

E: No, but being a doctor was a big thing. It was just like mother, you know, my son the doctor. Well I had brothers that had no ambition, so I wanted to be my daughter the doctor. (Laughs) Even though I'm not Jewish. Now is that racist, or...? (Laughing)

M: Aha! Um, how...? Is there any point at which you asked to be a doctor, (E: oh yes) and were discouraged?

E: Well never was discouraged.

M: How would you (unclear)?

E: I was pretty good in school. I was a good student in Junior High School, and I was a good student in high school. And I always thought I was gonna be a doctor, because I even found out that Tuff's, Tuff's where women went at Tuff's, was Jackson. And I knew that, because I have always been an inquisitive, noisy person, and read everything, and followed up on everything.

So I was gonna go to Jackson. And that was ok with my mother and father, because primarily education was very important, one of our values in the house.

And so that my brothers didn't really want to go to college. They, they, they didn't at times want to finish high school, but my father philosophically had said, we'd starve before we would quit high school. So that they, they were going to high school and they were graduating, but they had no ambition for school beyond that. They wanted to go to work. So that things were moving along and my mother and father had felt that I could go to college. Because the war was coming on however, the Red Cross and others had assured my parents that because we were not, we were poor, that my brothers would be needed to earn money to keep the family going. And so since my brothers weren't gonna go to war and would be working, and my mother would be working, then I could go to college.

But that blew up in our face, because my brothers were drafted. My father got sick and I went to work at Fort Devens. I graduated from high school, I went to work at Fort Devens, because I couldn't go to college. And then it was my mother who knew that I was very unhappy after that year and the like, and she began to talk to me about nursing. Because ah, you know, we had in the city three hospitals that had their own Schools of Nursing, and that it wouldn't be that expensive, and the like, and she said, wouldn't nursing do? That would be close to being a doctor. And in fact it was my mother who urged me, because my mother knew I wasn't very happy. I was making a lot of money at Fort Devens. I was working overtime, and Sundays, and nights, and anytime they wanted somebody to work. Because I kept saying to my family that they needed money so bad, that I was gonna give them all the money they needed. And ah....

M: Had your brothers been drafted at that time? (E: Ya) They had. They went early?

E: Ya, ya, they were drafted. One, two... They went one, two, three. And so I then looked into nursing at Lowell General, and come to find out, is the Federal Government was willing to pay the tuition of anybody who was gonna be a nurse at that time, because the hospitals were having serious situations. The Federal Government wanted nursing, nurses in the service. The hospitals wanted more people to come into nursing. The Federal Government wanted more people to come into nursing. So the Federal Government said, we'll pay you tuition, we'll buy your uniforms and buy your books, and give you fifteen dollars a month if you could be in nursing. And so that was a good deal for me, so I went into nursing.

M: That was the Cadet Program?

E: Yes, that was the United States Cadet Nurse Corp.

M: Did you find out about that at Devens?

E: No, I found out about that when I went to the hospital to start looking into nursing.

M: You worked at Devens as a mechanic?

E: As a mechanic.

M: Who trained you?

E: They did. (Laughs) Ya, I went to Fort Devens. I wanted a job, and I wanted a job that would pay lots of money. And I just graduated high school. In high school I was in the college course, College Commercial Course, because I wanted to learn shorthand and typing. Because in college, you needed shorthand and typing. And so I came out of high school and didn't know anything about anything. And then I was gonna get a job, and I was told that Fort Devens paid big money, so I went to find out.

And it was at the Unemployment Office, where you went and sat down and waited, and they interviewed you for Fort Devens. So they interviewed me, and I knew nothing, but they trained you at Fort Devens. I dismantled and reset motors in some of the jeeps. It was great! (M: laughing) You know, you talk about Rosie the (Rivet?), it was there! (Both laugh) Ya! Oh...

M: Are you still handy with your car?

E: (Laughing) Oh no! I can't do a damn thing! I need a conveyor belt. But we use to dismantle... The jeeps would come, and they would come from the war torn areas of Germany and France and Italy. And the motors would come, and these motors were grind, where the metal had melted and the like. And where you dismantled them, took everything out, the pistons, the whole bit. The camp shaft, the (?), I could, the rings, everything. And then they would be washed, and then you'd start setting up again. And it would be a conveyor belt kind of operation. I said I wanted... No matter where I'd go, it was always the same thing. I wanted to learn everything that there was to learn, and to be able to do everything that I could do.

And so some of the people kind of thought I was a wise ass. So they sent me one day, to go get some sky hooks. You know, I was in my orientation period and of course I wanted to learn, and I walked all over the place. So they thought they'd fix me good. So they sent me to the supply depot to get sky hooks. So I went to the supply depot. Well they didn't have any at this depot, I had to go to another building. Went to the other building, and if you know Fort Devens, this is walking. And I wanted sky hooks, and they said, gee no, are you sure that's what they told you to get, and how many did they want? And I told them, and then they said, no, you'll have to go. And I must have come to about four different supply depots, and I was worn out, and I wanted sky hooks. And the guy said to me, well, if you can't find them why don't you ask the next group for a bucket of steam. And when I heard that, (M: oh no!) oh they had really, they had really pulled my leg! (M: laughing) They wanted to break me in, but I persisted. I would go to every department, because I wanted to learn. But the most time was spent in dismantling and reassembling jeep motors. And then I left there and went into training.

M: So what do you remember about Lowell General?

E: What do I remember? Lowell General is...

M: What was it like? Tell me everything?

E: Well, first of all, Lowell General was the hospital on the hill that catered to a very special class of people. That at one point in time, it was said that if you weren't of Yankee stock, you didn't get accepted into Nursing at Lowell General. Well I mean, they... It was very interesting, the three hospitals in the city. The French girls usually went to St. Joseph's, the Irish girls usually went to St. John's, and the Yankees usually went to Lowell General. Because, now when you look at people from

my ethnic background, you didn't be a nurse, because that was dirty work. In fact, I had an aunt who screamed at my father, that he would ever permit me to go into that kind of work, because that was, that was dirty. I mean that a lot of people felt that way about nursing.

And so that there are very few women of Lebanese extraction that are nurses, and there are very few Greeks, you know, as opposed to other nationalities. Anyway, Lowell General, at that point in time, one of these cousins was on the staff as a physician. And his wife who was a Yankee, also was on the staff at Lowell General. And they were Forsley's, and so I guess that had helped with my entrance, the fact that I was a Forsley.

Things were very strict at Lowell General. The kinds of things that I remembered was, I'm a very friendly person, you know. And if you're walking, and I'm walking, and I see you, I tend to say hello. And you're high up on a hill, so you were a little community. And then I would walk and I would say hello, and then I was reprimanded that I did not speak unless I was spoken to. The Director of Nursing severely reprimanded me.

I usually enjoy work, and so that while I was learning how to be a nurse, I was working with people. And if I was making an empty bed I would be humming, you know, along. I was sent to the Director of Nursing's office, because you did not hum while you did those things. I got in more damn trouble, and I was campused more on the hill than anybody I know, because I said what I wanted to say. We would have breakfast, lunch, and dinner in the cafeteria. At that time there was interns and residents at Lowell General Hospital. The thing they always stressed to us was, this is your home. So you know, we want you to feel that it's home. You'd go to breakfast, or you'd go to lunch, and there would be some interns before you in the cafeteria line. They'd reach for a glass of milk, and they would take milk, you would reach for a glass of milk, you'd get your hand broken, because you weren't allowed to have milk. It was only at lunch time, only the interns could have milk. You couldn't sit at the same table with an intern, or you couldn't sit at the same table with a doctor, or you couldn't sit at the same table with a nurse who was already graduated, because you were a student and you weren't suppose to mix. I got in more trouble (laughs).

M: Some family! (Laughs)

E: Oh ya! I got in more trouble. And my excuse use to be, when they wouldn't give me a glass of milk, I would say to them, well you told me this was like home, and at home my mother always gave us milk. I was called a trouble maker. I was called a leader, you know, trying to bring everybody, trying to make trouble for everybody, because I would always question, well why? Well, because we always did it that way. And I was never happy with that kind of answer. For example, I had two kid brothers. One was six years old, and one was about eight, and they somehow came up to visit me at Lowell General. I had my own room, so I took my kid brothers up to see my room. I was put on the carpet, because gentlemen weren't allowed above the first floor. So naturally I had to, I always had to stand up and fight back. Then I would be campused. That's why they came up to see me, because my mother had sent some... No, my sister had sent some food up because I was campused. I couldn't get off, I couldn't get out the hill on my day off, because I was being punished. And that's why they came up. So I took them upstairs to the room, and that ah, you know, (Laughing) no gentlemen were allowed above the first floor, so I got punished again!

I spent more time being campused. And I had had a flowered house coat, (Laughing) and the Director of Nursing lived in the same, the same unit with us. And so ah, I often wore my shower cap and my bath... and my housecoat

to go take a shower. I lived on the same floor that the Director lived on, and she had a bathrobe that was very similar, and she had white hair. (laughing) So my classmates one day saw her coming down the corridor going toward her room, went up and gave her a wack. Hi (Charlotte?) Forsley, you know, thinking it was me, and it was her all the time. I didn't get campused for that one (laughing) because I ah...

But I spent more time, I spent more time trying to find out why things were so regimented, so ah, worse than the army kind of things, so strict, so unfriendly and the like. And I always got into more trouble. However, there were a lot of things that I instigated. Student, student leadership in terms of, we wore black stockings, and we wanted to change to white shoes and stockings. And I was able to ah, I was able to you know, take a lead in bringing those questions up.

M: So you persuaded them actually, to do that?

E: Oh ya. So we got milk for lunch, you know. There were certain kinds of things that were happened, we got a smoking room, you know. That's not even worth mentioning, because it was too bad then in those days that we didn't know, you know (M: it was a privilege) ya, what the ah...

M: Was there someone that you worked with in the Administration who would listen to you?

E: Oh no! (M: no, no?) They would bring me up in front of... I would have more trips into the Director of Nursing's office. (Laughs) No, your relationship was, you had your clinical instru.... Your instructors, who were your teachers in nursing, and then the Director of Nursing, who was in charge of nursing, whether it was nursing in the hospital, or the nursing school. No, but then we would have meetings with our students, with the students and with some of the instructors who were the Advisors, and we would raise holy, you know, taloola! (M: ya) But it was a very, it was a very strict regime kind of thing.

M: And you kept bumping up against it?

E: Because I'm a very different kind of person. I mean that I don't believe in walking by someone and not saying hello to them, you know, in that small community. And then to be told to only speak when you're spoken to, you know, or that milk which to me is the (staff) of life kind of thing, that you couldn't have it? Or that you couldn't hum, and you were enjoying what you're doing, and you couldn't (M: natural) ya! It was just... I'm a very exuberant kind of person anyway. I'm a very enthusiastic kind of person, they weren't use to that.

I think one of the serious situations that happened in nursing, is one of the serious causes of nursing's problems. Ok, nursing, you didn't accept a student in nursing who didn't have the white gloves, and who didn't say, yes mam. That was the only kind of student you accepted. The gracious little lady who didn't question. The rest, society would call them (deviance?), and nursing called them (deviance?). However, nursing could have used a hell of a lot more (deviance?) in the days of their development, in order not to, in order not to have had them trampled on as much as they were trampled on, you know? Ah, but it was all in all, you know, in terms of my three years.

What was funny, the Cadet Corp right, the Cadet Corp, the institution, the nursing school made an obligation to the Federal Government, that they would

give each student that was in the Cadet Corp, at the last six months before they finished their training, each student would have the right to designate an area of interest that they wanted to pursue in nursing. Ok? So that the kids in my class, they were about thirty eight, you know, one wanted pediatrics, one wanted maternity. So it came time for Eleanor Forsley, what did you want? I said, supervision. They said, what? I said, I want supervision. I want to learn how to be a supervisor. Well you don't know how much, how much that cost! (M: laughs) I said, well the Federal Government says I could have my choice, and that's what I want. I want to be a supervisor. So they could not, not give that to me. So that when I was a student, six months before I graduated, I was Assistant Night Supervisor. They had to do something with me, so they stuck me on at night, ok? In those days, the only ones that worked nights were already registered nurses. You know, not the students, but the already registered nurses. So I'm now the new Assistant Night Supervisor. And when the Night Supervisor wasn't there, I was boss. So some of the white, we use to call them the white R.N.s ok, would say, well if you think I'm gonna report to her, she's got another thing coming. I said, honey, you don't report to me, you got lots of things coming! (Laughs) So I started, and I started in Supervision, because I wanted to be a boss. I mean I have that kind of inclination. I mean I wanted to be on top of the pile. And that's the way I am, you know, and I knew it then.

And so I started on Supervision way back, way back in those days. And thanks to the Cadet Corp, that's what helped me start it. And then I went on from there.

M: Could you just tell me something about the students that were your colleagues at Lowell General?

E: Ok, I'll give you an example of a student that was my colleague.

M: Were they Yankees, for example? Were there a lot of Yankees?

E: Well, ya, there were a lot of... There were a lot of Yankees, alot, there were some Irishmen, there was a Greek girl, and me, a Lebanese girl. Maybe there was more than one Greek girl, and I was the only Lebanese girl. (M: umhm) Ah, there was some who were from well known families, you know, like the Mansfield family is a very important family with Lowell General. You know, Jefferson Mansfield and all of them. His sister was a nurse. She was after I was. The Atwoods are another Yankee kind of family. Well one of the Atwoods was a nursing student. I don't remember much about my classmates other than that.

M: Did you have any friends among the Yankees?

E: No, (M: no?) Well, I... See again, I don't believe in clicks. I mean, it's my personality. And I think you know that Mary. I have to belong to everybody. I never could belong to just three here, and ignore three here, and have three here and ignore three here. I became... You know, if this group wanted to do something, and I was able, I would say, hey, I'd like to do that too! Or if this group... However, it's... I just never... I am not a clickish kind of person. So therefore I was friendly with everybody, and not particularly friendly with anybody, ok? And I liked it that way, because I could share the pleasures of them all, rather than... Because you know, when kids are nineteen and twenty and the like, it's, if you don't do it with me, I'm gonna get mad, or you know, why is that one in... I couldn't go for any of that. However, it was very interesting. Some of my friends, ah, some of my classmates who I, you know, I knew some more than others, would rub it in or tease me, because I went on to get my Bachelors Degree, my Masters Degree, my Doctorate. (M: Ambitious?)

