

**UNIVERSITY OF MASSACHUSETTS LOWELL
CENTER FOR LOWELL HISTORY
ORAL HISTORY COLLECTION**

**UNIVERSITY ARCHIVES
ORAL HISTORY PROJECT**

**INFORMANT: GERTRUDE BARKER
INTERVIEWER: MARY BLEWETT
DATE: OCTOBER 29, 1986**

**M = MARY
G = GERTRUDE**

Tape 86.30

M: This is an interview conducted on October 29, 1986 with Gertrude Barker, at her home in Nashua.

So you were thinking that the only names that you were gonna use were, was Mae (giggles), and of course Mae is very interested in this project.

G: Well Mae had a very very important part to play in the old history of, you know, especially the Department of Nursing.

M: Yes.

G: Now are we on tape?

M: Umhm.

G: Ya, do you want to go by this sort of outline I have?

M: Sure.

G: Or did you have something in mind?

M: No. What I'll do is, I'll ask you questions that I think are relevant or will draw out additional material. So why don't you just begin on what you have prepared.

G: Ok. This is really the history of the College of Health Professions, while I was chairman and dean, which is the first fourteen years.

M: And when did you come to Lowell State College?

G: I came in 1967.

M: Sixty seven.

G: September of sixty seven. And the background of that is, when Dr. O'Leary interviewed me for the position, this is what he said was the background of the establishment, so called of the Department of Nursing. Now these facts may not be authentic because it's just second hand from what Dr. O'Leary, I thought

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Dr. O'Leary told me. And it seemed that St. John's Hospital and St. Joseph's Hospital in Lowell had phased out their three year nursing program, and they really were now looking toward ah, the State College starting a baccalaureate program.

M: Umhm.

G: (Coughs) Excuse me. Now Lowell General, the third hospital in Lowell, they did not want to phase out their three year program and they were very against this whole thing. But T will say that they did cooperate, because they said they had no choice, you know? They did cooperate, but it was really St. John's and St. Joseph's Hospital, well they were pushing for the program. And the trend at this time was more and more, having baccalaureate for prepared nurse. Because... Of course there's nothing wrong with the three year nursing program, I went through it myself at the beginning, but ah they just felt the time had come when it should now be a baccalaureate program. But not everybody on the whole agrees, and that's not only the hospitals, it's the general whole community. They were so accustomed to the three hospitals turning out you know, good nurses.

M: Ya.

G: They were really almost against anything they called a high pollutant you know, nursing program that you don't need a B.S. to be a good nurse.

M: But the two groups in hospital administrators, what were they facing, cost? They were too high, or ... ?

G: Cost.

M: Ya.

G: Hm, mostly cost because they could get students.

M: Umhm.

G: There was always students, you know? And it was just going out of sight. They just could not support it. Now how Lowell General kept it, I don't know, but they did all through the whole fourteen years I was there.

M: Really?

G: They did cooperate with us at the very last few years, taking Science courses, Liberal Arts and integrating that with their three year program.

M: Yes.

G: Which gave their students college credits, so if they wanted to get baccalaureate that we could you know, transfer the credits. Still Dr. O'Leary never told me. He said it's not gonna be an easy job to set up a Department of Nursing, cause nursing as you know must work, do clinical Placements in the community.

M: Umhm.

G: So you must get the support of the hospitals and all the public health areas, so the students can have their you know, clinical experience. Plus you. must

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convince the parents that their children should go to baccalaureate program at seven to three if they want nursing, and convince you know, indirectly the students who are going to apply. You have to convince them this is what is needed, because it's historically, it was fine to have a three year program. And that's nothing new in the country, because the west had gone through this and they were ... The trend was to ward the B.S., but the east some how was very slow changing. They didn't want to give up. The doctors were the worst. The doctors said we don't need anybody that's gonna tell us what to do, we just need somebody that we can, you know, control.

The nursing program originally was, it was based on military. So that like when I went through it for three years we ... When a doctor came on the floor, we all jumped up out of our chairs and stood at attention. We held the doors for them. We, you know, they treated us like new recruits and we treated them like officers, and it was a military relationship.

M: Umhm.

G: So the doctors were very apprehensive about any nurse coming in that knew anything beyond routine nursing procedures. it wasn't easy to start. So Dr. O'Leary said, I'll give you one year. I'll give you an office and one year to set up the program and you know, and obtain all the clinical placements and do your curriculum. I thought that was very generous.

M: Hm, very.

G: It was needed, but it was a wonderful opportunity.

M: So you're regarding it as enough support initially?

G: Oh, terrific support all through the fourteen years. I would say I had more support than almost any other college because, not only it's needed, because everything was coming in new, you know? New programs and you had to have new faculty, and you have to have equipment. But I had all the support I needed, that he was capable of giving. See, we needed more money you know. The whole State College was runned on a shoe string. But the support was there, absolutely! And I want to thank Dr. O'Leary you know, belatedly, that ah, for giving me the opportunity to develop all these programs.

Now he told me, I believe there was ... In his mind he wanted a chairman of nursing with a doctorate. (M: umhm) And there were many many more qualified applicants than myself. Many, he interviewed many many people. But at that time, in around 1965 to 67, there was only one hundred nurses in the United States that had a doctorate, I mean R.N. nurses, you know?

M: Umhm.

G: So he had a very difficult time I understand, trying to find someone with a doctorate that would come to the State College. Because they all went to Boston you know, where they could get more money and so forth. So even I had to go eighty miles a day, everyday, to you know, get to work. I came from Swampscott, so I had forty miles up and forty miles back, and that was of course five days a week. And with the bad weather, as you go north it got worse.

M: That's a tough commute. (Giggles)

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G: It was, it really was. And ah, I slid to work one day (M: laughs), literally slid all the way. Route 3 murder, and 128 of course today it is... I don't think I'd do it today. Have you've been on 128 at 4:00?

M: Yes I have, yes I have. (Giggles)

G: I could see every year it got worse and more congested and worse, and worse. So when I, you know, I applied right out of ... I was not young, but I was just a new doctorate, just got it like August and I went to work in September. In fact, when he hired me he said if you don't get your degree, you don't have the job. You know, (unclear) you can't get it.

M: And this was from B.U., is that correct?

G: Boston University, yah. So I did and I started in ah, it would later make a little problem I will admit, because I hadn't had experience-of running a school of nursing. I had taught in them, but I'd had never so called, overseen or started a school of nursing. In as you know, the accreditation and certification are very difficult, and alot of People who knew each other through the years see, here's somebody new coming in and it wasn't easy. But I had a whole year which I think is very generous. Now I know another Person who was interviewed, one of the finalist. She wanted three faculties I think. She wanted med-surge you know, and the areas she wanted to start that year with the med-surge and an O.B. person, and you know, I forget what the other person was with her. She wanted three or four faculty to spend the year setting it up.

M: Umhm.

G: And I said, I didn't think that was necessary you know? You could have consultants. You go and you see them, Dean at Boston University, go see the Dean at U-Mass, and you get this input. So, that was a mistake in a way, because the Dean at that time at Boston University told me on the phone, no, she did not want to see me. She did not think Lowell State had any rights to start a nursing program, a baccalaureate nursing program that everybody could come to B.U., they had plenty of openings. And she thought the whole thing was ridiculous and she wouldn't have any part of it and that was that. And that's what happened at B.U. where I graduated from. So you see it wasn't that easy. U Mass was ... They were, and they weren't cooperative. They ah, they would look at what I present to them and say, well it is alright. They weren't for it either. I think it's competition. Nobody want someone else to start a new program, especially nursing. Nursing is a little different than liberal arts and sciences. You know, it's professional, but it was more Personal and alot more animosities and feelings, and really I didn't get any cooperation from any of the deans that much. They did not think we need another program, that's all they just didn't agree.

M: These were deans in addition to the dean at B.U.? Deans from what Boston College or ... ?

G: Boston College was pretty nice, she was nice.

M: Umhm.

G: But they all had, you could tell. an aloofness it's just an atmosphere. Well it's your baby, you do it, I'm not going to do it for you.

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You know I'll look at it, but you didn't feel, well look, let's get together and you know, see where we can do this to make it best for the students. No one seemed to have that attitude. They would tolerate the school, that's it. And I think it was because I had not had, you know, I had not been in that field. I'd been going to school for twelve years at Boston University.

M: Umhm.

G: And just working in between part time and so forth and I wasn't in the so called old boy, what do they call that? An old boy?

M: Network.

G: Network, right. Some made it a little more difficult for everyone.

M: Are these the people who also sit on the accreditation...,

G: Umhm.

M: Committee?

G: Well not the national league, but they were very powerful in the state.

M: I see. They politically powerful as well?

G: Oh ya. Well politically in nursing, not in any other area, I don't know what you mean?

M: I see what you ... I was thinking on the state legislature, the ability to raise money for them.

C:No.

M: No.

G: Nursing has no clout * Never seem to get into politics or know anyone or have anybody run. But they're powerful in their own right. State, State Board of Nursing.

M: Yah.

G: Very powerful.

M: Ya. So these people sat on the state board of nursing?