Ya. On the other hand some of them would say to me, Eleanor, how did you know to do what you did? How did you know you should go get your Bachelors Degree? I said, you know, I use to stop at the bulletin board, and you guys would be yelling, you know, hurry up, or come along, and I'd say, wait a minute, I want to read this, or I would like... And I'd say to you, why don't you read some of that stuff? You know, I said that, that's how I knew. Because I would read, you know, what was going, and that was very important.

Some of them in an off hand manner, ha, ha, Dr. Shalhoup, you know, that sort of thing. Then I laugh, ya, you jealous, you know? But I always had a lot of ambition. You know, I always had... I wanted to do things, and like I said, I like being on top of the pile, and the only way to do that, was to go and get your education and the like. Ah, very parochial, parochial bunch.

M: What was your training like? How was it qualitatively?

E: It was good training. But what it was, is they were training you to be... It was really apprentice training, as opposed to education. Ah, they were training you to perform relative to what their needs were in the institution at the time. But you were getting some very good training, because I was a good nurse.

M: Can you give me an example of what you mean by that?

E: Ah, well, I mean you would go to your classes, and then you would go out and take care of patients. You would begin to identify patients symptoms and render care. Now you have to remember that I started, that when people had a temperature, what you did was nursing treatments to reduce that temperature, ok? Then along came penicillin and the wonder drug. And I can remember drawing up my first syringe of penicillin. My hands were shaking, because it was the wonder drug, it had just come out, and this was going to take care of that person. I mean, we could sweat and work hard for seven to eight days to bring down their temperature, and now we had the wonder drug. And the first time that we used penicillin on the floor, it was, I was scared! You know, here I was drawing this up into the syringe, and I was going to inject this drug, and this drug (?). And then it changed the whole picture of nursing.

No longer were you, you know, needing to spend that kind of time to reduce temperatures.

M: What sort of procedures are you talking about to reduce temperatures? Is it ice packs or...?

E: Ya, slush baths. You take a slush bath. I mean, here was a patient, here was cool water, and you would slush them. Here was, they don't use anymore, alcohol sponges, ok? Ah, ice packs, those kinds of things. Sitting, and changing, and turning them. You know, patting their body dry, turning them back and forth, back and forth.

M: Alot of physical labor.

E: That's right, alot of physical labor. Then along came penicillin, and then wham, bam! But I'm telling you, I can remember standing outside the medicine closet, actually shaking, to think that I was drawing up penicillin, and whatever, what that drug was going to do. Ah, in terms of, you learn how to take care of people. I will never be ashamed of the training and the education that I had. I was... It was, you learn how to take care of them, based on those kinds of things that you learn, you know.

And you learned how to, how to treat their, well their aches, their pains, and but you learned how to treat them relative to them being in appendectomy, being a colic systectomy, rather than being a Miss Smith, or a Mr. Jones. You focused in on them based on what the medical problem that they had, rather than being individuals.

Because in those days, it wasn't stressed that you sat with them and looked at them as people. Cause again, I got knocked off because this one woman was having some very serious concerns, and I was sitting in the room talking to her about them. I was not doing something. I got hell, you know? (Laughs) I'd get in more hell, more times!

M: You were listening to her.

E: Ya, but in those days, I mean that was, the thing was that you were doing. You know, you were giving them a bath, you were making them comfortable, you were exercising them, you were freeing them from pain, you were cleaning their bed. Those were priority kinds of things, and that took precedence.

But we had a lot of good people at Lowell General, and we had a lot of good learning. And however, in terms of that, the doctors, they were king. You had to stand up when the doctor came. You stood up, and I would just sit there and look, you don't want to sit here do you? (Laughs) You know, I would get into more trouble with the doctors. One patient, well I got in trouble with the Head Nurse. A patient was ordered digitalis. One of the rules of the game was, that if the pulse was not sixty, then you should withhold the digitalis. The Head Nurse ordered me to give the digitalis. So I went in to check the patient out first. I came out and reported that the patient's pulse was way below sixty, it was forty-five, forty-four and the like, and that the digitalis should not be given. Well the nurse is telling me to give the digitalis, and I'm saying to her, no, no. The doctor comes by and he says something. I said, look, if you want to give it, go give it yourself, and I walk away.

Now that takes a lot of guts, and a lot of courage, ok? However, the one thing you learn, is that that patient shouldn't get that. If the doctor felt that adamant, then he should assume the responsibility and give it himself.

M: So your learning told you not to do it, that when you're given the order to do it...

E: In many instances that would happen. (M: Then you have...) Ya, the Head Nurse, the Head Nurse says, well he says give it. Well he said give it, he didn't write, give it if the pulse is forty. If he wanted it given when the pulse was forty, well then why didn't he write it? Well, you know, no way! You want to give it, you go ahead. I ain't giving it.

Ah, there were many instances of, to this day a resident would not talk to me if he looked at me square in the eye. The doctor had written an order, and I was Night Supervisor then, I was assistant, I was still the student, but he wanted the medication injected by the resident on duty that night. This specific medication, and the medication was due at 4a.m., ok? I told the nurse on the floor to call the resident in time, you know, so that he could wake up to give the medication. So that she called me and said he told her to go to hell, that he wasn't gonna give it, for her to give it. I said, you're not gonna give it. So then I put the call in again, and he says he wasn't going to get up and give it. I said, honey, you don't have to, because I'll just call the attending physician. He said, you wouldn't dare. I said, try me, ok? (M: laughs) I called the attending physician. And so the next morning all hell broke loose. And it was a very serious thing, because the doctor had written that order. The medication was such, that it needed experts to give it, ok? It needed...



The resident wasn't an expert, but he had the M.D. behind his name. (M: yes exactly) Ok? And so the attending physician wanted that. Well the attending physician raised hell, because I called him at 4:30 in the morning. And I said, don't blame me, blame him.

But you had to be willing to stand up and be counted. But that's all the way through life anyway. Ya.

M: Was there retaliation?

E: Oh (M: as a result?) retaliation! I again was on the carpet! (Both laugh) I spent more time on the carpet. However, however, I was not punished, because the resident was. And the resident was in fact, dumped. I bumped into him on the street in New York, and he looked at me like he could kill me, ok? And now if he sees me, he won't talk to me.

But again, I don't understand why people cannot fulfill their obligations. I don't understand that. I knew how to give that medication better than the resident. I knew I knew that. But there was noth....

TAPE I, SIDE I ENDS

TAPE II, SIDE II BEGINS.

M: You said that there were nurses that trained with you who are still working at Lowell General.

E: That's right. They have never left Lowell General. They trained there, they graduated, and then they went right to work there. And they have been working there now, and let's see, I finished in 1947, so what's that, forty years. So that they have never had experience in another kind of hospital, in another kind of community, in anywhere else. And that's one of the sadnesses of, of, of, of small community, or community hospitals. That many people tend not to move away. However, what has been very fortunate, is in recent years the Lowell General has been importing in hiring some people who have had a broader background. But a lot of nurses, the nurses that I graduated with, that are from my era, very few of them, the amount is negligible, that have gone anywhere or done anything relative to their education beyond the three years, and have worked in any other institution.

M: So you graduated in 1947, (E: ya) you entered then in 1944, right?

E: Yup, I entered in 44.

M: So you worked for awhile at Devens then?

E: Well I graduated high school in 43.

M: Forty three, I see.

E: Ya, I worked Devens for a full year.

M: I see. And then you went on to get your Batchelors?

E: My Batchelors Degree. Well, I worked at General till 1950. (M: oh, I see) And I got married in 1950, and then we had the old argument (sighs). My father-in-law's from the old school. You know, the Lebanese man, that the wife was supported by the man in the house, and the wife stayed home and didn't work. Well, now I'm marrying his son. And I said to his son, you know, I'm not very

good at housework. (Laughs) I'm not really very good. I have to go to work. Well you don't need to go to work, because I'm gonna support you. I said, I don't care about support and non-support, but I need to go to work for me.

Well that became a serious issue for the first year of my marriage. Because my father-in-law was adamant, because it was a shame, it was a shame to think that his son's wife was working. That meant that people would think that he couldn't afford to keep me. (M: umhm) Well after a year it got to the point, it's either I go to work or something has to give.

M: So you stayed home for a year, trying to...

E: I stayed home for a year, and I couldn't do it. I could not do it. So then everybody agreed, and my father-in-law was very upset, very upset that I went back to work. And we moved away. My husband was offered a position with Kaiser Aluminum in Pennsylvania. And what we decided, was for me to be able to work freely, and be the kind of woman that I am. I had to move away from that kind of patriotical, ethnic influence.

M: Sure. That's a wise decision.

E: Ya. So we moved to Pennsylvania.

M: Was your husband an engineer?

E: No.

M: No? What...?

E: He was quality control kind of people. (M: ya, ya) He graduated from Boston Univeristy, but he was in quality control. Now, we moved to Bristol, Pennsylvania, and I walked into a situation where they were just building a brand new hospital. So I made application, and I became one of the Primary Supervisors, and I was hired even before the patients were accepted. I mean, I was hired to the point where we were doing the ordering of equipment, supplies, you know, and the hospital.

And then I began to get itchy, and that was when I signed up to go and start my Bachelors Degree at University of Pennsylvania. So that I was at University of Pennsylvania, and I was at Laura Bucks Hospital, and then we finally moved from Bristol into Levitt Town. And I then worked up to Assistant Director of Nursing. And then I was at Univeristy of Pennsylvania for three years. And all of a sudden, after not, not ever thinking that we would ever get pregnant, which we had wanted to get pregnant, and like all of a sudden I was pregnant.

And being pregnant, and calling back home to everybody to tell them, and my grandmother, and my father-in-law said well, you know, there hadn't been a baby in either family for a long time, well how can you stay there? You have to come back home. So then we thought about it. Well that's right, but family was very important too. (M: Ya, ya) I mean, as much as I wanted to be a free soul, family was still important. So we decided to come back, because my husband was getting tired of the industry, and could go into business for himself in Manchester, New Hampshire. So we moved back to Manchester, New Hampshire.

M: But you got your degree, right?

E: No, no. It was only three years at University of Pennsylvania. Now we

came back to Manchester, New Hampshire and then my Victoria was born in New Hampshire. And then I didn't do anything for a little bit, only helped my husband in the business. Then my husband took sick, and my husband then died. And so by that time, when I realized how sick he was and the like, I moved back to Lowell. And then when he died, I decided I had to take a month off to study what was gonna be my future, and where was I going, what was I gonna do, blah, blah, blah, blah. And that was when I made the decisions, that I needed to continue my education.

So I finished my Bachelors Degree at St. Anselm's College. I was living in Lowell then, (Laughs) and went back to Manchester. So I got my B.S. from St. Anselm's. Then I moved to California, because I was accepted for my Masters. (M: wait, wait) at U.C.L.A. (M: laughing) What?

M: I've got lots of questions. How old was Victoria when your husband died?

E: Two and a half years old.

M: So you were left the female head of family?

E: That's right!

M: So how did you afford to go to St. Anselms.

E: I didn't afford, I'll tel ya. Ah, when my husband died, we had Blue Cross and Blue Shield that was very individual, it wasn't a group thing. So consequently our hospital bills and the like, ended up being, I owed them money. I owed money here, I owed money there. My kid brother and my sister, when we talked about it, we decided that if we all lived together, that it would work out better, you know, for Eleanor and Victoria, and that they were still single, ok? And I had wanted to go to school, so that living together, I wouldn't have that kind of expense. (M: I see) And at St. Anselms, I told them that I had \$500.00 bucks.

So the Federal Government again at that time, was giving some money for people in nursing that wanted to get their Bachelors Degree. However, I had made the decision... My husband had died the 31st, the 30th of June, the last day of June. I took July to try and sort out, July and August to sort out my life. I made application into St. Anselms to enter that class in September, one day before admissions, right before the school started. I told St. Anselms what my plight was, what my story was, and that I only had that kind of money. And St. Anselm had said, the person in charge of nursing had said at the time, it was too bad because the Federal Government had given out money, ok? You know, to people who wanted to people who wanted to finish their Bachelors Degree. Ah, but it was all given out. But \$500.00, and at that time \$500.00 to \$600.00 would carry me, semester wise.

And so I was living on tuna fish sandwiches in my pocketbook. But I had a brother and sister. That's why family is very important, because nobody does it alone, ok? And, so that my brother and sister maintained the house, and then we had Victoria in nursery school. But nursery school, because of my income and the like, I was paying two bucks a week kind of thing.

M: Was it the Day Nursery she was in?

E: Ya, Lowell Day Nursery, ya. (M: ya) We never want welfare. Even when growing up, you know, with my father and mother, welfare was not in our frame of reference. And there was no way that I would ask anybody for any help, you know, and the like. So with my brother and sister, but then the Lowell Day Nursery worked on a sliding scale, and that they knew what I was doing, and

they knew that I had no income, and I just paid the minimal, whatever it was for Victoria to be a pre-nursery or a nursery school student.

Then, in the middle of, or the, before the end of the semester, now I was classified as a senior at St. Anslums. However, I had to carry some extra credits, because as a Catholic Institution you had to have so many credits, because they have their students take Theology. And I didn't need to take Theology, but I needed those other credits. So that I was carrying a real load of credits, but they ah, at the end of that first semester, close to, I then found out that a lot of the schools in the country that had not used all of their money for nurses to finish their B.S. Degree, pooled it. And the Washington was sending out letters to other schools, do you need any money for second semester?

And so then, I was called in and told that there was money available, and did I still want it. And (Laughs) are you kidding! (M: Laughs) And so I graduated that June, in 1962. My husband died in June 61, and then June 62 I graduated with my Bachelor of Science Degree, from St. Anslums College. And then by, I would say by October of 63, ya, I was on my way to California. Well I was going to California because I had made application to U.C.L.A. to go for my Masters Degree. And I was accepted at U.C.L.A. if I made up a Zoology Course. (M: umhm) And now the government was... If you were a Masters student, you got a Federal Traineeship, you got so many dollars per month, you got your tuition paid, and because I had Victoria, I also got money for a dependent.

But I got out to California, and I never realized that I was as puritanical as I was. And I thought, my God, they don't have values here? They care about nothing. That how can I bring up my child in this immoral place. So then I made application from there to B.U., (M: you really were offended, (laughs) oh ya! And um, then made application to go to B.U. to get my Masters. And I was able to go to B.U. and of course the same money deal was there.

M: You were transferred there?

E: Well no. B.U. took me outright as a straight student, and then I got that tuition, I got compensation of money every month, and then thank God I was also eligible for social security, because Victoria was a minor, and I was not a working mother. You know, so that with that, then I was able to get my Masters Degree.