G: Ya. If they could, and they have been, and they still do I think. So that was the whole, this is what the ground work, what I had to do that year. I had to decide on the size of the class, which I chose fifty to come in the first year. I had to do the complete curriculum. I had to go for state certification, which is the most difficult. I had to allow clinical placements in the hospital and in the community. You have to have those all set up for the whole four years, really.

M: Umhm.

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M: Umhm.

G: If you get certified by the state, you can't just do one year at a time. It had to be the overall of four years of curriculum and all your objectives and there's an awful lot to it. All your clinical placements, how they were going to relate to the objectives of the courses, and it had to be a very tight network of a four year program that showed results. And we had ... I had to interview faculty for the first year coming up. Faculty at that point was very difficult to acquire. It was just minimum people to interview. Number one was the location of Lowell State. See, it's just that much further from Boston that people had to have a great incentive to come. And it just didn't seem to be what everyone wanted to do. Start a brand new program, too much work, too much worry, too much responsibility. They rather walk in to some established program where they could, you know, it's just human nature.

M: Sure.

G: So you had to get someone who was really willing to so call stick their neck out and go through all the new procedures that had to be done. Number two, a very few had their masters in nursing. Now there's hundreds and thousands, but this was what? What are we talking, sixty seven, almost twenty years ago.

M: Umhm.

G: They just didn't seem to have the programs to get masters, and they didn't seem to have the incentives. They didn't see the need of it to be a hospital nurse, and you don't need a master. Not everybody wanted to teach, they liked the bed side, and very few, very few to choose from. Let me see what else I got here. And the other things that had to be done was the consulting with all the other departments, so the students could be serviced by the liberal arts, and the sciences, and the electives. So as the program was set up, you had to be sure there was some way they could take you know, these courses, or else the departments institute new courses that would you know, relate to the nursing program. Which took a lot of time and meetings, especially in the science department. Liberal Arts is no problem. I mean it was just no problem at all. They're just very accommodating. Science is very accommodating, except they wanted to keep the same chemistry and so forth that they had for the chemistry major. A lot of opposition, a lot of

problems in the chemistry department. I don't know if you were there Mary when... ? Were you there nineteen years ago?

M: Yes I was.

G: Well, they didn't want to change, they had to also nut anatomy and physiology... I don't think they had that. It was certain science courses that had to be new, new courses.

M: With whom were you working with in the Science Department?

G: I prefer not to name names because it was ah, you know, anybody can... I will say, I will tell ones who were cooperative, Dr. Karmane.

M: Oh.

G: Was very cooperative, and Dr. (Farinha?), they were my best support.

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M: And how do you resolve the chemistry course?

G: Well, they eventually did what I asked them to do exactly. They just backed down. The problem was they were flunking like one third of every freshman class in Chemistry, and I didn't want these new nursing recruits you know, to be flunked out just from Chemistry, which was from my point of view, was above and beyond what they needed in nursing. And I didn't see the point of just you know, flunking them out and saying sorry, you can't be a nurse cause you can't do what I felt was you know, chemistries for majors.

M: Umhm.

G: So it did, it worked out. It did work out, but it wasn't easy. And it worked out very well every year after that. It just sort of realized that nursing was different. So that was... Then the other difficult thing was trying to recruit students. As I think I mentioned, the whole background and the whole history of Lowell and surrounding areas was a three year program. And some of the students thought, you know, you don't need this, they want to be a nurse, but why do T need all this history? (Laughs)

M: English.

G: English, to be a nurse, and you know all the electives, everything, because this was built on the General Ed Program. This was not to be any different, except maybe in some of the sciences, than the other students. It's not to be just pure you know, English for nurses. This was a big

problem. They wanted to put all the nurses in one English class, all the nurses in one History class, and it would of been easier to program that way, you know?

M: Umhm.

G: Especially where you had fifty of them. Just take twenty five and put them in one class and then we'll have And I fought and fought against that, because that is not what the students came to you know, college, to go right through together and they might as well be in a hospital setting. So...

M: Sure.

G: They were number one to mix with the other college students. That was part of their education. And it was very difficult to get that across. I would not except it, I just -out my foot down on that one, and ah...

M: How did you come to feel so strongly about that, because you yourself had gone to a hospital school, had you not?

G: Well that's why.

M: Oh I see, because your experienced.

G: I knew, I knew that you know, you go through each, you're just with the same students, you don't grow.

M: Umhm.

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G: As far as I wanted them to feel they were in a college and not in a hospital setting, and pick up you know, ideas from students other than the nursing majors, which had at that time a 100 percent female. Number one, (M: Umhm) you would never see a male the whole day if they did that. So that I think once we got that across, if they were to be intergrated with the other majors. Cause I think at that time Mary, didn't they have all Music go through like History together and all, you know. I lusted couldn't except that. So we had alot Of problems trying to get you know, five nurses in this class and five in another and still get them in the nursing classes together.

M: Umhm.

G: It meant alot of work for alot of people and they did it. They did do it. I'll give them credit, everybody you know. If they know that you mean this is the way it's gonna be, they will cooperate, but it just meant extra work for everybody.

M: It strikes me that the nursing school may have been ahead of the other majors in intergrating their students into the general student body, class by class. How do you feel about that?

G: Well I can't judge because I never you know, before this was not a Dean, or didn't really do any college teaching.

M: Umhm.

G: So I can't, it just was probably my idea and I Just feel personally this is the way it should be, and I don't think in a accreditation you know, that that's required.

M: No, no.

G: That was probably a personal thing, cause I was the only one doing this, this whole year. I had consultants, but they weren't always as I said, you know, they didn't really care.

M: Umhm, umhm.

G: So I had to do alot of this on my own. And I think not having been in this background, You could come in with new ideas and not feel intimidated. Cause I didn't care if they had to do more work or not. That's the way it's gonna be. And as I say, Dr. O'Leary supported anything I wanted to do. He was wonderful.

M: So you really had an excellent relationship with him?

G: Well as I look back, he did get upset most of the time, and it was always over mone, you know? If I would come in, I need new (unclear), I need new equipment, he'd start getting upset because it meant money.

M: Umhm.

G: But I will say I did get just about anything we asked for. And he use to say, and your not trying to build an empire. Some of them around here

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are building empires, and I'm stopping them. But you've never tried to build an empire. Whatever that meant, I don't know, but that was his expression. You know you're working hard and you're trying to do it good, so I'm gonna support you, and he was 100 percent. I don't ever remember him turning down anything that I asked.

M: So he didn't like to hear it, but ultimately he heard.

G: Your right, exactly. Maybe not as much as you want, but I mean he never said you know, you shouldn't do this. He always said this is your department, you do what you think you should do. He didn't know... He says, I don't know anything about nursing, which is true, so he didn't try to run it. I don't know what he did with the other departments.

M: Can I ask you where your office was located during the time ... It sounds like you were working hard this first year, where were you located?

G: Okay, I have the whole history of where...

M: Great!

G: Where we were (M: Laughs) ...

M: I didn't mean to jump ahead of you.

G: No. No that's fine. Where the department of nursing you know, progressed.

M: I seem to remember where you were, were you in Mahoney?

G: That was administration.

M: Dugan?

G: It's now Dugan.

M: Ya, Dugan, okay.

G: It could of been originally the infirmary.

M: Oh, yes!

G: Which they never used. I think they used it... We had a nurse, what was her name ... ? O'Leary or something ... And she said no, they never needed that really for anyone overnight.

M: Umhm.

G: Most of the students could go home or you know, live close enough. So that was ... And that was an excellent, sunny large rooms for clinical demonstrations and had its own offices. Had the bathrooms, it's own bathroom and it had a large ... The whole infirmary made a wonderful nursing arts class, because we had it set up with beds.

M: Sure.

G: The beds were all in there come to think of it..

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M: Sure, sure.

G: The beds were there and the curtains and you know, it just ah, wonderful for beginning nursing. It wasn't that large, but we didn't need it large at first. And of course the students took all their, most of their courses in the other areas of the hospital, other hospital in the college.

M: Umhm.

G: But the nursing courses were the clinical Dart was given there. It was perfect. So we were there and I don't know how many years. I know it was probably three. It began to get too small see, as each class came in. You needed more faculty. You not only needed the faculty for the beginning, but you needed faculty for the second year and the third and the fourth year. So we began to have a few more. Even though faculty could teach both years, you know, as you kept bringing in new students. One thing I worked very hard on that didn't always work out is a one to ten ah...

M: Ratio.

G: Ratio for the actual nursing course, not the course itself. Not the lecture. You could have a lecture of fifty. The clinical experience in the college... You still had to teach them how to make a bed and how to give a bath, and how to take temperatures and procedures before they went into the hospital. You could not put them in the hospital and start teaching them on you know, real patients. So we needed that set up and we tried to get a one to ten ratio, because it's very difficult to teach hands on procedure when ten at a time, one person, and that was always-10-s difficult on account of money. You know one to ten, it took many hours to teach procedures, so called nursing procedures. Everything you know, enemas, catheterization

TAPE I-SIDE A ENDS

TAPE I-SIDE B BEGINS

M: I'll start off ... Okay, we were talking about the one to ten ratio. You ... Was it possible to actually protect that one to ten ratio? How do you feel about ... ?

G: Well it probably was one to twelve.

M: Oh, that's pretty good.

G: Or one to fifteen. You just had to keep sort of hammering on it, but half of the time it came through, it was good. But if each ... We were talking also about the housing of the department of nursing, so as each new class was admitted, more faculty were needed. And we finally needed larger quarters. So at that time the college had acquired private homes.

M: Umhm.

G: Do you remember the name of ... ?

M: I certainly do, yes!

G: That street going along the ...

M: Sure.

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G: School campus?

M: Sure, sure.

G: So we were given one of the houses and it really turned out, it had an upstairs and a down, and it was a good size home. And it turned out very well because all the faculty were then in one place, and could communicate and talk to each other. And we each had a small meeting room, with a kitchen, the kitchen table it was furnished.

M: Hmm.

G: And the only one thing I'll never forget happened that's interesting, I've told other people. When we moved over there the, now what do you call the men who do the cleaning? You don't call them janitors, do you? Do you still call them janitors?

M: Maintenance?

G: Maintenance! We had a maintenance. Not the head one but the one at Lowell there. He says, now I've left all the mops and all the brooms and the equipment in the closet and you girls can take care of this building. I mean that was just so typical, you know, because we were all females. I said, look, if there were all men in here, would you ask them to clean the building? Course you wouldn't. That's ridiculous, we're not doing anything. And they soon got the idea that this was not a bunch of cleaning women. But it was done in just you know. I think without them thinking, here's a whole group of women, there's no reason they can't dust and mop and sweep. We picked up, but we had them maintain the building just as any other.

M: That's wonderful.

G: So that was interesting that they would even think of that. So we liked that, that was nice. We had phones put in, we had room for one. I think we had one secretary, no, all the secretaries at that time were student help. No one had their own secretary. I imagine some of the other departments did, but we didn't. I did not have a secretary. Now to go back, the very first year when I was there alone, I was given half time secretary. Half the time I had a secretary.

M: Did you share a secretary with someone, or is it a part time?

G: Ya. no, it was sharing.

M: Sharing.

G: Took it from where they take that secretary from, because I can see her. She had red hair, curly red hair. They took her from someone you know, that made it hard.

M: Divided loyalty?

G: Ya.

M: Umhm.

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G: But she was great to have someone. And then after, then I don't remember. Then I remember only student help, which is very hard, because they were busy, the students. They didn't always show up. They had tests.

M: Sure.

G: They did well and it got to the point where I had so much secretarial work that, that um, I can remember his name now. The one, he's still there. Who is head of the money in the (bursar?)?

M: Bill Dunn?

G: Ya.

M: Bill Dunn.

G: Bill Dunn. He said to me, why don't you do your dictating in your car, because you have such a long commute, you know, over an hour each way in the car. So we use, I think we used college money. He bought me a Dictaphone that you plugged into the cigarette lighter.

M: Really, oh!

G: Then I'm going along 128 dictating all my letters. I didn't have time, I was very busy.

M: Umhm.

G: I don't think anyone else would of done what I did. But I took it as a personal challenge and, you know, it's just my life for that period of time to get this thing going.

M: May I ask you why you never relocated from Swampscott? Were you so fond of the place where you were?

G: Well ya. We had brought up our children, we had that house built, we had planned it in Milton.

M: So, investment ... (unclear)?

G: My husband was working in Lynnfield. We could have gone a little further north, half way you know. But no, there was never any question that we would move. I guess I thought I'd go from year to year and see what happened.

M: Swampscott's beautiful!

G: Ya. Well I was brought un in Swampscott and went to school there, and so our children went to the same school.

M: Oh, I see.

G: That I went to. But they weren't there then, they were graduated. So I don't know.

M: So you had roots in Swampscott that you didn't want to sever?

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G: Right. And it's never occurred to me to move to Lowell.

M: So you did your correspondence on dictaphone?

G: I did the whole thing. I remember for years going back and fourth and then the students would transcribe it. It'd take them a little longer, but they'd do it. I give them credit, it was hard. The faculty needed you know, secretarial help too. That was one of the things they didn't like at all. We didn't have enough secretaries. I guess that was not just our department, it was the whole

college. They didn't have a secretary around. And I told my faculty, I said, when you come in you just say you can't type. Because otherwise you do all your own. Just say you can't type even if you can, because it's just understood you know, that you ... So we did get as much student help as anyone. I never felt that we were discriminated against. No one had secretarial help. I think that there just wasn't the money, that's the problem.

Now... So we had moved into this new home and we had really enjoyed it. It was great. We had our own place and in the meantime of course, they were building a new Weed Hall. And if you remember Mary, they said when I was hired that was gonna be done next year. And I think they kept running, and it kept leaking, roof was leaking, and nobody would give them the money to fix it. And it was just one thing after another. So it went on like four years, and all the time everything we were doing was temporary. Because we were to move in with Science, into the Weed Hall, the new building, and that finally happened. And that was absolutely ideal. It was just terrific. And at that time, I can't remember the year, you have any idea what year?

M: I'll check it out.

G: Weed Hall opened. It was just wonderful and it was a beautiful large building. And the Science labs were exceptional. Dr. (Commian?) has a lot to do with planning the whole building, and she did a wonderful piece of work. It was just beautiful!

M: How about yourself? Did you contribute to the design of the nursing areas?

G: Well I did get in on the very last architectural part, and I, Dr. (Commian?) and I, you know, had a few words, because she had already planned it before I came on board.

M: Oh, I see.

G: See, this had already been done, and now they had to get nursing in. And it was difficult for someone to give up a lab or give up anything. And she would give up a little corner here and there and then finally we kept it tight. It was such a slow building, such a slow process, getting the place built, that we changed and changed. And finally we had a good size nursing lab, excellent. And with the corridor and in the back, the (?) and everything we needed. Ya, we finally did get exactly all we needed. I can't say enough about Weed Hall. It was just well planned and beautiful and well decorated interior. You know they painted any color we wanted and we enjoyed it. And they even had, Dr. (Commian?) had even put in upstairs, a cold room they call it, which we later used for the storage of cadavers when we needed it for the physical therapy program. I mean it was just a perfect building. I loved it. It was light and it had a balcony. Students liked

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it. I guess they still like it. It's still being used. Still. So that's the housing history.

M: But to a certain extent, the delay of the building allowed the nursing program to continue to grow. And as you continued to grow, you needed more space. It that an... Would that be an accurate ... ?

G: Yes, that's accurate, exactly. And so there was never any say on... I wish we would have done this, because we had time to do what we planned to do.

M: Can you describe your office in Weed Hall? Were you able to select your own office?

G: Yes, yes. Mr. Dunn said, you go over and pick your office. And I picked it right opposite the nursing lab. And it was right next to the stairway, so as you came up, it was, it was really on the second floor. Three big windows looking right on the interior, you know, a little ...

M: Quad?

G: Quad. And well I'll tell you what happened. And I should go back now to ... because this is important on the talking about the (unclear), was our ... I'd say luck in to be (Historian?) at a time when there was so much money, federal money, for nursing available.

M: Umhm.

G: And it wasn't that anybody gave it to you. You had to work to get it. But I think a whole new category is that grant, and that we could do what we did because we had our money. And I started the very first year that I was there writing grants. Which is a job in itself. Have you ever written a grant? Ya, you probably have. You know the competition was terrific, the money was there. It was just getting it! Because the competition over the United States was unbelievable. Especially out in the West. They had started the baccalaureate nursing programs way ahead of us. They were more sophisticated in grant writing, and they new the people that you know, that was giving the money. They never heard of Lowell State. No one ever heard of that. So that it wasn't easy, but we did, we spent many a nights working late to finish grants and run them off and get them in. And we had so much money. I don't think we could of done what we did if we hadn't had the extra money that we could use for nursing. We couldn't use it for ourselves, but we could use it anywhere that had to do with the nursing program.

M: Would that be equipment?

G: Ya. So you used it for faculty, you could hire faculty. (M: Oh, oh.) Faculty development, which is very important you know, and equipment, workshops. We could go to workshops that we needed. We could go to conventions to stay abreast of the latest developments and you know, meet the other chairpersons and Deans, and learn what the new trends are in nursing and help and ah ... It was just, made the difference between night and day, because to labor under you know, what money the college could offer, you really couldn't of moved ahead. You really

couldn't have moved ahead. You really couldn't have. So we had, you talk about my office. What we did was got permission to use some of the, there was one grant that was pretty stable. You got every year, what you could use for faculty and offices, and you know, typewriters and Xeroxes and furniture. So I had a lovely velvet set, (unclear) you know, and chairs.

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And this gorgeous desk, the glass top. It's just no more than you know, you should have. This didn't come the first year, remember this.

M: No.

G: This was like after we started to merge.

M: Umhm.

G: When I was a Dean, called a Dean instead of chairperson, and it was very fitting for you know, what we were doing because we were then a university and a college. We weren't a department, we were a college. And we could ... The latest equipment, which was like T.V. cameras and computer. Big, big, big items which you know, would have been very difficult to have the Board you know, pass or Dr. O'Leary to say we need this and that. But we were able to do it all, sort of separate from the college money.

M: Sure, money!

G: See it was not ...

M: What was the source? Was it the National Science Foundation or for example, you said you had a grant that was unused?

G: Help, it was called help. (Both talk at once)

M: Ya.