And then after that, I got a job with the State Department of Pub... Well before I did that, I didn't know really what I wanted to do, but I couldn't stay without having so money come in. So that I worked as a substitute teacher in the City of Lowell. Because while I got my Masters in Nursing, I was also... Again, I have to look at the situation to see how else the situation could be good for me. So I was taking courses, because I was on a full time program anyway, that allowed me to be certified in teaching.

And so, that I then substitute taught in the Lowell School system, till I made a decision about what I wanted to do. Until I found the right kind of job in nursing. And then I went to work in the State Department of Public Health.

M: Had you specialized in Public Health?

E: Yes. Community Health Nursing is my background. I'm a Public Health Nurse, because I can't stand... See, I was drawn to the public health arena, because I couldn't stand the rigidity of the hospital setting. But what they're finding now, or what they have found in a lot of research, is that nurses were leaving the hospital setting, because they couldn't be the initiative, the creative kind of person because of the rigid kind of constraints. I had a ball though, I'll tell you.

So then I got my Masters Degree, and I went to work for the State Department of Public Health. And that was challenging for about five years, but I didn't think that I was gonna make any impact there.

M: Tell me about where you worked and what you did?

E: Oh! Ok, in the State Department of Public Health, I was viewed as a nursing consultant to nursing homes and the like, looking at the rules and regulations for nursing homes. Surveying them, looking at those that meet the criteria for, or giving good patient care, and so on and so forth. And come to find out, there was no getting ahead. We did it this way, because that was the way we always did it. And if this is this, then this is this. And you think to yourself, you know, why should I approve that dump, because they know somebody. (M: Hmm, politics!) Or politics. (M: laughs) But... So I said, well I don't need that crap.

And see, with me Mary, if I don't have fun on the job that I'm doing, then I'm not doing a good job. That's the way I live philosophically, ok? I was beginning not to have fun in the State Department of Public Health. I was beginning to not even want to go to work, and that's not Eleanor. And then I decided, well, I wasn't gonna do anything. I had a supervisor there who was a very clever person, because she could feel my frustrations and my anguish, because I wanted to see change. And she said, you know Eleanor, if you see an in for the change, be satisfied. You know, because change is long in coming, and she said, you know the theory of change better than I do, and the like. And she says, you can't expect it to jump in in long strides. And, because she had been for years, also working to make change, and it was very slow in coming. And I said, Mary, I don't know how you lasted.

And so I decided that that was not for me. If I couldn't have fun doing my job, and if I didn't look forward to going to work, so I decided no. And at that same time, they had just opened up the program in nursing here. So I decided I would make application here. And I did, I made application, and I came to...

M: Did you know Trudy?

E: No.

M: You didn't?

E: No, I never knew her. Didn't even know Dan O'Leary. You know, I mean, but my brother had come to school here. But see, I have always been a high proponent of Public Higher Ed, because we use to live down the road. And you know, I have a brother today who is a successful lawyer. I have another brother who is a Clinical Psychologist. But had not Lowell State been here, where they came for \$50.00 bucks a year, they would have been nothing, because again, we could not afford it, ok? So that I'm a firm believer to, that as humans in society, we gotta give back. We gotta give back. You know, and I have always said, well thank God that we were able to have this, and now maybe I can give back.

And then somebody looked at me and says, well how come all of your education was in the private sector? And it was because it was all paid for. (M: umhm) I mean, the Federal Government was paying. You know, and where I happened to be located at that time, was where the private schools were. But, and so I decided I would come back, and I would come and make application at the University of Lowell, which I did!

M: And what year was that?

E: 1969, and the program had just been opened for a year. It opened, took its first students in 1968, and I came in 1969, and I started off as Assistant Professor, because I told them I wouldn't be an instructor. And I had had thirty credits beyond the masters, and I needed, you know... So I came in as an Assistant Professor, and then I was an instructor. No, I was a teacher in the department as an Assistant Professor. And then in 1974 I became Chairperson of the Department of Nursing.

M: Trudy told me that first location of the School of Nursing was in the old clinic.

E: Ya, in (Concordia?), ya! I was telling that to somebody the other day, we were laughing. I said, you know, my first was in, they had an infirmary over in (Concordia?), and we were located there. (Laughs)

M: What was it like?

E: Well I had a little room that was next to the toilet area, (M: laughs) and ah, it was just a small, it was a small room, and it was on the first floor, way in the back. And ah, there had been some beds over in the larger portion of the room. And it was just a room that had a desk, and nothing much to it! Ya, I'm beautiful at blocking out what I don't want to remember. (M: laughs)

M: It wasn't too nice?

E: No! And you know, then the next thing, we went over to Wilder Street, to the house . Now that was, that's what we had come by up there. And I said, oh it was knocked down. And that was a two story white house, and I was on the second floor, and my office was on the left. And at that time, I was the Coordinator for the Community Health Nursing, ah, Senior Nursing Course. And we were there for awhile. Then we came here in 1973. When Dan O'Leary came over, and he had the key, and we came, and he said, ok, choose which offices you want. That was in 1973. So I'd been... In 1973, then I was up in room 208. And then in 1981, the Deanship, or in 1980 the Deanship of the College opened, so I threw my hat in the ring. And there was about fifty, fifty-four applicants from all over the country. And I said, what the hell, you know me.

M: Well we've got a lot of things to do between now and then. (Laughs) For example, what was the first student class like? You met them when they were sophomores? What kind of kids were they?

E: Ya, I met them when they were sophomores. However, now my responsibilities was, I taught a Freshman intro to Nursing class, and I taught a Sophomore class, and I had a clinical group that we took out.

Ah, they seemed like, if I can remember back then, well let me tell ya, it's a wonder that I wasn't sued to the hilt. I taught the history of Nursing, Intro to Nursing, first class. And I was teaching, and it was in Dugan, and it was exam time. And I had a student, the students were taking the exam, and this one student was blatantly cheating. So I looked at her, I picked her up, I said, get out of here. I said, nursing doesn't need dishonest people. Get out, leave the school, leave the program, you're not in it anymore. (M: Laughs)

M: Those were the days. (Laughing)

E: Ya! I can't stand a liar or a cheat. Can't do it. And it could have cost

me, you know, everything, but I threw her out! And ah, the kid never came back, but the kid wouldn't have made a nurse. I mean, I think when you have to cheat, you know, you can't you can't do that when you're dealing... You can't cheat anyway, but when you're dealing with people, and what you're doing counts, whether you're writing it down in a record, you know, you can't be dishonest, and you can't start off by having dishonesty padded on the back, you know?

M: It's dangerous!

E: Absolutely! (M: laughs) It's absolutely! With the Sophomore kids, well this was basic nursing skills, and that was funny. That was funny. I'd be working with the kids at St. Joseph's Hospital, and they would be learning how to do their, how to do their kind of nursing thing. And one kid, she was, you know, they learned the procedure about taking down the side rail, you know, all of this stuff. So I'm walking in to check on one of the students taking down the side rail. She took down the side rail that was here, the patient was here, and she was over here with the side rail up, rubbing the patient's back, and he's ready to go! (Both laughing)

So they were pretty average. See, I was teaching those kinds of things, because we had not had Seniors yet. And the area of my specialization was for Seniors, ok?

M: You had to wait?

E: It had to wait, and so what I was doing was teaching Freshman, Sophomore, Juniors, and waiting for the Seniors, and developing the course, and developing the program. And my concern was that I didn't want to see a separation with Physical and Mental Health, in Community Health. Because I think Physical and Mental Health should be a unitary concept. And in here we were working in Community Health and Public Health, and that our students should be viewing patients, you know, from a Mental Health and from a Physical Health point of view. So that we developed a team, and our team was made up of Public Health, Community Health Nurses, and Psychiatric Nurses. And we worked together, which was innovative at the time.

And we worked together, and our students were exposed to, to families that had maybe, mental health problems in the community, as well as families that had physical problems, or a family that had both physical and mental health, or one or the other. And that the Psyche and the Community Health Nurse would work together in terms of the student guidance, which was great. We were very pleased with that.

And then at that point in time, there was some very serious issues about the curriculum. The curriculum in my estimation and in some other faculty that had been hired, was nothing but a copy of a diploma program. You know, it was very mechanistic. It was a curriculum that, that um, that wasn't academic, wasn't a curriculum that one would say you needed Baccalaureate education for. And so this one instructor and I, and I decided I was gonna write a Federal Grant to revise the curriculum. And I did, and then Mary Wheeler had helped me out, and the grant was submitted for \$265,000. And Washington had told me that... I called Washington, because at the bottom of the grant papers it said, if you need any advice, call us. So you know, when I see that I can't help but you know, pick up the phone. They came down and talked to me, because... And it's very interesting, because they love New England. This Consultant happened to be from New England. Of course we'll come down. And then they wanted me to know that novices don't usually get funded.

And then, I had gotten some help, and I said to this one person that I went to, how do you start writing a grant? And she says to me, Eleanor the first way you start is to make a decisions. I said, what kind? How much money do you want? I said, I like the sound of a quarter of a million dollars. She said, then put that down, \$250,000. She said, that's your goal, now, all you have to do is, what is it you want to do? I said, I want to get rid of that God damn rotten curriculum. Excuse the expression. And we want to move away from this... You know, all it was, was a hospital curriculum transposed in academia, and if this is it, then they should never have come.

M: This is the curriculum that Trudy organized?

E: Yes.

M: In fact, from B.U., you both trained at B.U., right?

E: Yes.

M: I don't understand. I guess what I don't understand is, where you got the other idea of how this should be done.

E: Well see, I was very active in nursing, she wasn't.

M: Ok.

E: If you look at her background, she worked in a doctor's office. (M: yes) And if you look at her background, she wasn't exposed to the nursing world. She didn't belong to, I don't believe, the Professional Nursing Societies and the like. I don't know.

M: Ok.

E: But I understand when I first came here, and somebody from the library had asked her about.... (noises on tape)

M: Can I turn it off?

E: Yes. Somebody from the library had asked her about... (tape shuts off) Ok.

M: You were saying your perspective on nursing.

E: On nursing (M: specifically?) and nursing education, ok? I, I had a Masters Program, and my Masters Program was about, was about Administration, Organization of Nursing Education Programs. That we had to develop curriculum for Nursing education and the like, looking at the reflection of nursing in the society of that time, ok? (M: umhm) Because this is how one begins to, one begins to develop curriculum. In looking at the curriculum that was in place here, one begun to see that it was very mechanistic, and that it was a, it was a curriculum that was similar to the hospital curriculum. You know, similar to the curriculum that was used by hospital Schools of Nursing.

M: And this is the apprenticeship?

E: Ya, but very mechanistic. As I told you before, as a student in nursing, I was looking at people in terms of their nursing, in terms of their diagnosis rather than looking at them as human beings.



M: Ok. Now I understand.

E: Ok? And so now we're seeing a curriculum that's continuing that kind of thing.

M: I understand.

E: A lot of things in the early seventies were happening in nursing. And nursing, the changes and practice demanded changes in education. And that we had to get on the band wagon. So with Mary Wheeler, and Pat Tyra was here at that time, and May Futrell, you know, we had been talking about this curriculum needed some evolving. It needed some re-working and the like, because it now had, it now had perspective from five people, verses one or two people. (M: umhm) And the times were changing.

So that was when I had decided and made a commitment to do a grant. And the name of the grant was Revision of the Nursing Curriculum. And that that grant was done primarily by me, with the help from Mary Wheeler. And that grant in those days, I think you got to appreciate it, was that we work here from 8:30 to 5:00, but then if you wanted to do the grant, you did it in the evening, or you did it on weekends. If you wanted secretarial help, you paid for it out of your own pocket. You didn't get any support or any help, you know, relative to that.

M: Is that an Administration Policy?

E: Well it was at that time! (M: ya ya) Ok? Because you gotta remember, Lowell State College, I think that was, the grant that I got was the first grant that they ever had!

M: I bet. (Laughs)

E: And so anyway, the grant people had said they would be willing to help us whenever we wanted. So I called Washington, and they came down and talked to us. And then they told us, and it was very funny, that novices never get funded. And I said, gee, thank alot for the encouragment. Then all of a sudden, in June of 72, we got a letter from Washington, stating that the grant was approved. (M: right) However, not funded, ok? At that time, that was the first letter that came. (M: ok, ok) Because in contention for that last bid of money, was University of California in San Francisco, Marlene Kramer, and was Lowell State College, you know? And the other thing that I guess I shall never forgive, is the fact that I wasn't allowed to put my name on the grant, because I did not have my Doctorate at the time, and therefore I could not even be the Project Director. (M: um) Because if I was the...

TAPE I, SIDE II ENDS.

TAPE II, SIDE I BEGINS

E: And May Futrell had signed that letter.

M: I can ask her about, if she has a memory. But you said you just tore up a letter that...?

E: Well I tore it up because (distortion in tape, word or two missing) was going through some of her stuff and said, here, you might want this. Allie had kept a copy of that letter.

M: Yes, yes. Yes.

E: And so she sent it to me. She said, throw it away if you don't want it. So I read it, and I laughed, and I threw it away. But they were telling the search committee then, at the Dean, for the Deanship, why I should be Dean of this College.

M: Yes. So you had, obviously, the solid backing of the faculty.

E: Oh ya! I have always had the backing. They don't like, some of them hate my guts. Ok? That's alright, I know that. Some of them love me, they all respect me. Ok? I am very fair, and I'm no dope. And that when I push, it's because they know that I'm pushing for what ultimately is the good for the total community, as opposed for the good of Eleanor. And that's the only way I've ever operated. I don't believe in operating any other way.

But anyway, I could not be the Project Director. I could not have my name on the Grant, because I was told, and I guess I was a little naive then, I was told by the Chairperson and the President that the Federal Government really liked Doctoral people to sign the grant, to be, you know, those on the grant. And so consequently I didn't, I wasn't allowed to do much with it, that if I became Project Director, I would be out of my tenure track position, and that I would not be able to look toward tenure.

Well being a widow, and being the mother of a growing child, I didn't want to jeopardize it, because I was getting, I was enjoying being at Lowell State College. And I knew that this was going to be the culmination of my career. I knew that this was gonna be it here. That by being here, that I was giving back to society some of the things that they had given us, and that I was gonna be good for the place, and the place was gonna be good to me. So consequently I, you know...

M: That's generous!

E: Ya. (M: Laughs) Well I went along with that, and nobody...

M: So whose name was on the grant?

E: Ah, Trudy Barker's.

M: Right. Although you had written it, and gotten (rest of sentence unclear).