G: Because it wasn't just nursing. When we put in our other majors, we were using money. I'm trying to think what the terminology was. I don't know how I could forget. I wrote so many grants. But ...

M: Health Education and Welfare I take it, was the agency.

G: Ya, Ya that's exactly what it was.

M: Sure, sure.

G: Health Education. We went through there. And there was a shortage of nurses, baccalaureate head nurses, and they were really ... It was well funded I will say. If you could write a good grant, you could almost know you'd get it. It's not so easy now. So it was, the whole college eventually was going on a grant. We were just using the minimum of the faculty and others, so that made it wonderful. Now when we had finally needed... We could pay secretaries. It was one of the greatest things, because we were desperate for secretaries when we moved into Weed Hall. And we didn't have, we didn't have any room for them. Because it was being used for faculty and classrooms and labs. There was no room for secretaries, so we took the nursing monies and had the whole basement refurbished.

M: Oh!

G: For all our secretaries, all the electric typewriters, the zeroxes and everything went down there. So all you probably had, eight or ten secretaries down in the basement.

M: Umhm.

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G: Which eventually they moved up. But we had petitions put in. That was all done with grant money. I felt sorry for science because you know, they needed these things. Science was in the same building.

M: Umhm.

G: And they didn't have this extra money. Although they did have their labs well furnished, the did have enough for the labs. But it made it a little hard for others to see us having secretaries and you know, equipment.

M: Sure.

G: And things that were paid for by the federal government.

M: An enviable position. (giggles)

G: Ya. It really was. As I look back... I just thought well, that's what we, you know, deserve. We were working so hard, but as you think about it, it was a little hard. So that was the grants. Now they're still getting ... We were able to get grants by masters program, and that's when I want to put May's name in. She was a great grant writer and still is. She's still getting money. She's unbelievable how she can, you know, write such a good grant and get the money year after year when you know, B.U. and B.C. and the others were not getting it. But I have a problem now, I have to go back to the problem when we were starting. We had a big problem, and the state the

state as I go back, the state did not want really was not supporting us as a baccalaureate program. And I have to go back to most of the people in the state, really thought the three year program was ample, and most of them worked them three year programs that were on the state board of nursing. And for some reason um, they didn't seem to support. And I think the main reason they didn't support our program, was that Lowell was my inexperience in running a collegiate program. And I hadn't been in you know, as I say, the old boy network. So here's this new comer, coming in with a doctorate which was very threatening at that time to everyone, because you know, just because you have a doctorate doesn't mean you know, everything, which you and I know is true. And it does open doors. And it did lay down red carpets in the hospitals and everywhere, you know? A doctorate was you know, a doctorate. Everybody looked at you, you know, like (mumbles-unclear) and ah ... But I hadn't had the hands on experience and the state didn't like that. And to go back as I said, the ah, it's very hard to get highly qualified faculty, otherwise they'd have been no problem. But everybody was kind of getting their feet wet.

M: Umhm.

G: So they did put their foot down. The did not give us a certification at the beginning.

M: Was that how... After you graduated your first (unclear)?

G: No, no, no. This was the very beginning.

M: Very beginning.

G: Beginning to establish such a place, you have to be certified by the state.

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M: Okay.

G: You couldn't even have students come in. Well we did. We did have students begin to come in, because Dr. O'Leary just said, "pooh, pooh", no way. He really was interesting the way he said, these old bunch of old women in tennis shoes ain't gonna tell me what to do! (G: chuckle.) That became something of a cliché, because they came to see him and he didn't go along with anything they said. He said, I'm running this college, you're not telling me what to do, and I have Dr. Barker here and we're doing everything right. In a way it didn't help any. Let me say that, because he just told them this is his business and no state's gonna tell him. He's never run into this before. He'd never had evidently, a professional program that needed state certification, and he wasn't about And I understand he had to ... he had... Dean of ... What is it? What was it called than? I forget, um.. . Dr. ah, Fisher?

M: John Fisher?

G: Academic Vic President., He had this type of control which you know, I had to go through. Of course I didn't have, (unclear) so he felt we'd set up this you know, good program and we've done everything right, and I'm not gonna listen to you people. But I'm the one that had to go to the state board meetings and defend the program and do all this. So what they said is, you must have faculty with experience in baccalaureate programs, absolutely must, or we'll make trouble. We at least had our class in. They did not close the school, even though they said they could and would. But they did not. We had our first class going. So this is when somehow, and I want to mention May Futrell. I think she had been nine years at Boston University in the baccalaureate program. She didn't have a doctorate then, but they didn't really need it. They felt they didn't need it. She had her masters and she had nine years experience. And how she ever agreed to come to Lowell, I don't know. We must of offered her alot of money or something, because she was very happy where she was. She was doing a terrific piece of work and she had no reason to leave. She was soon to get ah ... I'm trying to remember what you get when you..., they take you in the college for good.

M: Tenure?

G: Tenure. She was coming up for tenure. She may of had it. I think she had tenure. I know she had no reason in this world to leave. She lived in Haverhill, so she wasn't any closer to Lowell. But she agreed to come and the minute the state heard that May Futrell was in a program, that gave us a certification in open arms. They changed their whole, everything changed. It was amazing.

M: I'm going to ask her why she came (M: laughs) when I interview May.

G: I must go back and ask her. It may be I pleaded with her. I guess I was, at that time, I had to have somebody. That would you know, that been for years in a baccalaureate, oh, well established.

M: So she was crucial, absolutely crucial?

G: She was absolutely ah, you know, a life saver, I called her. So that's why I wanted to mention her name.

M: Yes, absolutely.

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G: And then when she met with the board, there was no problem. We were, from then on, everything was perfect, no matter what we did. It wasn't that we were doing any different. I don't think she changed that much, you know? I mean, she didn't go in and change anything. And I can understand their thinking. You know, they needed somebody, and she was a great help, great help for the rest of the time. She's still here. So that was hard. That was hard for Dr. O'Leary,

because he didn't want state interference. And it was hard for me because I knew where they were coming from. I had not had that many years of experience and I can, you know, understand that. And so it worked out fine. But it was a little disconcerting for several months there, when the state was saying, we're gonna close you if you don't do this and that.

M: Umhm.

G: Now that's a start. Now what else do we want to talk about? Oh let me tell you about the (students? ... unclear)

M: Oh good.

G: The first year remember I told you I went out talking to ah, all the high schools to recruit students? Admissions was wonderful. And I want to mention Mary (Magraw?) and Dr. (Magraw?) when she, just absolutely was from the very beginning to the very end was one of our greatest supporters.

M: How did she help?

G: She was, number one she had to help recruit students, because they were all, her whole department was you know, out in the high schools. They had to learn something about nursing, because I couldn't do all the you know, recruiting. So they were ... And she always ... At that time we interviewed everybody personally. Every student was interviewed at that time, every single student had a personal interview, whether they were you know, accepted or not. So it was a big, part of admissions was the interviewing and the ... So she had a direct relationship with all the nursing students who wanted that major, they came in as a nursing major. They did not come in as liberal arts or anything. They came in as a nursing major from the beginning. And whatever ... If we wanted the SAT higher or lower, she let's us make all the requirements and you know, and just couldn't have done anymore to help the school of nursing. She couldn't of done anymore. So we had ... So I told her the first year, I would interview every single student who wanted to major in nursing. And you know, it was really and experience for me because, I was keeping, not a formal research project, but I would keep notes on what every student said. And it came out that almost every applicant, number one, was female. We tried to get males. I don't remember the first year interviewing one single male, maybe one. They all seemed to be the oldest child in the family. It just ... I couldn't believe it! And you know, we had alot of families with large families, and I think they had done the nurturing, and they done the caring and they just wanted to be nurses. And I always asked them you know, why they wanted to be a nurse. Automatic response was, they always wanted to be a nurse since they were four, or I was six, or I was ... Always wanted to be a nurse. They're the oldest and most of them had art learnings. They seem to be all, their extra curriculum you know, interest seemed to be in art.

M: Studio art?

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G: Studio art ya, right. Willing to draw and create. And they were all, almost everyone ... It was really amazing. It was just almost like a pattern. Now this is the first, you know, year.

M: Umhm.

G: And at that time I remember there were two students who were absolutely you know, obese, and I mean obese. Wonderful well qualified, lovely personalities, everything, but just fat!

M: Umhm.

G: Plain fat!

M: Umhm.

G: And you couldn't do that today. But legally I talked to the nurse, the nurse in the college, and she said during the summer she would oversee that they would lose, you know, if they lost so much weight. That was the condition, that they could come in as a nursing major, if they would lose twenty pounds, or thirty, whatever I said and the nurse said. They'd come in and get weighed you know, once a month. We had two and the next year we ...

TAPE I, side B ends TAPE II, side A begins.

M: This is an interview conducted on October 29th, 1986 with Gertrude Barker in her home in Nashua, New Hampshire. You were talking about ...

G: Ya, the Dean. She did not get the money. She did not get the support and she did not get the understanding, and that's needed you know, to be involved in nursing. You have to have a certain set, the administrators. I guess now she does, but she had a very difficult time, and we were very fortunate that Dr. (?) supported us.

M: Can you think of other people that you could identify that were supportive of the nursing major?