E: Well, and she essentially didn't do much of anything for the grant, you know?

M: That's what I understand.

E: Ya. I mean, I paid out of my own pocket, money for secretarial help. I paid out of my own pocket for whatever expenses were necessary for the grant. I shall never forget it. One night I needed, I had somebody to type, but I couldn't get a typewriter. So in the dead of night, I sneaked a typewriter out of the Administration building when nobody was looking. You know, but se la vie, you know?

M: You worked 8:30-5:00?

E: Absolutely!

M: Five days a week?

E: Five days a week. And you were not allowed not to. It was when I became Chairperson of the Department of Nursing, that I said this was not, this was insane, and that this, there had to be some changing of this. So that I convinced Dr. Barker that we needed to you know, have our faculty behave as other faculties did on campus, and the like. So then we began looking at what they call a Professional day, but is an unscheduled day. And then we had that.

And then it was the issue of, of people should be able to do whatever they had to do, and if they could do it better somewhere else, that we trust them to do it better somewhere else. That we were here 8:30-5:00.

M: So what happened to the curriculum?

E: What happened to the curriculum? Well, the grant was awarded, and the Federal Government said that it was the first time that they had ever (noice on tape-missing a few words), that release money be made available in order for the faculty to participate in developing the curriculum.

But see, I felt that that was very important. I felt that it should be the faculty who take the objectives here, and the like, and develop the curriculum. However, you know, if this business of you couldn't expect the faculty to always do things on their own time, and the like. So I felt, why not hire somebody to replace that a faculty member, and put that faculty member on the curriculum. (M: umhm) And the Federal Government said that they had never seen it before, but they funded it. So they funded us with enough money to get every faculty member, in each of the areas of specialization, to sit down and develop the curriculum.

M: As part of their job right?

E: As part of their job! Not if, you know, that they didn't have to have clinical that day, but somebody was doing clinical. It wasn't that they had to come from clinical to work... We do a lot of work above and beyond, ok? And this was too much to ask them. Too much to ask them. And so um... And as I said, the Federal Government said they had never seen that request before, but they obliged us with it. In fact, they funded me for \$256,000.

And if you look upstairs in our laboratories, we were getting no money for equipment from the State. No money from Lowell State College for equipment. No secretarial money, and the like, but the grant gave us all of that. The grant gave us our equipment. The grant gave us A.V. equipment. I set up the A.V. Lab over in O'Leary Library. We originally gave them \$15,000 to set up all the A.V. You know, that whole room there? (M: ya) And special listening, and all that bologny, and the like.

Well then the faculty, there was a Project Director. And the Project Director lead the faculty in developing the curriculum, to meet the needs that nursing should be exhibiting, you know, as they graduated. And that went on, and the grant kept being funded for five years.

M: Oh, at the level of...?

E: Well the \$256,000. So it...

M: Over five years?

E: No. It was over a five year period. Ya. And it worked out, it worked out great. And we had a separate group. And when they do their work, then they came to the total faculty, and then faculty was growing all the time. So what

So what we're getting... See that's one thing, one reason why I don't like fully tenured Departments. What we were now experiencing was fresh air coming in. Fresh, ya. And, and you know, ah... And so that these people were sitting and developing the curriculum. And then things were reviewed by everybody. And here were people who were out in the marketplace here, who could critique and do, and it was an exciting time. It was exciting, it was very different.

And then there was concerned for of course, accreditation and Board of Registration approval, and the like.

M: I have a couple of questions before we get onto that. Um, you stress that there wasn't a great deal of support in terms of secretarial services, or those sorts of things.

E: None, none.

M: Was it because the college couldn't afford it, or what was the...?

E: Well, I don't know. I, sometimes I think that...

M: (Beginning of sentence unclear) operation, you know?

E: Oh, we were, ok. But see, let me tell you. It was, the President of Lowell State College, I guess he didn't like people to argue with him, or you maybe always stayed in his good graces if you didn't ask for too much. I don't know. I don't know what it was, is that there was no money. I mean, there was never a secretary. I mean, there was only student help, and yet I don't know whether a secretary was ever asked for or not. I wasn't privileged to that.

M: I see. I see what you mean.

E: See, sometimes I think Mary, we do ourselves in when we do excellent with nothing, then people say, why do you need anything?

M: Umhm. That's right.

E: Or do we need to show people that we can be great, even if we have nothing. Those are all false kinds of, of, of things, you know? Because there was never been any room in this college, never, ok? Yet when the decision was made to move the secretaries to the basement, when we began having secretaries, I was the only one that fought against that, because I thought it was the air down there wasn't going at the volumes per minute, that the R.P.M.s that it should have been going. That I said it was de-humanizing you know? Here it was, the basement, that I was against it. However, it didn't cause any problem, because it took care of the situation, ok? Situation was no room, ok? (M: ok) So therefore, if I can do this, then I'm not creating a problem, so I still look good to people. (M: umhm) I mean, some people operate that way. (M: yes, yes) Well see, I come from a very different perspective. My first goal as Dean, was to move the secretaries out of the basement, to give them the humane kind of respect that they deserve, you know. And that was my first objective. And by God I moved them out. And people are saying I'm eating up the South Campus. I got thirty one faculty over in O'Leary Library. I need room, ok? I'm of value, my people are of value. If you want us to be of value, then you have to help us. And so I operate from that kind of framework. I have never been able to operate from

a framework of, somebody can pat me on the head and say, good little girl, I didn't give them any headache. (M: um) I'm not that kind of an operator.

M: I can hear that. (Laughs) For a whole life.

E: Yeh. So consequently, you know, that um....

M: Let me ask you a question at this point, about the decision making process. I take it, you were not let into the negotiations that might have taken place between Dr. Barker and the President O'Leary.

E: No. Ya, there was a lot that I never....

M: Was anybody let in to that decision making?

E: No. No, see, at first few years, no, you know. Then it became that I was being relied upon more and more for input. (M: ya) Ok? And then I was, I was giving input. But in terms of decision making in the beginning, no, ok? (M: ok)

M: But then you were able to observe Dr. O'Leary as a President of the college.

E: Ya. Oh ya! Sure, because I got kicked the first time, when there was a meeting with him, and he was President of the College, and then he had a faculty meeting. (M: ya) So that I stood up and questioned him on something, I got kicked. And somebody said, you're not tenured yet, shut up and sit down. And I said, what do you mean, shut up and sit down? I'm not gonna worry. If I'm good, I'm gonna get tenure. Shut up, you know? What do you mean, you don't question O'Leary?

The other kind of interesting point with Dan O'Leary, is Dan O'Leary called me over to his office one day and asked me what I thought should be the terminal degree for nursing faculty. And I said to him, that I felt that nursing faculty should have the doctorate, that they should not be promoted to the rank of Associate Professor or tenured without the Doctorate. He looked at me, he said, you know what you're doing? I said ya, I'm hanging myself, because I did not have my Doctorate. But I said, I'm very concern that nursing felt that it belonged in a University or a four year college setting. If nurses want the Masters as a terminal degree, then they belong in the Junior College. They don't belong here. And that I would be ashamed to think that nursing was taking up space in academia, and crying saying, change the rule for us all over the place. Because I don't buy that.

M: Did Trudy agree with you on that?

E: Ah, ya. That I can say she did agree from the beginning, you know, on that. And then May agreed with that. And because I still today, I am to the point now, where I say to nursing faculty, don't go get your Doctorates in education. If you want to stay here, you get your Doctorate in nursing. Because if you're saying that you are a discipline, that you're an academic, and practiced oriented discipline, then show me your Doctorates. I said, now don't come back and say, hey Eleanor your Doctorates in education. I said, mines was in the days of, ok? But we don't have that anymore. And I'm saying the same thing to Physical Therapists. You get your Doctorate in Physical Therapy, or else, you know. I have been very adamant about that, and there was no way that anybody was changing my mind. And alot of other schools in Massachusetts were agas, because they still had accepted the Masters

as terminal, whether it was B.C. or B.U. And then they slowly started to change, so that now in the Commonwealth of Massachusetts, the Doctorate is required, you know, most schools as the terminal degree.

M: How were you treated by the other faculty when you arrived in the Nursing Program as new?

E: When I arrived? By the other faculty of Nursing?

M: No, the other faculty that you had contact with in the college?

E: Well see, I never had any problems with them, because generally I don't have many problems with people, you know? I just let people know that I'm as good or even better than they are sometimes. I personally didn't have any problems, because, well I tell ya that the perception of other faculty on campus, relative to the Nursing Department, was not a very healthy one. Because they had met the Chairperson of the Department then, and they had gotten some very different perspectives of the knowledge level of who was participating in the Department of Nursing.

That was a very serious blow. Because when we came on, ok, and there were people like Mary Wheeler and myself and Mary Wheeler is a hot shot. Mary Wheeler is a brain, and with Pat Tyra and the like. And that people were beginning, in a jovial kind of sense, you know, teasing us about the crappy kind of program, and nobody knows. And the silly, silly, ah, silly people in charge, and all of that sort of thing. But then we would, you know, come back at them and retort. And there were some people that their noses were turned up. There were other people who were friendly. And those people then, whose noses were turned up, today are very good friends and very supportive. Because today, everywhere you turn, we're set up as examples in the whole University in lots of things Mary.

M: For example?

E: For example, that when we send programs through University Council, the Academic Policy Committee, whether it's graduate or undergraduate, we always get compliments about how well it's done. How in detail, how substantive, how substantiating is the information. Course outlines, why, when our accrediting units, or when accrediting units come, when the New England Association of Schools and Colleges came, and they reviewed us in terms of the whole university, they said it was fantastic, for it to look at (?) by the K Mart of this college. That the student was kept well informed. You know, all of those kinds of things. When we hear from the freshman people, that the students out there saying, that boy, the advice, the way they get faculty to give them advice in the College of Health Professions. They really get information, you know? We work hard.

We work hard and we have been able to do good. We have been able to, hear we were, you know, very small. I've got Masters Programs out of every department. I'm gonna have two Doctorates before I leave, and I'm gonna have a Center for Health Promotion. I mean, and if that isn't, you know, stand up... Because I'm not letting anybody walk on us. And so that, you know, we get very excited here. We get ah, everybody's hyper, because it's alive! You know? And I believe in being alive, because listen, nobody out there and up there, or wherever they are, has a right not to be alive. Because they can't turn around and say, well she doesn't give a shit, why should I? Cause I think that's important.

And I operate from a very different philosophy. When I was Chairperson for the Department of Nursing, we met with the Dean and the other Chairs, and I have never operated from a philosophy of divide and conquer. I operate from a philosophy of, tell it like it is and put it all on the table. And ah...

M: Let me ask you about the grant, the curriculum changes, and your Chairmanship. Are they all in essentially the same time frame?

E: Well the grant started in 1972 I think.

M: Seventy.

E: Ok. And the curriculum changes began after the grant, so that we started... See, the classes that we had already in, ok, had to go through the old curriculum. And then I think the first class that we graduated with the new curriculum was maybe like 1976 or 77. (M: ok) Ok? And then I was made Chair, I was elected as Chairperson in 1974, because remember the merger took place, and then O'Leary had wanted this South Campus to have colleges so that the North Campus wouldn't go in with colleges and we went in with Departments. and then we would be subsumed. And so that they decided to have a college here, and they wanted a College of Allied Health. They didn't allow nursing to have a College of Nursing.

M: Who's they? O'Leary?

E: Well, O'Leary... See, I don't know how much, how much discussion had taken place. There was the whole issue of the College of Education, if you look back and remember. That they hadn't wanted the College of Education to be just by itself, but they had no other alternative. So therefore the College of Education became the College of Education, and the College of Music became the College of Music. And then all of the Liberal Arts, I mean the Liberal Arts Programs became the College of Liberal Arts with the Biology and the like. However here we were, we were Nursing, ok? And there was in the Biology Department that (? Camine) was in charge of, there was the Medical Tech Program. So there was an issue about what to do.

Well there was no push from... We thought we pushed it, but yet we didn't really push it, to become a College of Nursing. The answer we got from O'Leary was, we were too small. And at that time I think we were like eight faculty. And that they wanted then to take Med Tech, and put Med Tech here, and they wanted Allied Health, the School of Allied Health. Well we stood up and screamed about that, Nursing did. That in no way were we gonna be the School of Allied Health, because Nursing was not Allied Health, Nursing was a profession. And consequently we then met, Nursing faculty met. We said, well we would agree to it, if we could be called the College of Health Professions. And so that we became the College of Health Professions. And then O'Leary said it needed a Dean, so I can remember this use to be a conference room, and Trudy Barker called the meeting, and the meeting was to elect a Dean. And that Joe Farinha was...

M: Elect?

E: Huh?

M: Elect a Dean? (Both laugh)

E: So Joe Farinha was with Med Tech, and he was over here, so he says, I

nominate Trudy Barker to be a Dean. And then Betty (Mullet?) I think second it, and she was made Dean.

M: Let me understand why you objected to Allied Health. What issues did that raise for you?

E: Oh, well see, Allied Health is a group of others, Physical Therapy, Occupational Therapy, that have always considered themselves Allied. The Federal Government took all of them and classified them as Allied Health people. (M: ok) However, the Federal Government classified Nursing, Medicine and Dentistry as three separate professional units. (M: ok, ok, so it would be a step down?) So that it was a step down, absolutely. (M: ya, ya) And I keep saying to P.T., why do you let people call you Allied Health? You know? So anyway.

M: But they must have been very pleased to be taken into a College of Health Professions?

E: Who? P.T. wasn't around yet. The only thing (M: oh, ok, Med Tech) that was around was Nursing and Med Tech. Ya!

M: But you didn't get a quarrel from them?

E: Oh no, no. Well they didn't... They had... Well I don't know. Joe was a very heavy Allied Health philosophy kind of person. (M: oh, ok) But I don't remember that he had any, that he had any squawks. I can't remember that at all.

M: But he could have stayed in Biology? Is that possible?

E: I don't even know if that option was offered. I think O'Leary was pushing not to have Nursing as a separate entity, (M: ok) because there was only eight of us.

M: And Med Tech was the obvious...?

E: Ya, and Med Tech was the, you know. (M: ya) And so then we became that, and then Nursing had a um... Because at that time we had the union, the CIO, AFofL, CI whatever. And so Nursing then elected, and I was elected to be Chair of Nursing. I wanted to be Chair, and so that I was elected to be Chair.

M: Was there any competition?

E: I can't remember whether it was then, or later on that there was somebody running against me. I don't remember whether it was the first time or not.

M: Did Trudy encourage you as Chair?

E: Ah, ya. Trudy was getting to depend on me alot more. And Trudy knew she could count on me, and if she was Dean, that she wouldn't have to worry much about Nursing.

M: You sort of have (E: huh?) a good right hand man. (Laughs)

E: Ya! Ah, so then I became Chair. And the curriculum was... We had initiated for the new classes, for the new admissions coming in. And then



I had started on my Doctorate, because I decided, well, I could not afford not to have my Doctorate.

M: You were tenured or not tenured?

E: I was then tenured. I was given early tenure. I went up for it. Somebody said, you can't go up for it. I said, why not? I got a grant for \$256,000 (Laughs).

M: The first grant.

E: Ya! Why can't I go up for it?

M: Your name wasn't on it, but they gave you credit for it?

E: Well everybody knew I worked on it. (M: oh) I mean, I did it, but, and Trudy did too. I mean, I got to say that Trudy did say, you know, that it was Eleanor's and Mary Wheeler had helped her. (M: yes, ok) I think she might have said that to you when you were there on your interview.

M: Probably.

E: Ya. Well she might have, but she had never denied it, you know. But we're two entirely different people. Entirely different people. That you know, it was a wonder that, you know.

M: So you went to B.U. for your Doctorate?

E: Ya. Ya, well I had decided that I was gonna... See, I was gonna stay in Higher Education, and I liked Higher Education. And I said, gee I'd like to be a Dean one of these days, somewhere. So I decided to go to school. But then I wanted to go to school too, in terms of Administration and Higher Education. So I went, and that was very interesting. Then Doctoral Committee, well men, alright. (M: laughs) So they wanted to interview me. So we were talking about basics, why did I want my Doctorate? Cause I want to be a Dean. And that involved decisions making. Ya. Ok, and how do you make decisions? I said, well it all depends on the decision. I make decisions, sometimes, you know, I do listen to people, other times I don't have time to , that I got to make it right away, you know? Well do you always make a right decision? I said, I think the only one that makes a right decision is up there, you know? So we had that back and forth. So they accepted me with flying colors. Ha!

M: You were already Chair, right?

E: Ya, I was Chair. So that I took a sabbatical in the Spring semester of 76-77, and completed my dissertation and stuff. And my dissertation was in terms of looking at the influencing potential of Registered Nurses. I was still very concerned about Registered Nurses having power, and having influence. And I wanted to look at what would, what makes an influential nurse.

M: In a hospital setting? No?

E: In any setting.

M: Any setting. Community setting or academic setting.

E: Ya. How does a nurse become an influential. It was great! It was great!

M: Politics.

E: Absolutely! (Both laugh) But no, what you have to have, it was very interesting. Very interesting in terms of, some of my... I did, I did four tests. And one of the test I took from (Sniderman's) work, who was a politician. He was a political scientist out at University of California. One was the whole power issue, and this was McClellan out of Hartford, Harvard. And one of the people on my committee, was one of his students and research assistant, you know, who went on. In fact, when I called him and spoke to him, I wanted him on my committee, and he couldn't do it. And, but he told me about this person who is now at B.U. and the like. But it was looking at the need for power, whether someone has that in their makeup, their level of interpersonal skills. And I developed a scale of professional orientation, which was their involvement in their professional life. And um, let's see, interpersonal need for power, and professional orientation, and taking all those things together is that, if a nurse if going to be an influence, she needs to have that need for power, she needs to be a person who becomes involved. And I got all of that out of opinion makers, literature and stuff, and needs to have a high level of interpersonal relations.

And it was very interesting. I was getting off on a whole footing, is that, that humor and sense of humor, was a very important aspect. But I didn't go into that, because it was taking me away from, but I said, one day I'm coming back to the sense of humor thing. Then...

M: So how long did it take you to get your degree?

E: Four years.

M: Which was course work and orals, dissertation?

E: Course work, written comprehensive, orals, and then dissertation.

M: And you also were Chair?

E: And I was Chair, ok? And at that point in time, I put my daughter into the school system in North Andover, and I was gonna send her to Lawrence Academy. However, they reneged on financial assistance. My brother-in-law and his wife said that Victoria could live with them, you know, because, (M: ya, be a resident) ya. Ah, well, I went to the school committee. See, I don't buy back door for nothing. I went to the school committee and the Superintendent of Schools and told them I wanted to get my Doctorate, however there would be some nights where my daughter would be living in North Andover, because I didn't want her home alone. She was at the age where, you know, they don't need a babysitter. But I wanted her to go to North Andover schools, and I would bring and take her, you know, how it fit into the thing that I needed their permission. And that I would be willing to pay tuition. The tuition was like \$700.00 a year. And that I wanted them to know, because I didn't want to have any concerns or any questions. And so the Superintendent and the School Committee, I went down to the meeting, and they voted that my daughter could attend the school, and that they voted the fact that I was going for education, that they would not charge tuition. Ya, but see the thing was, I could not have my daughter living there. I can't, I can't do those things Mary. You know, have her live there and to to school there,

and make believe she was a resident. I just, (M: umhm) I just, I am not comfortable with those kinds of things.

So anyway, I did all of that, and I finished. And the day of my defense, I took a suitcase full of books to my committee. Because my dissertation ended up being for the body, forty-two pages. For the bib of course, it was a lot longer, (M: umhm) and for the appendices. But for the body... And I was defying them to challenge me on the brevity of my dissertation.

M: What happened? (Laughs)

E: Huh?

M: What happened?

E: They congratulated me. (M: oh!) That to think I was able to get it, I used discriminatory...

TAPE II, SIDE A ENDS

TAPE II SIDE B BEGINS

M: So you brought this suitcase full of books just to back your...? (Laughs)

E: Ya, and I, just to back me. Because it had, there were articles in it, there were messages saying that the dissertation should not be the long, you know, unruly kind of thing that people shove on, you know, put somewhere and don't read. That there should be the brevity to dissertations, that this business of repeating and repeating and repeating, of what value was it?

But they commended me and the like, and then they were very upset to think that I had to, I had to start submitting to APT, (phone rings, Eleanor begins to walk away from recorder) APA, you know. (Tape shuts of momentarily) Pathological Journals, and the like. And then I never did anything about publishing it, which was wrong, you know, which was sad. Because I saw a thing in a journal that I pulled out, "The Makings of a Nurse Influential", you know, and the like. And I said, you know...

M: So you could have done it earlier?

E: Absolutely, but, se la vie!

M: But you very quickly became Dean, did you not?

E: No. Now that was in 77, (M: ok, 77) 77. So I was then re-elected as Chair of Nursing, (M: ok) ok? And then in 1980 was when Barker decided she was gonna retire.

M: Why do you suppose she did that? What was your understanding?

E: She wasn't well. Her husband had been retired, and he was demanding that she retire, because I guess they had made some agreement that they would retire together. (M: I see) And he was not happy being retired alone. (M: I see)

And so they advertised nationally, and somebody said to me, your crazy you're letting them advertise nationally, as though I had anything to do with it. But maybe they shouldn't. Why don't they select, you know, somebody from in house, and if you want it. I said, you know, that would be stupid. I said, I would prefer having them advertise nationally.

I would prefer that if I got the job, I could stand up and thumb my nose at everybody and say, hey look it, they had people from all over the country and I was selected. (M: umhm) So that I was very happy that they had a national search , and I figured I was gonna throw my hat in the ring.

M: And the faculty made it clear?

E: To the committee. The faculty of Nursing made it clear to the committee that they wanted me, the faculty of Nursing. The faculty in Clinical Lab Sciences wrote a letter to the President, they did not want me. The faculty of Phys Ed wrote a letter to the President, they did not want me. That was... Who else was there?

M: Did they have candidates, or did...?

E: No. Well candidates came around. So many candidates were selected. No, see, I, one of the (unclear) because John Duff was funny, (laughs) when he finally appointed me. He said, Eleanor, what I'm gonna do with you? He said that there were people that don't want to. I said you know, let me tell you, they're funny. I said, they don't want me because they sat with me, and they knew that I fought hard for Nursing. I said, I was Chair of Nursing, that was my role, ok? If they can't think forward enough, that I accept responsibility, and now my role would be for the total college, then shame on them. And I said, people in Phys Ed don't want me. Well they're lazy bastards anyway. And they know that I'm going to demand, because they know loud and clear that I'm not approving any promotions for anybody that hasn't got, doesn't have the qualifications. And I said, so, I said I'll take care of them, don't you worry about them.

But today, those same people in Clinical Lab Science have come and told me that they couldn't have had a better Dean.

M: (Cannot understand comment-unclear)

E: For all of them. See, I believe in being fair, and as certainly as the Dean. And they I guess had every right to assume that I was gonna push it. Because they thought what I would do is to push them out and make it a College of Nursing. But it's not, it's not cost effective in this day and age anymore. You know, it's not the smart thing to do anymore. Nursing would hang itself. Nursing would end up becoming a department in some school. So, but they ah, you know, they thought, but now you know, they have seen and the like. And they have come and told me. Individuals have come and said that they were very glad that I was Dean.

M: I'd like to corroborate two stories (E: ok) that Trudy Barker told me. One was, when you moved into the Wilder Street house, the maintenance people decided that you folks will do your own cleaning. Do you remember that? (E: no) Well, as she tells it, there was a confrontation over whether or not the women in effect would clean their own place, or whether or not the maintenance men would come in and do it. You don't remember? (E: no)

The other one I think you will remember, she called it the cadaver caper. How it was possible to get a cadaver for the Physical Therapy people.

E: P.T., ya.

M: And the difficulties the college had in getting a relationship with a provider. And suggesting that there was politics between UMass Boston, UMass Amherst.

E: Ya. See the people that would know that... See I was Chairperson of Nursing, so that she didn't deal with me about that. She would deal with Joe Dorsey about that. You want to hear some corroboration, go ask Joe Dorsey.

M: So there was such a division within the college that you were not apprised at this?

E: Ya. Well see, those... What we knew is that there was a problem about getting cadavers. That UMass wanted the students to go to, go to Worcester, and they wanted something like \$75,000 you know, to teach the course, and with the cadavers and the like. And that they were trying to find people to donate their bodies. I mean very general as that sort of thing. (M: ya)

M: There was a peculiar administrative problem that ultimately was resolved?

E: Ya, by getting donations. But see, the way I'm going to attack that problem is, I've called UMass, and of course they have their own closed circuits. So I said, you know, maybe I ought to start my own with the group of schools that don't belong to UMass. So they, I laughed and said, ya, that might be something. So one of these days, when I finish doing that, I will attack it from... See, that's how I operate differently. (M: ok, yes) I ain't going through nobody's back door for nothing.

M: Ok. Because it wasn't finagling, obviously an inability to get the thing accomplished, and finagling as a result. (E: ya)

E: But now Joe gets, they get bodies that are, they have contacted you know, local funeral directors. And the funeral directors, when they do get a body and it is apparant that there are no close relations, will talk to legal guardians or the like about letting us have the body, and then we pay for the remains to be cremated. (M: right) You know? (M: right)

M: But your solution is to build your own (E: absolutely) constituency. Maybe we could talk a little bit about the politics of UMass Worcester, Lowell State, um, University of Lowell, um, you. How are these pool of applicants, the various programs, what's the (unclear-speaks at same time with Eleanor)

E: Well see, I don't know that we have... You know, way back when they started to talk about whether the University of Lowell was going to end up... whether the state was gonna end up consolidating some of their programs. Remember that conversation? (M: Yes I do. Ya) And that maybe UMass would have satellites, and then maybe we would be one of them. I use to say to the nursing faculty, I wouldn't even worry about nursing. And at that time, as Chairman of Nursing, that's all I was talking about. So they would say, why Eleanor? I said, well look it, you know we're far enough away from Boston, that they're not impinching on our population and we're not really impinching on theirs. And the closest four year school is where? You know, it's not that close to us, so therefore I think that by virtue of Geography, we're in a very safe situation.

And I think that is has come to pass to be that. That we have been safe by virtue of Geography.

M: And how would you define that in regional kind of sense, where the demarkations be?

E: Well I just think of we're in the North West portion of it, and I just

think, you know, from Bedford down is where we're at, you know? However, the other kind of thing that now what we're finding, and it use to be interesting. I use to go to meetings at North Eastern, and it would be the Public Health Nurses from the four year programs that would meet. And you always got, you know, in the beginning, that you were from the boondocks because you came from Lowell. So I said, that's alright everybody. Remember, that's us, but you just leave us alone. Ok?

Then I went to a meeting at North Eastern where people were beginning to look at some of the Health Care Agencies in this area. I said, hey, I thought we were the boondocks? You stay on your side of the street, and we'll stay on ours. What we do find now, is that B.U. like all of the other privates, are stretching out their arms and wanting to come and intrude on us, because they're seeing that the population is here, but the population doesn't want to go to Boston. You know, they want to stay in this area. Just like the Social Work Program that B.U. has. Ok? They're putting it on here. So what we're seeing is them coming and intruding on us.

B.U. had a whole big issue, because UMass Boston wanted a Graduate Program in Nursing, and the Board of Regents did finally approve it, and there was alot of hullabaloo about that. (M: ya)  
You know, well there was. And now UMass Worcester is, that they're starting a Graduate Program in Nursing, and I don't know how that's going to impinge on us, because again, Worcester is about forty, forty-two miles away from here. Are we really going to take anybody, or are they gonna take anybody away from us, or are we gonna take anybody from them. I don't know. Ah, do they want a P.T. program? I think they've been trying to get one. However, I don't want to see them have one. But then with the demand there is for P.T., I don't know that that will impinge that heavily on us. It might! It might impinge to the point where Worcester is trying, and I told Bill Hogan that's what one of my concerns is, is that if Worcester, UMass at Worcester is trying to envelope all of the Health Programs, then, you know, I'm afraid of that. Because I just don't want Worcester to have anything to do with us and the like. But I don't know if that will come to pass. See, I don't know in seven or ten years if we'll just become a part of UMass. I don't know! You know, like the California System? (M: ya, ya) Who knows what the hell is gonna happen. But I don't have to worry in seven or ten years.

M: But you do have some plans?

E: Who me, all the time. (Laughs)

M: Do they relate to a changing sense of Public Health needs? What is your vision first of all(...)?

E: What's my vision for here? (M: ya) Ok, my vision for here is that I would like to develop two Doctorates. I've gotten all the Masters Programs that I wanted here, and now what I see is I want to develop two Doctorates. And I want one in Nursing, and one in Health, or in Public Health, I don't know. You know, one that way. And then I want to develop a Center for Health Promotion, where the faculty can be involved with students and the community at large, for Research, for developing the kinds of programs for developing the findings of research, and putting them to trial, and the like. And then I can walk, say good bye birdie.