G: Well both presidents were super supportive.

M: Umhm.

G: Um. Dr. Hogan supported us when he became president. He'd go right to the state board hearings and whenever they weren't doing to well on our state boards

M: How's that?

G: At one point, see, every year the students had to take a state board, and noted to get their R.N., that's what the registered nurse major passed. And they weren't easy, but we frowned, see. Many of the hospital schools, or many schools teach two state boards, sort of speak. They get the ideas of what the students should know, and they teach them, and we were teaching what we thought they should know.

M: Umhm.

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G: And I guess you know we had to get a little more sophisticated and teach some what to the state boards also. So we, we found we were comparatively were not doing as well as some of the, even the three year schools on the state boards. See, the state boards are composed mostly by diploma, we call it, diploma educators. So they could hear the questions to what they were learning in the three year program and we needed more of our faculty, or somebody on the board to make up the questions. They changed every year and gear it more because even the other baccalaureate programs were not doing as well as some of the diploma students on the state boards. Which gave, you know, anybody that was supporting diploma schools, three year hospitals schools a little clout, saying look, we're doing better on the boards you know, than your baccalaureate program. And we had that to contend with. So Dr. Shallhoup, who's in chairman of nursing did some research and study and we all went to the ... meet with the state board, and convince them that you know, things were now in control and we would teach more to the state boards and get a better result. So that blew over, but Dr. Hogan was always right there, Dr (?) you know, they went to every meeting that we ever needed. Which showed support!

M: Umhm.

G: The president and the vice president and the academic Deans you know, go. It shows that they're willing. As we said, just tell us what you want us to do, you know, we'll do it within reason. If we want this college accredited, we want to get accreditation for the next several years. I can't think of any one who did not support that program.

M: Did the demand for the program continue to grow throughout your ... ?

G: Yes. We were turning them away, especially nursing. Physical therapy, it was a terrific demand, unbelievable! When that program opened it was even more than nursing, the demand. And so we could Dick superior students. We were very lucky. Physical therapy in a way, you see, they do get more. They were more accepted as a baccalaureate program anyway. Because there's no diploma physical therapist, and they had more status and a little more Day at the beginning. So that was a well needed program, and we had a terrific response. I guess they still do. Always had jobs for them. But we've had students who are now working in the local hospitals who have Proven themselves, and better themselves, and have good positions. Nurse

practitioners are out there really blazing trails, because that's new. We've had some failures, but overall I can't think of ... I'm trying to think... The only drawback was money, money.

M: What were your relationships with the local hospitals? Can you just characterize?

G: Excellent! And of course St. Joseph's and St. John's wanted us, received us with open arms. They couldn't do enough, they were wonderful!

M: Any people that you can remember that were particularly supportive of good people to work with? (Chuckles)

G: They were both nuns.

M: Umhm.

G: Sister Mary something.

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G: And Thibodeau, Sister Thibodeau I think her name was. I think they're still there.

M: I think so.

G: They were just terrific. They couldn't give enough. As I say, Lowell General was wonderful, but their attitude of the administrator, not the nursing faculty, they were fine. The administrator did not want to bow down. I guess he and Dr. O'Leary never got along number one, and they did not want to lean over backwards. But they would do anything we asked within reason, and they said, we have no choice but to cooperate you know, you're in the community. We may hire some of your students, so we want to work with you. But they were never you know, they openly said, now that administrator left. And then before I left, we were asked if we would offer a liberal arts course and science courses to the Lowell General students, so they would have credits, college credits. So we worked out with the Head of Nursing, Director of Nursing, and Director of Education, worked out a very nice schedule where her students would come over and they took anatomy, physiology... They didn't need chemistry. They took history, English, math, what else? The basics until they were about sixteen credits, fifteen credits. And then the second year they took some advance courses through our clinical lab sciences. We set up special courses for them, See, they had to come on Mass. as a group, they couldn't integrate them because their schedule was so tight. So Dr. (Farinha?) set up special courses just for the Lowell General, but they were transferable. And if the girls wanted to come in on the B.S. program, we'd just transfer the credit.

M: Sure, sure.

G: So we were, at the end we were cooperating very closely and they kept adding courses each year. It was working well. I think now they've gone into an associates degree, a two year... I've

heard, I don't know what they're doing. But we found we could work with the community. They saw we were there to stay. We were doing a good job and they came around.

M: So I take it you didn't actually follow the students into the hospital setting?

G: Oh yes. Absolutely! They had to be a faculty member with the students see, that was responsible for everything the students did in the hospital. That's the only way that we do clinical, anyway. I think it was maybe some times they'd only have five students, but see they'd be on different wards.

M: Sure.

G: And they'd have to run from your know, it's a very responsible position when you're working with very old patients.

M: Umhm.

G: And your student cannot make a mistake! And so that the faculty see, they would devote, they would not only teach in the classroom, they would follow the students into the clinical setting.

M: What was that called, if they weren't teaching, they were doing observation?

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G: Clinical, clinical

M: Clinical.

G: It's called, clinical.

M: Something like a practice teacher in a sense, or someone who observes.

G: No, see a practice teacher you put that under the teacher and you just come and go. But we had to stay and (listen) to the student.

M: I see.

G: We never ... We would not do that, we couldn't. Legally we couldn't, but we would not anyway. We wanted to be responsible. We wanted to make it a learning experience, not just busy work.

M: Ya.

G: You know we didn't want them to go in and say, you go in and clean that bed, and you give him a bath, and you do this busy work. We had to pick the clinical experiences that were needed to go along with the course.

M: Give me an example.

G: Well let's see. Course one of the things they all had to do was a catheterization. Now that, as you know, is taking urine through a tube that you insert into the patient and it was very, very, very dangerous! Because you could be the cause of a bladder infection.

M: Sure.

G: The bladder would get infected if you introduce any bacteria in with the tube. It all had to be sterile.

M: Umhm.

G: Now that ... And that's a very personal procedure. You know you have to be very careful. Um, human relations as well as you know, your physical work and ah...

M: Sure.

G: They all had to have these certain experiences before they could graduate, so that you were always looking for someone who needed you know, catheterization. And they had to boil everything up and you know, they had to be responsible. Well now I guess the trays come all set up. That was a type of thing that you had to be right there to sign the right time, the right patient, you know, be there at that time and it was difficult. The faculty had to go in the day ahead and find out what the diagnosis of the patients were, if she could you know, use and work with the head nurse. Could we have this patient, you know, could we take care of this patient. Um, remember the whole thing was, you don't just go in and do a procedure and leave. The whole thing is wholeness you know. You have to work with, talk to the patient and work with them. Look up their drugs, find out what medications they're taking, or how they're working. Course another thing the students had to learn to give medications, and how to measure them, and give them, and the needles and I.V.s and everything. Very complicated.

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And the faculty worked very hard. They really did when they integrated all that with their teaching. It's not an easy you know, course to teach. Some of them like history and nursinal, you know. (Laughs) I don't mean anything by that.

M: No, I know. (Unclear) are delicate ah, careful.

G: There's been a lot of interpersonal relations. The faculty had to interact with all the nurses on the floor.

M: True.

G: And they had you know, and not cause too much descension. Because in a way, so to speak... And the patients you know, they couldn't complain. They didn't like students working on them. So, because coming from an outside see, if you're in a three year diploma program, you're part of the hospital so to speak.

M: Ya.

G: And you're accepted better than somebody coming in from outside. So it's a very, very complicated ... The whole physical therapy is the same way. You have to go in with clinical experiences. Health Ed was like practice teaching. We did that. And Health Services, you had, you were under (unclear). See, the faculty member did not have to stay with people during Health Services administration. They would go in and work under the administrator directly.

M: Yes.

G: They would be supervision, but not staying with looking over the shoulder. So there's a lot to it and ah, it's not an easy college to run or to um, to teach it. I mean, I think they deserve probably more credit than they're given. As I you know, think about it and all the little things involved. Like the Public Health you know, you had to go out into the community. A lot of the Public Health nurses did work on their own, the students would go in pairs. I tried to get them to go in pairs, because there was problems.

M: Sure.

G: You know there were problems. Years ago there weren't, but right now you can't, you're not safe anywhere. And I let the students out in the (unclear) communities that need the help you know, and want them alone. So we try to send them in pairs.

M: Sure.

G: And they had a special dress for that. There's quite a bit involved in there. That's the upper class that did that. Well, that's about all I have to say.

M: Well I have a few questions.

G: Sure.

M: Um, I know you were born in Swampscott. What did your father do? What kind of occupation did he have?

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G: Well he was a real estate salesman, one of the best. He could sell anything (M: Laughs) to anyone. And they use to have contests. And he would get a gold watch every year and he'd get all these presents. He really was, he was not a highly educated man, I don't think he went, I don't think he finished high school, but he was a terrific salesman.

M: What was his name?

G: Oscar Short. My mother was ah ... Today she would be called ah, feminist. She believed in ah, women were the same as men. None of this division. She worked off and on and ah, number one, she ... My father for some reason and till this day I don't know why he never drove a car. He never got his license.

M: Umhm.

G: So he either had to go with another salesman or my mother. We had a beautiful car at the time. I remember you know, we were the envy of the neighborhood because we had such a nice car and she drove it always.

M: (Laughs)

G: And she took him everywhere. So she was involved you see with... Had to be, she had three children, but she still was involved with ... Everyday I can see her getting dressed and going and doing things. She'd drive to Florida when they had (clay?) roads and you know, things that women didn't drive in then. Years ago women did not drive period!

M: Must have been one of the first generation in the form of drivers license.

G: Very few. The first in a lot of things. And a smart woman. And she, she wasn't a highly educated either, neither one of them. She finished high school, but she never went to college. So I was the first, you know, in that particular to go to college. And I was going to college my senior year when the depression, the worst part hit, absolutely. See, real estate went just boom! It couldn't have been ... It was like stocks and bonds, (M: right) and the bottom fell out. And I could not go cause then there were not the scholarships that helped like you have today. So the only thing left for me was the family could afford, was to go in training, they called it. The three year hospital program, which is almost impossible to get in, because everyone wanted to you know, send their children there because it was the cheapest form of education. It cost \$50.00, this was 1934. Cost \$50.00 to get in, which would be like a couple thousand, thousand now.

We didn't have the money and it had to be borrowed and all, and I wasn't old enough. I had taken a double, I took the 5th and the 6th grade in one year. So when I graduated, I wasn't old enough to go in training. You had to be eighteen. So I took a post graduate course and I took the typing and shorthand, and salesmanship and business. I took business cause I already had taken the college course. And that stood me in good (?), because I could always type and take shorthand. It gave me a different outlook. I'm glad I did it. When I went in the three year program, and I graduated the top of the class, and so only two of us were given the position, because of the ...

M: (Unclear)

G: No, there was nothing. You could not get a job.

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M: This was in 36? No, 37?

G: Thirty eight.

M: Thirty eight.

G: Cause see, thirty five I went back to school through thirty eight. And I was given a good position, and I worked a couple of years when I got married. And I only took part time work. I did not once I got married I didn't work much. I did private duty. They called it private duty. Go in a home for awhile.

M: Could I ask you where you got your training?

G: Ya, Salem Hospital, Salem, Mass. And that is one of the best!

M: Can you remember what it was like?

G: Oh, it was terrible! It was terrible! Nobody would believe what we went through.

M: (Laughs)

G: And if it hadn't been the depression, if it hadn't been that there was no other alternative, I don't think any of us would have stayed. It was built on the military system.

M: That's where you learned the military?

G: That's where we ah ... For example, at that time the doctors wrote orders, they had ink, fountain pens. (M: Umhm) You remember fountain pens?

M: Umhm, umhm.

G: Well in order to get a fountain pen to go, you had to shake it towards the floor like, you know, to get the ink down to write. So what we would do is scrub the ink spots. I can remember them shaking the ink and you had to take dutch cleanser or something, we didn't have this type of linoleum. It was the old linoleum. Porous, and the ink would go in and we were down there scrubbing ink spots. We worked twelve hours a day, six days a week, and a half of day on Sunday when I started. Because it was even worse then than before. But we would go from working all day, they'd give us like ah, two hours off and then we'd go on nights and work all night. How we ever stayed awake, it's like you're sick, you're so tired and it's almost impossible to keep a boyfriend, because you never have, you know, the right time. They put you on 3-11. It wasn't 3-11, it was 12, 12 to 12, 8 to 8, 8 to 8.

M: Six days a week and a half a day on Sunday?

G: Ya. That's when I started. Then they did cut that down to, they gave us, legally they found out that they had to. (M: Laughs) We had a half a day Saturday, and we got one day off. It was usually Monday, or especially if you're not upper class men. You get you know, you have somebody call up, you want to go out? Well, cause see, we worked 8 to 8. We couldn't go out somehow, I don't know why.

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M: And did you learn by watching, or observing, or what?

G: No, we had courses.

M: You had courses?

G: Very difficult strict courses. I still have my notebook and you wouldn't believe you know, how busy.... We went to school especially the first year and a half, out of the three years you go to school almost all day, then you go on the wards and it was very difficult. Not only difficult, it was demeaning! They get you up to make a bed and if you had one wrinkle or something, they would ridicule you until you cried. We'd cry once a week. We'd go on the wards and they would scream at you, the head nurses. They'd go around with the white gloves, test the dust. We had to clean the rooms, clean the beds when the patients left, mop the floors, clean the bed pans you know, do everything. Everything had to be cleaned and boiled. We just worked like slaves! And that was the depression. I can remember one of them saying, you've got to get new shoes. One of the head nurses says, your shoes are wearing. I don't have the money for shoes. She says, you want to get dismissed? If you didn't get some new shoes, I mean, that is how degrading it was. You couldn't even buy shoes. Terrible experience, terrible, but we all stuck to it.

M: And you had to stand at attention for the doctor and open the doors?

G: Oh yes! All day, oh they could yell at you in the O.R., in the operating room. If you dropped an instrument or anything, they would scream and throw things or they were, they were terrible to us. Really, it wasn't that I was the (poor) students, I was one of the better student.

M: Hm, it was the discipline.

G: They knew, you know you're nothing. They've always tried to raise you know, nurses, and raise the standards and respect because ah ... They do an awful lot of things today, my gosh! It's like a technician, I mean like a nucleus. You have to, on the I.C.U. in some of those wards, you have to know more than the doctor what you're doing. You know, they have all these instruments and all these ... I was in the hospital the other day and she was showing me the latest things, and they let nurses actually defibrilate. There's a new device they put on their chest...

M: To stimulate the heart?

G: Ya, it gets the heart going. And the nurses can do it without even calling the doctors or anything. I mean it's amazing how far they've come, you know, what they can do.

M: And were there barriers (unclear) between what nurses and doctors could do when you were training?

G: Oh ya. We could do nothing but the dirty work, the hard work. You know follow orders and never deviate, never question, and we were good nurses I will say. I really think as far as actual hands on nursing, we did better care than they do now, because of the discipline, you know? We did back care every two hours. Those patients never had a back sore or ah, there's a word I forget, a sore on your back, bed sore.

M: Ya.

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G: Never had a bed sore, never! We would be put out or dismissed if our patients ever had a bed sore.

M: Umhm.

G: Today, you know, they can lay in the urine or something just an hour or two and they can get one. So we really ... And that was when pneumonia... it was up to the nurse.

M: Ya.

G: The doctors would say, if that patient lives or dies, that's your problem, because that's your patient and it's only nursing care that would save them. That was before antibiotics. And we would have to really, for an arm or a leg, if they ah... What they called blood poisoning at that time. There was no antibiotics. And the young people would come in, you know, with their arm all swollen and the red mark going UD and they'd say now, he's got to have hot soak in twenty minutes, every hour and it's up to you! That patient will either live or die, and they died, you know, from blood poisoning they called it. So nursing was, in away it had a more responsible aspect to it. Cause it wasn't the drug that would cure something if it happened. Like a bed sore, it would stay for months.

M: Umhm.

G: So it was a good training, and it was a training. It was called training and that's what it was. I think they had everything but a whip. You know? And you did it. Not today, they don't do that. The students you know, are not subjected to what we were, but it didn't hurt us evidently.

M: How is it that you got to go to B.U. for graduate work?

G: Oh! Let me see now, I got married oh...

M: You'd said that you stayed home with your children, did private duty work.

G: Then when they got ... I'm trying to think what happened. Oh, I know. My husband sold his business and we went to California.

M: Umhm.

G: And we rented our house in Swampscott, and we went and we bought a trailer. And we went across country with two little kids, well they were four and six, and started a new life in California. They were both in school. One in kindergarden. See, California had kindergarden before we did (unclear). So Diane was in, they were both in school. And this doctor just came out of the service and he was starting his own office. And I heard that he was and I went down and I told him I was an R.N., and would he like somebody to work for him. And he said, yes. So I set up the whole office. I took X-rays, developed them, I assisted in giving ether at the time. He did vasectomies. They were very popular out in California, San Diego. We did tonsillectomies right in the office. I set up the autoclave, I did all the sterilizing, I took all the blood test. I read the results like a lab technician. I set up the whole office. See, he didn't have that many patients to start.

M: What a change though (laughs) from your training.

G: Ya, well see, the training came in bandy because I knew what I was doing.

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M: Sure.

G: And I even did some of the bookkeeping when he didn't have any help. I think I was there about a year and a half. And his patients were not paying him. He was running out of money, and his wife was an R.N. So he said, I'm gonna bring her in to help out, and he cut my pay down. So I said, well, goodbye!

M: Hm.

G: And I went and took a course. I remember taking a three credit course. And I remember the teacher saying, you know, some of you nurses haven't cracked a book for ten years, and it's time you got going. She was an inspiration. So immediately I did well. I got an A on the course and I said, gee, I've been out of school for ten years, but I like it. So I enrolled in San Diego State. I wasn't going to be a nurse, I was going to be a social worker.

TAPE 2, SIDE A ends TAPE 2, SIDE B BEGINS.

M: So you signed up to take social work at San Diego State ?

G: But I still say I hadn't had any college courses.

M: Umhm, right, right, right.

G: Except that three credit course I took. So I had to start from the beginning. I thought I might as well be something else.

M: Um.