M: Is there any specific public health problems that you think a Center for Health Promotion could address better than the way it is now?

E: Well, what I'm looking at is that number one, Health Professionals have not really, in the past, been educationally prepared to promote good health. I think we have dealt with the Health Care System that was geared to sick care, as opposed to wellness care. I think that we need to do a lot of re-direction of mind set, a lot of re-direction of resources, in order to help people look toward maintaining and promoting their good health.

Now the literature has shown that lifestyles are the biggest killers. You know, the (?) life, the smoking, the eating of foods in high cholesterol. (M: drugs use) The drugs, but we're also showing poor nutrition. We're also showing that we're having a group of elderly people who are the frail elderly, who aren't eating right, who aren't doing... Well we want to do some research in those areas, so that if we're doing research in nutrition areas, that the findings from this research, we can have our kids be incorporating it in their practice, in their teachings. That we can be disseminating them information.

Like now we're working with some industries such as Macom. Ok, we have some faculty who are dealing with (peritoneal?), ah, (peritoneal?) solutions, and dialysis, alright? They're identifying some bacteria. But Macom was looking at sterilization, and looking at sterilization through micro oven, microwave, you know, kind of things. So that if we could have the faculty and then get together through a Center of Health Promotion... Because I think the other way, research happens as catchers catch can. I'm looking towards centralizing it, and looking to taking (AHEC?), putting it under this umbrella. And we're identifying some Health Promotion Learning Needs for Health Professionals, that (AHEC?) can develop those kinds of teaching situations. (M: umhm) So that you know, I think it can all come out.

Much like the Center for Productivity Enhancement, and much like the Center for Field Study. I mean, Field Study is working with the Public Schools to see if things can't get better. Ah, the Center for Productivity Enhancement is working with industry to help make things better. Well the Center for Health Promotion, we're gonna try to work with the professionals, with the Health Care Agencies, with consumers, to see if we can't do and contribute to a better quality of life through Health and Health Care, you know? At least that's what I think.

M: But essentially it sounds to me like it's a concentrated Research Center.

E: No, not only research. It will be... Well it will be research oriented with education, because (AHEC?) will be part of it, and with helping agencies develop programs. I'm not gonna go into competition. There are many agencies now that are doing "Stop Smoking". I'm not going to go into competition with them. But if we, based on our research find something else that maybe should be incorporated, no stop smoking things, then we will collaborate with them and say hey! You know?

M: What about the collaboration of high tech medical businesses?

E: Well again, that we have been doing some of that, and we will go ahead and do more of that. Looking and having them use us as consultants through the Center for Health Promotions. You know, rather than... I think a lot of it on campus is catchers catch can, and you're doing something in your own little nook and cranny, and somebody else is doing something, and there maybe is no follow through, there's nobody that knows what's going on, you know?

M: No support.

E: Ya, but I'm getting very excited about that, I don't know. But it will come to pass.

M: What can you tell me about ah, Dr. Duff? (E: Who John?) Ya!

E: Nice guy.

M: What I... It would be very useful...

E: I thank God for the faith that he had in me.

M: I can see that. (Laughs)

E: Ya. I really do, I appreciated it and I let him know that, because he had felt that I seemed to be a very committed, knowledgeable individual. That I seemed to know how to deal with people, that I seem to have some political savé, and that he had always been, he had always been, you know, he had always had confidence in me. And I thank him for the confidence he had in me, you know?

Um, he was always there when we needed him. Like I pushed like hell! I was the one that got the (Sigma...?) going for the Department of Nursing. And that was a special objective of mine, that I wanted to see us have the Honor Society in Nursing. And that got developed while I was Chair of Nursing. And so when we had started with our Honor Society and the like, John Duff was very willing to come down and speak with us and meet with us. You know, he was always that cooperative, and then never seem to have any problems with him.

M: I guess what I'm asking is, both (unclear) with O'Leary and with Duff, I need to be able to characterize them as Administrators in terms of your contact with them.

E: Well my contact, first of all when you look at O'Leary, you look at O'Leary and for the types that they were. The autocratic. There was a need for that kind of Administration and the certain time. I firmly believe that. And then sometimes people will stay, you know, when they're no longer needed, you know? But I felt that there was that time in society, where the autocratic kind of decision making was necessary. And, but see, I could get along with O'Leary. I had no problems. I had, I mean, people said I was fresh, but you know, I just never had any problems.

M: And how did you deal with him?

E: Oh, I use to laugh. And I'd walk in and he'd say... The time he said to me, he said, well since I had been so adamant about associate rank, you know, with the doctorate in Nursing, that I had better start moving, you know, and do something. I said, don't worry, I ain't letting nobody down, least of all me. You know, that's the way I would talk to him. And then there were times when I had been concerned about more money, and I went over, and I would, I would talk to him, you know, and just be very frank and opened. And even, there was faculty meetings when I would stand up and ask a question, when other people would tell me to sit down and shut up, because he ah... But I just... I never felt intimidated by him. But somebody said to me, does anybody intimidate you? And I said, not really! You know, the other day I was sitting at the...

M: That's my guess! (Laughs)



E: I was sitting at the Board of Regents and the Academic Policies Committee was there with the Chancellor and everybody else. I didn't feel the least bit intimidated. It was very tense, because there was a lot of issues about our Masters in Physical Therapy, but I didn't feel intimidated. You know, I don't know. I just felt, you know, alright with O'Leary. I mean, I heard people out there say O'Leary's a bastard, and O'Leary this or O'Leary that, and he was always very good to me.

I mean, I came in and I came in at a salary. I told him when I came that I could not take the salary that Trudy had offered me, that I had a daughter and I was my sole support, and that I need, you know? And then we had discussed that issue. And then the next thing I knew, I got a phone call from him, and he realized that since I was coming from a State Agency that he could not pay me less, so therefore I was gonna get the money I was asking for. You know, and ah, that sort of thing. So that I never really had any problems with him.

And John Duff, I never had any problems with John Duff. We had... Nursing was the Department of Professional Services before we went back to the title of Nursing, ok? Because they wanted the Major of Health Education. They only had two (?) where were they going to put it? So they had called this man who was supposedly renowned in Health Education, who had a resume that was this thick and had written thousands of books, and the like. We didn't interview. I had recommended (sounds like no hire). Well, I wasn't listened to, and then they were troubled, ok? So this guy came on, and he was rotten. Absolutely rotten, and the like.

So I decided, you know, gotta get rid of this guy. And so I went through the steps, because if somebody was lousy there was no way in hell. So he was here a year. Then I'm sitting here and I'm raising hell and I'm constantly documenting. So finally Duff, Trudy then said, we'll have to talk to Dr. Duff. So we went to Dr. Duff. Hogan was Academic Vice President. So there was Duff on his desk, Hogan was sitting there, and Trudy was here and I was here. So Duff's a little upset, because this man was brought from Oklahoma or wherever. And I said, but look at it. Then I gave all of the reasons why I thought he was a poor teacher, he didn't know what he was doing and the like, and it wasn't fair. So that I felt that his contract should not be renewed, and I was pressing the issue, and I wasn't gonna let go. Then Duff turns around and says, Eleanor, supposing we put him on O3? I said, oh President Duff, does that make him a better teacher? And Bill Hogan almost fell off his chair laughing. (M: Laughs) So Duff says, you win. (M: laughs)

So I got a call from a friend of mine who knew that this guy had gone to see the lawyer. In fact, the friend of mine was a lawyer, who said, Eleanor you're gonna get sued, are you sure you can handle you know, because are you sure you're gonna be, you can handle this? This guy is gonna sue you for everything. I said, he can sue for whatever he, you know?

M: On what grounds?

E: Ya. Oh that I brought him here, or he was brought here, and then I was the one that was firing him, and I was this and I was that. But see, I had recommended strongly, no hire, because I wanted him to give a paper. Community Health was suppose to have been his background. And I... When they said, what do you want him to do? I said, I want him to present the paper in Community Health. Well this guy was off the top of his head. And some people can articulate off the top of their head, and connect every sentence, but this guy couldn't articulate. And he was off the top of the head. It was a disgrace.

I said to the others that were there, the others recommended no hire. I said to (Buck?), you're not going to hire him? Well look at his resume, you know? But that... So Duff was supportive, you know? (M: ya) So that was my experience with Duff.

But see, the other kind of thing, on the other side of the coin, I have never been timid to make that kind of a statement. And I don't know, you know, it could get me in trouble, or it could get me out of trouble. I don't know. The Director of Nursing at Lowell General did say to me, I could talk myself in and out of a paper bag. (M: laughs)

M: That's useful.

E: Ya. But ah, you know, so that Duff was cooperative, and it worked out right. And then too, Duff appointed me as Dean, but he did not hesitate to tell me his concern. And all I said to him was, don't worry, I'll take care of things. But I have a ball! I have a good time!

M: I'd like to have you talk about the people you hired, and the way the staff has grown. And tell me about the Mary Wheelers, people that you worked with?

E: Mary Wheelers and Pat Tyras, they left first, they left way back when, only because (M: why?) there's a lack of leadership. (M: ok) The lack of knowledge, the lack of pride that one can take it and leave it, and the lack of value for human worth.

M: What does that mean?

E: That the leader at that time had no value for their, for any human being's worth or respect. All they were concerned about was self.

M: Ok, I understand.

E: Ya. And I have always said that I should hire people... See, I love to hire people that can give me an argument.

M: That can give you...?

E: An argument.

M: Oh! (Laughs)

E: That's the only kind of people to hire, you know, is somebody that can challenge you. That ah, I think that my office, I need to surround myself by people who are as sharp as sharp could be. And somebody that I could take and put to the wall, and they can take me and put me to the wall. I think that's important, that's imperative.

See, I had a little concern about one department here, and I had raised issue as soon as I became a Dean. That any faculty who makes application to this college, I want to see their vita. And that no one is going to be appointed or promised a position unless I approved of it. Because there had been one department here, that when somebody came that had a Doctorate and had anything exciting in their resume, (M: you grabbed them) they were not, no, (M: no?) they were not recommended.

M: Oh!

E: They were afraid of (M: of the challenge?), that's right. And I knew that was going on when I was Chairperson of Nursing. I knew that that other department, that was happening in that other department. Because you know, I would just meet some people who were tantilizing, and then I wouldn't, you know, I wouldn't see them and what had happened. So that I made that very, (M: unclear) everybody knew that. That they weren't gonna hire, and now was the time to get off the pot. And if you couldn't hire somebody who you knew was better than you, and could be better than you, then shame on you. (M: ya) Yup! And that's my philosophy about hiring.

M: So you in effect, centralized this decision making?

E: Well, what it is, is that the departments, you know, they have a position, ok? The position becomes available. They, we then advertise. Applications are sent to the Chair or to whoever in the department. The department committee begins to review them and interview them, and then makes recommendations. And then the recommendations come to me, and I don't agree on anybody until I interview them.

M: So there's a double interview?

E: Absolutely! (M: ya) In some cases there may not be, because I have seen the resume or I have known about you know, the capabilities of that resume, and the like. But no way in hell will I tolerate people not wanting to recommend somebody to hire because they were live wires.

M: What else do you look for?

E: Well I look for people who are knowledgeable, but people who can get along. People who are (bangs hand on table) on top of the table. I don't play games. And you know that from the minute I interview you. If you want to play games, don't come. And if you want to sit there and tell me that's not in your job, then don't even take the job.

I mean, there are times when we're all asked to do some things, if it's for (M: ok) accreditation (M: ya) and the like, and I turn around and say, hey, could you give us a hand? Ok? (M: umhm) I don't give a shit if you're full professor, and you say that's beneath your dignity, then I don't need you.

M: How has the patterns for hiring changed over your tenure here?

E: Over my tenure? (M: ya)

M: Obviously there are more Doctorates.

E: Oh ya!

M: People are obviously younger, presumably.

E: Well I think the times are changing. The faculty are getting much more experienced. That they aren't novice anymore and I'm not a greenhorn, in terms of what it means to have a qualifiable faculty that can stand up and be counted.

M: And does that mean publication and experience or...?

E: Ya, well it means publication, experience, research, orientation. It means alot of those things. It means involvement, you know?

M: And that reflects the curriculum changes presumably, you're hiring more  
(E: absolutely) Public Health people? Is that fair or...?

E: Well, ya, no, in terms of we're hiring people who are in the specialty areas, however focusing on gaps of specialization. (M: umhm) You know, like the new Masters in Physical Therapy. We're looking Cardiovascularly, muscular skeletal...

END OF SIDE II, TAPE II  
SIDE I, TAPE III BEGINS.

TAPE BEGINS WITH ELEANOR FINISHING PREVIOUS SENTENCE

E: Some who are anatomist and some who are physiologists, you know, so we do that.

M: And these are really more than Nursing?

E: Oh ya!

M: This, the school?

E: Oh, we got flack... You know, let me tell you something.

M: Characterize it for me.

E: Well, we were at a Cabinet Meeting. You know, Cabinet Meetings is held by the President. The Vice Presidents are there, and the Deans are invited every so often to attend the Cabinet Meeting. So at one Cabinet Meeting Dr. Hogan made known that he was going to go to the Board of Trustees and request Assistant Deans for the College of Engineering, the College of Management, the College of Pure and Applied Science and the College of Liberal Arts, and that he wanted everyone to be aware of that. And he wanted to know now, is there any discussion?

Well I have a very bad habit that Hogan has already picked up, because if I'm getting ready to say something, I begin to push my stuff away. And he turns around and says, oh, oh, I think we're gonna hear from Eleanor. (M: laughs) So I raised my hand. I said, I don't understand why the College Of Health Professions isn't being considered as needing an Assistant Dean. Well I had to realize that we were smaller. I said, yes Dr. Hogan, you're right, but do you realize that out of this small college I have five various accrediting bodies that I must deal with? College of Management deals with one. College of Education deals with one. I mean College of Music, of Pure and Applied Sciences doesn't deal with any, ok? College of Engineering deals with one.

I have an accrediting body for Nursing. I have a different one for Physical Therapy. I have a different one for Medical Technology. I have a different one for Health Education, and an entirely different one for Health Care Administration. I said that I have also State Approval bodies that we have to deal with. And then I went through all of the differences in each. I said, even though the common denominator is Health, in terms of teaching people how to help people in Health, they are as different as five different colleges. And that I as Dean must keep on top of it.