G: Ah, so I took the basic, you know, the old basic curriculum and I got all A's, (unclear). I got all A's easily, so I was so encouraged. Why don't I go back and, you know, get a baccalaureate? Why not? Um, about that time we've been there almost two years, and my husband decided he was homesick. We had only rented the house. He wanted to come back. I was very happy. I loved California, love it! The kids are running around you know, within the sand with the bare feet and ah, it was warm and the schools are excellent out there. Excellent! Way ahead of Lowell, they were excellent! But he wanted to come home. So the condition was that I go to B.U.. He didn't want me to go to school, he didn't think I needed to. I was stupid. So that was the conditions that we would come back. Because I immediately enrolled at B.U., and they wouldn't give me any credit for anything! If I went in social work, but if I went into nursing, they would give me ... There's some kind of ... I think they gave me thirty credits just for being an R.N.. You don't give that today, but they did. They gave something. You took test. You had to take a test.

M: Umhm.

G: All kinds of test. So, that was quite a way from Swampscott. I had to go to Boston. And I had been working around his conditions where, if it doesn't interfere with the household, or the children's care, you can go to school. Now remember, we're talking back when married women with children did not go to school. They did not work. This was way back, around thirty years ago. So it seems different today. They think nothing of you know, doing that.

M: No, no, an amazing change.

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G: Now if anything had happened to the kids, you know, if they came home from school and I wasn't there, everybody would talk about it. But if I was out shopping, oh, well she'll be right home, she's busy, you know? So I was always trying to do something, you know, keeping ahead of time. So anyway, it was great difficulty um, family wise. I finished the B.S. and I got most likely to succeed of all B.U.. Can you imagine?

M: That's great! (giggles)

G: Of all those nurses!

M: That's great!

G: All those smart little kids in there, they wrote me up in the Bostonian. So I said, gee Fred, I might as well try for ... We only had one car. I was going on buses, subways. I had to be home when the kids got home. Had to have all my courses special. I couldn't go, you know, supertime. I don't know how I did it. I never could study when he was home evenings. I don't want to put him down, but I want to say, he did not support me in anything. I had to get scholarships. He did pay a little bit. I had to get scholarships to get through. So I found a masters program in rehab nursing, which was fully funded by the federal government.

M: Umhm.

G: And she took me in that, and I did that in a year and a half I think. No, a year. In one year I did the whole thing. We had to write a thesis and we had to do all kinds of clinical work in hospitals. That was ... my father use to come over and stay with the kids when they come home from school.

M: Umhm.

G: So I got through that. And then I said, I might as well get a doctorate. (laughs) You know, you get going and you just ... He didn't want me to work. I tried. In the meantime I had tried golf. I had tried bridge you know? I had done all the things volunteering for the church.

M: Umhm.

G: I didn't enjoy those types of things. It seemed like you're wasting time. So, I liked what I was doing. So I tried to get a doctorate. And I remember the Dean then, Dean Farrell. I said, she said, what do you want to be? I said, I want to be a Dean, like you. She says, well you're not gonna have my job! (Giggles) But they wouldn't put me in the doctorate until I had taught. I had to have a year of teaching, which -as good. I went down to the diploma school near Maine and Lynn and taught you know, but I went in real early, like seven and got home at three. So the kids... I got home by the time they did, and I was teaching nursing cause that was one of the requirements.

M: And where was this you were teaching, at B.U.?

G: Hum?

M: You were teaching at B.U.?

G: No, I taught about a year.

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M: Hm?

G: About a year.

M: You were teaching about a year at B.U.?

G: No, no, at Lynn Hospital.

M: Oh, in Lynn, I'm sorry.

G: Lynn you know, they have a three year program, they just phased it out.

M: Sure, sure.

G: It was good. I was teaching nursing. I learned a lot. See, I had a masters. What we have, it's really teaching. I took all my teaching courses. I took a dual major.

M: I see.

G: We had nursing and teaching, because I had all my credits, you know? I did all my practice teaching so I could put that to good use. So then they took me in a doctorate program and come to find out, all they had any money for was psyche, psychiatric nursing. I hate it! It's a little thing

I hate working with psychiatric patients. The doctor practically made you move in the cell with them, and live with them, and I wouldn't buy it. So I went over to the School for Education, they had Health Ed and I got into that, no problem, I got into that. He took me with open arms. I couldn't believe it! Nursing had been very hard about it. I was doing fine, and something happened. Oh, I didn't have enough, I was running out of money. See, a doctorate, I didn't have any scholarship, but they did have scholarship in rehab counseling.

M: Umhm.

G: See, these are the type of federal programs they were pushing. Rehab nursing, rehab counseling, which meant you took all the counseling courses. Terrific! So I got into that program, which was subsidized you know, by the federal government and ah that went on. I could only do it part--time so all in all I went twelve years to B.U., because I only did that part-time. I was doing a little teaching in between, and I wrote two dissertations, one was on epilepsy and it didn't fly, you know? It got half done and it wasn't getting anywhere. What they did, I'll tell ya frankly, because the School of Education, where these doctorates were, nurses somehow... We had two nurses in there and they just did not accept nurses as doctoral students, and then especially if we had a family. This other girl that was a nurse, she was really brilliant, and she got the same treatment I did. They called us (unclear). They go, you're married, you've got a family, you're just fooling around, you're not gonna use this. See, we were older than, we looked older and ah, the men they just didn't give us the support. And we had to really fight to get the dissertation. That can be a stop gap, you know, they can stop you right there. We both had to really fight. So I changed advisor at that time, and I got one very difficult, but I could get him, and get through. You know, you always graduated, but he was such a task master. Nobody wanted to do it, but I said, well it's the only way I'm gonna do it. So it took me longer. And we did the self esteem of the unwed mother, which is really fascinating, very difficult. I would never never do again what I did then. I was not working, so I had no support. I had no typewriter, no paper, nothing. You know how today they do, if you do a dissertation when you're working, you can at least get some facilities to work with.

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M: Sure, sure.

G: And I did pre and post testing, which was ridiculous. I had to wait until babies were born and then test the girls again after they had their illegitimate baby, and then I had to test all my controls again. You know, you wait six to eight months till everybody's had their baby, and then you've got to find all these people and test them. I mean, it was just ridiculous what I went through. Then I went to Harvard and they did on a computer you know, these graphs, and the interesting thing that you won't believe I came out with was that the ... I had thought the self esteem of the unwed mother would be lower than the control, cause I took single girls and married and come to find out, their self esteem was higher than the other two groups. You know, I always thought well, they get pregnant because they want somebody to love and all that. It's a

real turn around than it was a significant difference. It wasn't just a little. You remember Roger? I used his test of self esteem, so it was good.

M: So what did you conclude?

G: So I concluded that what we needed was birth control. Now this was sixty seven, sixty six.

M: Hm.

G: And that was when (Beard?), remember Bill (Beard?)?

M: Ya, ya.

G: At B.U. was giving out contraceptives. I was there, I was a student!

M: Really!

G: I was there when he gave them out on the platform and the police were standing in the wings, you know, they arrested them. And there was thousands of students there. We were way up, climbing up, climbing up. So it was so controversial to say that. (Husband in background. G: says, Fred you're bothering me. See we never leave her (dog) out. That's why she's crying. I hate to hear her cry.)

M: What drew you to this convocation where (Beard?) made this gesture? Were you just a member of the student body or...?

G: Ya. I was a student plus this was right up my alley. Here I was writing about the unwed mother and all...

M: And you made your speech or ... ?

G: Ya.

M: Ya, right.

G: It was a landmark.

M: A great dark moment. (Laughs)

G: Yes it was. And I couldn't believe it. He handed you know, some students contraceptives and they put him in jail! So, what the important thing happened, you know, when you have your final hearing, is that what they call it? A hearing?

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M: Ah ya.

G: You know your final thing.

M: Ya.

G: You have all these people sitting around, and one who was self supportive of my whole idea, he had a heart attack. He was in the hospital. So they put in and this is true, the ... I think his assistant Dean, I'm not going to say his name, but he was a (unclear) Catholic, and when I ever said, you know, my conclusions are, the only way to stop this type thing you know, is to have contraceptives readily available. He wasn't going to accent it. And being an assistant Dean, the others you know, they all kind of (unclear) before him, and he said, I can accept that conclusion, because it is his religion. And I go, I thought this was you know, to prove a certain thing. I says, you're my own conclusion and he wanted me to take it out, but I won't take it out. I should of and said, oh (unclear) to bad! (G: Laughs) He wouldn't take it out.

M: No?

G: And so we talked about it and then I went outside, and they must have been... It seemed like an hour but, fifteen, ten minutes discussing it.

M: Umhm.

G: And I didn't know at that point you know, after I worked so hard, if I had given everything. But anyways, they must have talked him out of it, because it was purely his personal opinion.

M: Sure, umhm.

G: And I would like to see him today because it's coming to that, you see? You can see it's coming to the answer. A lot of it is available contraceptives.

M: Sure.

G: Not only available, but you know, educated to use them and not just say ... So I ah ...

M: You passed your oral. (Laughs)

G: I passed the oral test. I passed it and then in the meantime, Dr. O'Leary had hired me. You see, I had very (unclear) experience teaching in a college and he only frankly hired me because I had the doctorate. Cause I was a rarity and that's what he wanted. And it stood him in good stead,

because you know, as we progressed you needed that, you really needed it. You needed the title, because of the whole issue of health, you needed it.