So I went on to talk, and I said, if I had known that this was gonna come up today, I would have come prepared to discuss the issue. Mary McGovern says, well thank God she didn't know, (M: laughs) you know? Ok, so

Ok, so then Hogan says, well then present a position paper to me, then we'll see what we're doing. I presented a position paper, and the next thing that I knew, the next Board of Trustees meeting, the President recommended that there be an Assistant Dean for Engineering, for Pure and Applied and for Management, for Liberal Arts and for Health. The way I operate, I couldn't sit there and not say anything, you know? Hey, I think that we do more work, we have more required of us from a professional perspective. And so therefore, you've given them the help, I've got to have it too.

I'll tell you too, the other thing is, somebody says that nobody would dare talk or make comment at the meetings the way I do. Cause I'll say to them, now honey. He'd say, oh, it's coming now, I know it's coming, you know?

M: I've seen him do that.

E: Ya, (Laughs) with me?

M: No, but I know there's some one else.

E: Well, because if I say honey, I know, because he'll say to somebody else, watch it, was she calling you honey? Get ready for a fight! (Laughs) But... So that characterized the college. That even though the common denominator is there, they are not, they are not closely related. They are really separate entities in each of our majors. And so it really calls for a diversity among faculty, and the like. However, I feel there are some things that are common. And one thing I'm pushing for, and I'm having faculty work on it, is the look at the first course in the graduate programs. You know, they have a string of research courses? (M: umhm) Ok. That I want them to look at the first Research Course as being an interdisciplinary thing. That whether the kids are in Physical Therapy or in Health Services Administration, or in Nursing, or the like, that they take this one research course together, and that it's taught by a faculty team. Because here we are constantly, ah, constantly selling that we must act as a Health Professional team, you know, we must be a team out there in the real world, and we don't do a damn thing in this college to show our students that we work like a team. So that's one of the kinds of things, one of the goals that we'll be going toward. (M: umhm)

M: Is that...? Are you looking for a particular kind of person to hire, who has that flexibility and you know, ability to create new ideas and new methodologies?

E: Well, when we, when we hire people we kinda look at that too. Ya! I'm looking for a couple, I'm looking for an Associate Dean, I'm looking for (laughs heartily) (M: sure) sure.

M: Who is your Assistant Dean?

E: Ah, Sue (Wisinsky), she's in Aruba this week.

M: That's right.

E: She's an Epidemiologist. Her Masters is in Public Health and her Doctorate's in law.

M: And how long has she been here?

E: Oh she's starting, she'll be starting her third year.

M: Umhm. I should start interviewing some of these newer people (laughs).

E: Oh. Ya, that would give you a good perception of oh, you know, some of the newer people. Good perception of what's going on. But I think it's great. We're a very alive College.

M: What about some of the retired faculty like Elizabeth Mullett? What was her role?

E: Well Elizabeth was a true scholar. I mean, ya, Elizabeth Mullett was one of the first people in the fifties to get a PhD in ah, her's was in Biology, that the Federal Government... The Federal Government said that nurses needed more PhD's and the like, and they were sponsoring dollars and the like, and she was one of the first people. Elizabeth did alot of publishing, and she worked at Boston University for a long time, and then she worked at University of Connecticut, and here. And Elizabeth is highly regarded in Nursing, in National Nursing as well as local Nursing.

M: So she was something of a star (E: ya) on the faculty?

E: And people couldn't understand why she would come to work for Trudy Barker.

M: Why do you think the (unclear)?

E: Why she did? Well she had heard, you know, how we were beginning to develop, and grow, and she saw it as exciting, you know?

M: Do you think she found it that way?

E: She did because she started out as the Project Director.

M: Oh that's right, I see what you mean.

E: Ya, yup, she started off as the Project Director and the like. But um, she had some, you know...

M: Did she stay for the five years and see the grant through, or...?

E: Well, no, no, because then she went to the University of Connecticut to work. Then Bea Ames saw the grant through. And then...

M: Was she hired away then?

E: Ya. (M: ok) Ya, <sup>UConn</sup>~~Yukon~~ wanted her real badly.

M: Who else was there of that generation you might characterize? Early people?

E: Oh, Norma McQuade.

M: Ok, what about her?

E: Well Norma McQuade was well known in the Lowell area. And that Norma McQuade, you know, was Director of Nursing at one of the local hospitals, and the like. And then she, she came here and she was very committed. And she got her education at B.U.. And then she retired.

M: Did she help you set up the program with the local hospitals?

E: Yup. Norma, well Norma helped there, and Norma's area of expertise was critical care, and critical nursing, which was more than... she was a fellow in critical nursing, and that was alot, you know, that was necessary for the curriculum. (M: umhm) I'm trying to think at the same time of who else. We haven't had that many retire I don't think.

M: Have you had a lot of high turnover?

E: Oh yes, yup.

M: People (?) away.

E: Ya, there's always been in Nursing, a turnover. (M: umhm) See it's too bad that nurses didn't go out and get their Doctorates first, then come and look for a job.

M: Because there's a good market for them, right?

E: Ya, ya. Well, because it's not easy to come to work and then try to get a Doctorate.

M: Exactly.

E: No. But ah, I'm trying to think. Ya, people come and go. And some people that went, I said good bye happily, some other people, I said the door swings both ways, and other people, I have said... Philosophically, the one thing I don't do, is that one faculty member said, well ask me to stay and I won't resign. I had, you know, that faculty member was a very good person, and the like. I said, I will never ask you to stay. I think you're an adult, you made the decision. But if you ask me Eleanor, I won't leave. I said, I will not ask you.

M: Is this some kind of personal commitment or...?

E: Well, this person wanted to leave, ok, (M: yes) and the person said that if I would ask them to stay, (M: ya) that they wouldn't leave. And I said, I wouldn't do that to anybody.

M: Almost as a personal favor?

E: Ya, ya. But see, I don't do that to anybody. (M: ya) I think that you're an adult, you make a decision. You want to go, then I think you ought to go. If you have been good with us, I thank you for it. If you've been lousy, you know, I don't have any great loss. I do say to all the faculty, is that they ought to get out and see the outside world, because I'll tell you Mary, I don't give a shit whether they're Nursing or Liberal Arts, and the like, you ain't got it so good anywhere else. Cause I travel to a lot of schools. I'm a visitor for the National League for Nursing. I'm a visitor to the American Physical Therapy Association. And I mingled with the Liberal Arts people, and the Pure and Applied Science people, and the like, and we have it damn good here.

M: In terms of what, salaries...?

E: Salaries, in terms of, of working hours, in terms of Research Foundation, and the like. And I tell the faculty here, is that they ought to go out and see what the rest of the world is. You know, one Nursing faculty member was smart mouthing about, you know, going... So I gave her the ad from B.U. I said, here, B.U. is looking for help, why don't you go there? So she said, ya, that's not fair Eleanor. I said, what do you mean it's not fair? You're talking about that how lousy this is, how lousy that is. You go to B.U., they'll offer you \$9,000 less than what you're getting right now. And you're squawking to me about, you're not making enough money. Well because B.U. is offering \$9,000 less, that doesn't make it right. I said, no, maybe it doesn't make it right, but you're getting \$9,000 more than you would be getting at B.U., you know, and you're constantly squawking, and I don't need that.

M: So you're looking for a professional behavior?

E: Ya. I think, see, I think that's the other thing, that what my study showed, is that there's two kinds of nurses. Those that are vocationally oriented, and those that are professionally oriented. And we have much more that are vocationally oriented than professionally oriented. And I think that's a serious concern for the profession.

M: It's a long term struggle with the Nursing, isn't it?

E: Ya. But I think that if you get a professional faculty member, that faculty member does their work, doesn't care about, you know, and the like, and gets it done and you know, all. But when people begin to count the minute they're you know, I don't need... That's a lot of...

M: What about May? May Futrell, when did you first meet her?

E: May, I met May when I was at B.U.

M: Did you?

E: May worked at B.U. for a lot of years, you know?

M: Ya, I know.

E: And I met her because ah, I was a student teacher in the Undergraduate Curriculum at B.U., in the Nursing Program.

M: You did. Now talk about this, go ahead. (Laughs)

E: No. Well, and so that the faculty that taught the seniors at B.U. were clustered in one area. And so that my mentor was a senior faculty member who worked on the senior, you know, with the senior people. And May's office was in that same net where I had first met her. But I never really knew her. (M: umhm) And then I came here to work, ok, and then May came, and she came the following year. She came in 1970. And May was tenured at B.U.

And at that time, they wanted May ah, there was something with the Board of Registration in Nursing, and they wanted a curriculum expert. The Board of Registration in Nursing would not approve the program, because there wasn't a curriculum expert. And that they had to have certain kinds of teaching experience. And May had it. I didn't have teaching experience prior to this time, so they hired May, and May came.



M: Was she connected with Trudy while Trudy was at B.U.? Did they know each other?

E: No, I don't think so.

M: They're just different...? Classes?

E: Ya.

M: What was ah...? So she was a specialist in Health Education, is that correct?

E: Who?

M: May.

E: No, May was a Med Surge person. (M: oh, ok) She was Medical Surgical.

M: But she had curriculum experience?

E: Well, see, she had experience in teaching at B.U. ok, and that developed curriculum and the like. And in her Masters Program, she had had some curriculum. But the fact that she was an experienced teacher... See what the Board of Registration was upset about, here was Trudy Barker, who was a Chair who never taught and then Eleanor Shalhoup comes along and doesn't have... (you guys are going, right, speaking to someone else) (tape shuts off, resumes with Eleanor)

The Board was very concerned... (Bye Bye, thank you, speaking to someone else) The Board was very concerned because here were people, and nobody had any experience in teaching.

M: Ya, I imagine so. (Laughs)

E: Well see, one of the serious problems with Physical Therapy, but this is where I was Chair of Nursing, Physical Therapy, they weren't gonna be accredited. They had a lot of problems. You know, here they had people who never taught before, and the like, and they were suppose to have an accreditation self-study done and it was, they were really in a lot of trouble. So I was asked to help them, you know, but it makes it very difficult when you have people who are novices, you know? (M: ya)

E: Well she was brought in as time went on, and people that started to work on the grant, you know, not to write the grant. But she would be a person on the Curriculum Committee too. See everybody got their chance when their area of specialization was needed, then they were asked to participate on the Curriculum Committee.

M: Yes. Why did she agree to come here. Do you know? I will ask her of course.

E: Oh ya! Well the money was better, number one. And number two, see, B.U., what you have to remember, is that B.U. was beginning to ferment. That there was a lot of problems. That they had a Dean of Nursing who was brought in, and at that time everybody said was to make heads role. And there was a lot of trouble at B.U. And so this opportunity came. A lot of people were fleeing B.U. (M: ok) That's why Betty Mullett left B.U., Pat Tyra left B.U., May Futrell left B.U. And May came, and the initial offer to her at that time

in 1970, her initial offer which was low on the totem pole, was \$4,000, \$3,000 more than she was getting after twelve years, ten years at B.U.

M: Wow! So it was a good deal.

E: Oh ya! Ya! But B.U. was having alot of trouble, and alot of faculty were looking to get out of B.U.

M: I see.

E: So it worked... It just opened up very nicely for her.

M: How did she ah... She became Chair after you became Dean. (E: ya) Was she an obvious choice, or was there some competition for that? She's a great grant writer, isn't she?

E: Well, those grants we started, I wrote with May and Betty Mullett. (M: ok) May never wrote them herself. What she did finally write for herself was the continuation of the grants, because they became the same. So whether anybody likes it or not, the first grant that was written, there were six of us that wrote it, ok? And Betty Mullett and I were big contributors in that.

And so May, there was some talk about some others, and then some people felt that they weren't quite ready for it, so there ended up being no competition.

M: Are there various interest groups within the ah, not so much the college, but within the School of Nursing? How does that split? Are there any factions, are there any...? Well, what I guess I'm getting at is the sense of the (?) people who would put in a diploma program that would be challenged, and there would be a growth of, or an evolution of the curriculum. Are there people who advocate change in different ways that point to the future? Are there people who are contending in effect, from leadership of the School of Nursing? Department of Nursing?

E: Well, ok, let me tell you something. First of all, as Dean I don't mind my own business. I don't mind my own business, ok?

M: (Unclear)

E: I have been very concerned about the curriculum in Nursing. I have been talking to May about it, then I have been talking to, Nursing is split into three teams. There's a junior team, a senior team, and a one and a half faculty member sophomore team. (M: ok) Ok? That my concern has been about what's happening out in society in terms of Health Promotion and the like. So that I have zeroxed alot of information and have sent it to the Curricula Committee of Nursing, and to the faculty and to the Chair of Nursing. Because I felt that they have really got to look at their curriculum being changed.

M: In what direction?

E: Towards promotion of good health. Because what it's gonna come, is that nursing now is going into so many other areas of health care. It's not only the care of the acutely ill person, ok? But what they've got to look at is maintenance of health, promotion of health, and prevention of disease. And that the curriculum has got to shift to accomodate that.

M: Is this like the penicillin analogy, where there was so much physical labor? Is there a high tech revolution going on?

E: Oh absolutely! (M: ya) Well if you read (Megatrins?) ok, well he talks about... Well (Megatrins?) now this is a book that he wrote...

M: Is is (Nesmith?)?

E: (Nesmith?) Ok?

M: I just (unclear..)

E: Where Nesmith was talking about, you know, high tech, alright? The one thing he does point in the high, in his book, is that there's still the need for high touch. With high tech there must be high touch. And he does bring in the fact that Nursing is this kind that can contribute to the high tough kind of thing. And that what Nursing curriculum has got to do, is look at the changes that are taking place in health care out there, and be preparing their students for those years and those changes.

M: So there's more sophisticated services, (E: absolutely) along with very high technology?

E: Ya. Because I'll tell you, I think that eventually before you know it Mary, is that Nursing is going to look towards the Masters as the entry level degree. As the first degree.

M: Like an MBS, right?

E: Ya! I have a friend who's the Dean of the College of Allied Health at Tempo. And she called me and she said, boy Eleanor, I'm flabagasted. And I said, why? She said, because she had always thought that her Nursing faculty was not... She has Nursing too. Was not as forward thinking as she would have liked them to be. But she said, I had asked them, all of the departments for a position paper and for their goals. And she says they want to eliminate the Baccalaureate Program in seven years, and be given Masters entry level program. Which I think the Health Care System of tomorrow is gonna call for a much more mature, atonomous, self directing individual, who is a Nurse. So that I think we're gonna see that. I think that's exciting!

M: Ya! (laughs)

E: I think it's exciting!

M: The rest of us are left with this four years of what are we gonna do with these people? (Laughs)

E: Ya, but see, what you should be doing... See I'm very jesuit oriented. What you should be doing with them, is helping them how to get along in society with other people. How to manage their lives. How to think, how to gather that information and separate it out, and look at this and say, well this is not, it doesn't weigh as good as this way. To do some critiquing and to do some judgement, and be able to substantiate why they did that.

Then I can take that kid, ok, then I can take that kid, sit down and make you a nurse, but I don't have to stop and teach you how to sort it out. Now you have process, I will help you with content. You know, I really...

Let me just (unclear) (M: sure) I really think Mary that that's what the...  
(Tape shuts off and resumes again)

E: I can talk till tomorrow.

M: One of the things I think is important is that this is for the college as well. This is probably the only interview I suspect that will ever be done. (Laughs) You, May and Trudy. So I want to be as inclusive as possible. But ah, one of the things that strikes me is that you happen to hit, it was right in the 1940's, this wave of expansion of the federal support for health care. And ah, I guess what I want to ask is, how has it been in the eighties? That very strong impulse, obviously to help set up the program, help educate you.

E: Ok, ya. Because there was some studies done. Ok, first of all in the early 40's and after World War II, we had the wonder drug, and the whole health care system changed, you know, and the like. Then in the sixties, they did a serious study of Nursing, Nursing Education, ok? And that's where they determined that we needed to support Nursing Education. That's why I was getting all my education for, you know, for free. That there was a big issue, however three years ago, the Congress then said that they wanted another study done to see about, hey, isn't it about time we stop supporting Nursing Education? So they're doing a study now. Right now Federal support is part of my buttressing for my Center of Health Promotion, is that the Federal Government had said that Health Promotion now is very important. Disease prevention is very important. So the institutes of health are allocating much more dollars, much more dollars for research in health promotion. The Federal Government, here, the Federal Government has done this, ok? And they're putting much more money into it. However, they are putting some money into Allied Health. They have been supporting area health education centers, that we thought was gonna get wiped out, ok? But they have been cutting down support for Nursing, however, they just passed through that Nursing is having it's own Research Institute. Is one of the National Institutes down in Washington. So that there is a contradiction every step of the way. That there wasn't suppose to be anymore money in Nursing, we're still getting Federal traineeship money, so that our graduate nursing majors are getting, you know, some money for some help. The Physical Therapy people haven't utilized the Department of Human Services in Washington, because I don't know if there's any money for Physical Therapy people there.

However, there is post-doc money for first time researchers, whether they're a Physical Therapist or a Liberal Arts kind of person. So that there has been a pulling back of money, but there is money beginning to seep out for Disease Prevention, for Health Promotion. (M: umhm) Nursing has its own Institute in Research.

M: This was signed by Jimmy Carter ?

E: Huh?

M: Seventy-nine?

E: Ya, ya!

M: Ah, I guess my question is, how much impact has Reagan Budget cuts had on support for health? And I suspect that what you're saying, is that the Congress has really held the line?

E: Well they haven't. They have been holding the line. We've had, you know, they've had some good friends in Congress. You know, like people like Kennedy and (Conti?) and the like. That Reagan vetoed the Nursing Research Institute, but it got re-instated. (M: umhm) So that who knows, you know?

M: And yet the tendency of your planning for the future seems also (unclear) with the future of federal funding, which is into promotion.

E: Yup! But that's what society's needed. I mean, we're moving... And actually, as an academic institution, we're moving toward ah, helping meet the needs of society. I mean that's what we're here for, aren't we?

M: Ya.

E: I mean, one of our primary reasons for being. And so there is a need in society to keep society healthy, (M: umhm) because you know, if they're kept healthy, then it's less expensive than to treat them, you know, when they're sick.

M: Ok, so that would speak to spiraling hospital costs and health care costs?

E: Spiraling cost and health care cost, and the like. Plus the anguish (M: yes) of illness.

M: What about things like infant mortality and ah...?

E: Well it's coming down slowly. I don't have the statistics, but it's not, it doesn't come down as fast as it came down in Sweden and in other countries.

M: Of course you could argue that's health promotion as well, largely...

E: Well that's right, that's right. But right now they're pouring in an awful lot of money into teenage pregnancies. (M: umhm, umhm) But the whole issue there becomes the issue of, if there was health promotion which included some good sex education and the like, you know, where would we be at?

M: Are those kinds of issues, are they political issues within Nursing at all, or are there conservatives, liberals, on those issues? How do nurses stand on those issues?

E: Nursing generally stands together on all issues, except what make a nurse. I mean, nurses stand together on the concern for teenage pregnancies you know?

M: But what about contraception in schools and things like that?

E: Well again, ok, but their issues are divided. I mean, because some nurses believe in the Catholic philosophy and doctrine, some nurses will not participate in abortions, may not believe in abortion, however, don't do anything with them, but I don't know that they try to stop them. Ok? (M: yes) Now any nurse in any hospital, if the hospital is conducting an abortion, can ask to be excused from that, you know, based on her own convictions. But as a group to stand up and say that they have their pro-lifers in nursing, and they have their abortionists in nursing, ok? So they're reflective of many groups in society, however they're concerned ultimately, is the good of the patient.

M: The question is, how do you define the patient? The mother or the...(laughs)

E: Well that again, that becomes the issue. But nursing in general, is a community that reflects the larger society, you know? (M: umhm)

M: And therefore there must be alot of division?

E: Well there is division. I'm telling you, the only thing they don't agree on, is how a nurse should be educated. I mean, we have five different ways. And yet we can convince nursing, there is so many splits and so many fights about that, that that takes prevelance over alot of the other issues. But in terms of you know, I think that again, nurses again are pro and con to, when one looks at the whole issue of the right to die. I mean, they have the pros and cons like anybody else. But to divide them in terms of Nursing, no, they reflect society.

M: Are there no political conflicts?

END OF TAPE III, SIDE I  
TAPE III, SIDE II BEGINS

M: Allow the faculty to have some input. And they said, no, and she was outraged! (Laughs) And would never let it happen again! Something of that sort. I mean, there was a sense to be inclusive, and to listen to what people say. (It's one thing to have them articulate it well, and carry it off, and tell a Dean, no, is something else. That's not allowed. My sense was there was alot of political conflict.

E: That was when Trudy was Dean. (M: ya) When Trudy was Dean, because her philosophy was divide and conquer.

M: Really?

E: Yes.

M: There was the curriculum, I know that. There was the issue of... What were the other major issues?

E: Well, the major issues about (M: power?) power. Big issue with Trudy, power.

M: Everything in my hands, right?

E: Absolutely! Big issue, she had to be strong. That's why she took Phys Ed into this college, no other Dean wanted it. No other Dean wanted Phys Ed on campus.

M: Since the merger, right?

E: Ya, and this was at the merger. Phys Ed should never have come here, but she wanted it thinking it was gonna give her seven more faculty, or ten more faculty would give her more power. (M: umhm, umhm) When you play, when you deal under the table, there is alot of conflict. (M: umhm) If there is conflict, I'm too naive to know it, ok? Because everybody knows where I stand. Everything is open. We have our arguments and they're out loud.

M: What do you argue about? Are there issues, either ah... distribution of funds? Ah, you know (unclear)

E: Well we have... No, no, no.

M: Everybody always argues about that.

E: I distribute funds, ok? (M: ya) I distribute funds and I keep some for myself. We're sitting here in the Chairs. Every Chair knows exactly which Department got what, because I make sure everybody knows, there's no secret. (M: ok) Ok? I say to them, look it, I got a kitty, if you run into trouble, I need you to see me, but you better justify what you need it for. That's it. Then they'll call, one Chairman will say, can I meet you, because so and so was complaining about and needed... I said, when you asked the faculty for input, did so and so tell you that's what they needed for their next budget? She said, no. I said, tell so and so, come and see me. I say to them, you know, you had a chance to input into the budget process, you didn't. Now you're expecting her to come up with that. She doesn't have that.

M: So one way you deal with conflict, is getting everything out in the open?

E: That's the only way Mary.

M: Ya. What about positions though, everybody wants to hire? How does that (unclear)...?

E: Everybody wants to hire what?

M: Wants to hire more people.

E: I tell them they don't know how lucky they are to have what they have. Shut up and get off my back. (Laughs) No, they know from my budget what I have anticipation for, ok? (M: ya) And in my budget I keep adding secretarial staff for the total college, I keep adding laboratory support personnel. I have been for four years, I want a computer expert. And those things come, you know? And then I tell them all, I said, that's coming out of my office, you know why? Because if I assigned it to one department, then somebody else needed some help, you'd say no, they're working for us. And I said, I don't buy that shit. So you may as well all know that they're coming out of the Dean's office. (M: umhm) I don't know. I mean, maybe it's a stupid way. Anybody wants to fight, they'll come in and say gee, you know Eleanor, I got a bone to pick with you. Fine, what was it. Blah, Blah, or this or that. And I'll say, you know, come off of that stuff, let me point out this or that to you.

I had one faculty member who said, you know, the Center for Health Promotion, that should have been something that went to the faculty, the faculty could vote on it. I said, why? They said, well maybe they don't want it. I said, I'm not asking them whether they want it or not, I want it. And if they don't want to have anything to do with it, that's alright, they can stay here. There could be another whole group of people running it. I don't need them. But you should get their input. I said, when I want an advisory committee, I'll get their input. But if I waited for them to decide if they want it or not, they'll want to know, how is it gonna help them or hurt them individually. I said, I don't need that shit from anybody.

M: How about generational conflict? Hot shots, young,...

E: In terms of I'm sixty...

M: You know, I'm not talking about you, but I'm talking about young hotshots coming in, think they know about how to do things?

E: Oh well, we had a faculty member like that, and I supported her 100%. The biggest ones that had the problem with her were the May Futrells, that were...

M: Isn't that generation?

E: Ya, well it's generational, but not in terms of age, in terms of thinking.

M: Yes. (E: ya) That's new ideas as opposed to established ideas.

E: Well I support them. Like Nina Coppens. And I tell the faculty, I hired Nina because Nursing needs to have someone help them focus their research. And I tell the whole Nursing faculty this. So I've hired Nina.

M: What does she do?

E: She, well she works in the graduate program, plus she's helping faculty identify their research areas and concerns. So Nina will come up with a hot idea, and she'll come and present it, then I'll say, hey, this is great, this is what we're gonna do. I'm more open to new ideas, more so than some of the faculty. Cause some of the faculty are threatened. But we've done alot of new things. You should see our computer room. I mean, you know. I just have a good time Mary! (Both laugh) And I said to one faculty, you don't like it? The door swings two ways. I mean, I said, if I didn't like a place like you didn't like it, I wouldn't be there. Now is that a wrong attitude to take? I mean, that's so, I don't know? We don't have too many conflicts. But I'll tell ya, I think the reason why is that everything is above board. Everybody knows exactly what's happening. Everybody knows... Like I had a good conflict. I had an opportunity to get a faculty member, ok? (M: umhm) I took the faculty member, cause I looked at the qualifications, and I looked at the department needed somebody because none of them were doing some research, and this person was a heavy researcher. The department was miffed. Some members, the tenured members of the department were miffed. But this was the same department that wouldn't hire any people because... So the Chairman called me. I said, have them come down to my office. So they all came down. I said, I understand you have a problem? Well, they were just wondering why this person was hired without their getting a chance to input whether they wanted them or not. I said, let me tell you something. Sometimes in decision making, I said sometimes there's no time to get any input, ok? That here was, you people are squawking about needing a faculty, another faculty, not for teaching, ok? You people... I'm squawking because your research has not been where it should be. So here I had a chance to have a gift, and I said I never, I never, I never not take a gift. I said, whoever was around, we spoke to, and if you others weren't around, I'm sorry. Well the people that were around were the non-tenured people. I said, but they're very active people, you know. So therefore this member, if you don't want this member in your department, I'll take him and put him in another department. How would you like that?

M: (M: Laughs) They wouldn't.

E: No. So...

M: Are you still in contact with students? Are you ready to leave?



E: Yes. (M: oh) Every student knows that this door is open. (M: ya)  
That they come in this office, and can I see the Dean?

M: But seriously, do you have to leave?

E: Well, in four minutes. (M: Laughs) Ah, and that they know they can come  
and see me anytime.

M: Umhm. What are they like today? (E: our students?) Ya. Are they  
indifferent from the past? In three minutes.

E: The Nursing students use to be the bright shining stars. That they were  
the hottest shots in the college. Today the Physical Therapy students are the  
hottest shots in the college. Ah, how are they different? They're working  
alot more today than they use to work.

M: Poorer educational background or...?

E: Well we haven't, we haven't lowered our standards in admissions, ok? And  
we still have maintained our standards, so we're coming out about the same.  
You know, because our standards we have not lowered, but the students maybe  
are at that edge of just making it, as oppose to... That's some of the Nursing  
majors. But we get some kids that get all A's in their Sciences and everything  
else. The kids are working more in terms of outside jobs.

M: More?

E: Ya. They're, some of them are working forty hours a week. I'm raising holy  
taloula! Ok, they need more money it seems than ever before. They're out on  
their own it seems than ever before.

M: Ok, ya. They're not living at home?

E: They're not living at home. (M: ok) But I'll tell ya Mary Blewett, you  
know, since I have been dealing with kids, I am amazed at how parents can treat  
kids. I tell my daughter she doesn't know how lucky she is. That when I have  
kids come in here and say, because they didn't give their parents the lousy  
twenty-five dollars for room and board, they can't live at home anymore. And  
they have to find a room, and they don't have enough money. And now that means  
they gotta increase that. I don't understand that. As a parent, I don't  
understand that at all. But they come from a very different, you know,  
perspective.

I have kids that come in, and I look at a kid and I say, my God you look  
like you're losing weight. Well, can I talk to you Dr. Shalhoup? What's the  
matter? Well, I haven't been eating, blah, blah. I pick up the phone, call  
financial aid, is there something we can do? Send the kid over.

So that I know that kids come in to see me. They're not afraid to come in  
and sit down and talk with me. I walk out, walk down the hall, Hi Dean, Hi!  
You know, that sort of thing. But they all know, when I meet with kids, I  
tell them my office door is open. And that I feel that faculty should be  
responsive to the kids, because I tell the faculty, the kids ain't here, you  
ain't got a job. And I tell them that if you don't want to induce kids to  
be here and to stay here, then you ain't got a job. I'm the only one that  
has, ok? So you know, be aware.

M: Thank You,

END OF TAPE III