M: Did you tell Dr. O'Leary the story about your oral?

G: No, I never spoke anything personal. It was always nursing, you know, something like that. I never got to know him personally, because you know, there was no opportunity. The only time you did, you go in and sit in the office.

M: Working too hard.

G: And ah... Say what you need, or don't need. I saw him when I saw Dr. Duff.

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Dr.Duff always had you deal with someone else usually, unless it was ...

M: Ya.

G: Something personal.

M: Did you have any strong friends at Lowell State, people that you regarded as personal friends rather than colleagues?

G: No, I didn't have any friends, I was alone, I was a loner. As you say, like Dr. (Lockton?) she's a doll, but you know, I mean off campus, there was nobody. You knew employees were supportive, but off campus I never saw anybody.

M: Hm.

G: I was, so far away, see, I couldn't Mary.

M: Ya.

G: You can't say come on over for lunch, or come over for the evening, you know? I was too far away. So it seemed like when I went out that was the end of that. It was like going to college and not living on campus, you know? You're not in the dorm, you're kind of an outsider. Eleanor was friendly. I remember once, I couldn't get home, the snowstorm was bad. I went to her house and I'd say she was my closest friend.

M: You've described in a very interesting way, the first class of students that were admitted as being the oldest children and ah ... local families. I wondered, did the profile of the nursing

major alter? Did you begin to notice different characteristics among the nursing majors as you dealt with them over the years? Did they change?

G: Oh sure!

M: How did they change? Did they come from further and further away?

G: They came from further away. They were more sophisticated. They were more full of fun type, more normal. All I can think of, they weren't so serious. These others were, I've always wanted to be a nurse, you know?

M: Ya.

G: Really dedicated kids. Oh, you got every type later. Of course I didn't interview them after the first, and I didn't teach after awhile.

M: Ya.

G: So I didn't know them that well, but I know generally. There was one experience that was interesting. It was ah... Remember that time they had bombs on campus, and the kids were just starting to take drugs, just starting? In fact, there was quite a few. There was a period when there was more drugs on campus almost, than now, when I first started. And we had two nurses and I was teaching, so it must of been in the beginning. And I'd noticed they would come in, and they were glassy eyed, and they'd giggle, and they were inappropriate behavior, and they were (unclear). Well come to find out, one of the nurse's daughter of my college in the three year program, you know when you go through three years with the group, you know them very well, and this was her daughter.

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And I said to them, I got them after class. I said, are you on drugs? And I don't know why they told the truth, because they didn't have to.

M: (Giggles)

G: They did! You know, I told them I noticed this, this and that and you know... I said, you know, I know your mother and I don't want anything to happen, and even that would have made it worse. And one of them admitted that they were on ah... It was a stronger drug. It wasn't marijuana, it was a pill. What do they call those?

M: Amphetamines? Speed?

G: Speed, that was it! Now then, it was heroin now, they didn't have much heroin then, but speed was the advanced ... I thought and I said, you know, you cannot operate with patients under drugs and all. There's not choice but to snitch you. So I called and I called the mother. Oh, she couldn't believe it. She was devastated. She was a widow and her daughter was everything to her. So I said, look, I'll tell you what I'll do. I'll get together with the administrators, you know, (Foyd?). I don't think O'Leary was in on it. I said, tell you what to do. I'm gonna give them a year off, a year to grow up. And I want it understood that I can demand a urine test anytime, day or night during this year (both laugh). And if they're clean for one year, they can come back you know, repeat the year and stay in the program and do, you know... they did it! I'll never forget, we're going to a convention somewhere and you know, I think it was Ellen and I, and we got on the plane and here's this cute little hostess, and this is what she did that year she was on probation. She's an airline hostess and getting along fine, SO. So what I did was, I would call maybe on Monday morning, and then I'd wait like a week, and then I, I didn't do it too often. They'd come right into the lab, they came right into the hospital, the nurse. I mean right into the ... no, they came to the hospital, you know, it was all set up so that the test was authentic, you know? It was a hospital test. It wasn't something they did on their own. I called them quite often at first, and then I kind of waited awhile, and then I'd call them whenever I thought of it.

M: (Laughs)

G: There was no set pattern which is good, and you know they were never caught having anything in their urine, and it lasted several days. So they came back and they finished the program and they were ideal students! Isn't that odd? It's really an odd situation. I didn't know what to do with the, you know? There was one student who was giggling inappropriate behavior. She'd giggle and laugh and they'd be doing an autopsy and she, she was nervous. So her parents came and I said, really she's disrupting the class. She giggles, she acts silly. She is cute, she's smart, but she couldn't control herself. So we gave her a year to grow up, and I think we had two male students at that time and she was playing up to them, that's what she was doing. - She was always hanging on to them and giggling. And they're long gone you know, they had moved up. So she came in, and the next year was one of our best graduates. Isn't it funny? It pays to give a kid a chance. If they'll wait a year, they're sincere you know, they'll come back. So that's all I have. Now what did you ask? I've forgotten what the question was.

M: Well the question was one that you were actually addressing, about whatever you noticed as a changing, or changes in the student body, from the time of this very earnest, oldest child.
(giggles)

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G: Well sure there remain to be some earnest, you know, that type, but as word got around they did come from further away.

M: What about minorities? Did you have some? Any minorities at all in the nursing program?

G: Oh ya. Um, not many, no we had a very hard time. That was part of the ... What accreditation was that? You had to have some minority students.

M: Umhm.

G: And we recruited, and recruited, and we put adds in and we did everything. And they were all trying to get minorities. But we even went through it, was some organization that would have the blacks. They took them from Roxbury I guess, gave them certain courses, whatever the name is ah... Special courses that they had had in high school, and didn't do well in.

M: (Remedial?)

G: Remedial.

M: Umhm.

G: Alright. And then they would recommend if they came in, you know, they would say, they're not ready to start from the beginning. And we took everyone that they would produce. They said, tell them to come to Lowell, because we want to you know, we need minorities. We want them, we had to do it. It's funny that ran out. They did produce students for about four years and then they couldn't get anymore.

M: What about older women? Did you have older students, or were they all eighteen.

G: No. We had quite a few, later on we had older students. We had one mother come in and I would always encourage them, because you see, I started my career older. So there's no way they could say, I'm too old, because you know I was sixty seven. I was quite old when I started working really full time and ah... So I said to them, you're never too old to start, and I'd tell my story. And one came in, I mean she graduated and she couldn't thank me enough. I kind of lost track of her. And she said, do you know you inspired me to do this and that? You know, it's a nice feeling. All the women needed was somebody that would have confidence in them and tell them they could do it. And one woman, I think she had five children, in fact she finally came on the faculty, she was so brilliant! And beautiful! And her husband left her with either four or five children, young.

M: Hm.

G: And we said, we'll do everything we can to help you, especially clinical. You know, the kids are home, go in the morning. We did everything we could because we knew she had such potential, and she finished! How that girl ever did it, and went on and got her masters, and then we took her on the faculty. We couldn't wait to get her, she's just a beautiful person! Five little children, you know what that means? I don't know how she did it, how she ever got a minute to

study? But we did have, and then we had a doctor's wife who came right through the whole program. I was so amazed, I didn't think she stick. She did. No, she didn't go through Nursing, she went through Health Ed. She had

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brought in a few credits you know, to transfer. So she went like three years and got her Health Ed. Very Happy. She was older, quite old. So then, when we got to the masters, we got all old, you know?

M: Sure.

G: Older people. I don't know what they're doing right now, but they weren't ... I wouldn't say that was sort of exceptions. No. nursing is kind of ah, not the thing you start when you're forty, I would think. Now these people are in their forties I'm talking about. Except that young girl with the five children. We even had them nursing, nursing babies. They'd be in a program and go out in the car and the mother would come up with the baby and (M: giggles) she'd nurse it, and come back to class. What people do, what people go through, you know? They don't have to do that. I don't know. I just hope they, you know, were rewarded and got good positions.

M: Was there any times that the administration dealt with nurses in terms of hiring, or promotion, or tenure, or whatever, in which sex discrimination played a role in terms of salaries or ... I heard a story about the maintenance people. (giggles)

G: Well, I'm sure we were underpaid.

M: But as a group, is that how you saw the sex discrimination happening?

G: Well I can't say that, because one experience we had, a Philippino came, a woman...

M: Umhm.

G: Who had a doctorate.

M: Umhm.

G: I mean a doctor, M.D.

M: Oh, I see, ya.

G: And she was over here because her husband was a judge in the Philippines somewhere. The judge, and he was sent to Harvard for a year of courses, and she wanted to teach.

M: Umhm.

G: Now she must of had six, and she was pregnant, and we were desperate for an M.D. to teach. Now we had M.D.s teach certain courses and I can remember we couldn't get any of them.

M: Umhm.

G: We couldn't pay. See, everything was money.

M: Umhm, umhm.

G: We couldn't do anything with no money. So I grabbed her, I said, gee, she applied and I took her after going through everything. We took her over to

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Dr. O'Leary and he come up with a salary. And he said, gee, when are you expecting? You know? And she told him and she says, I have five or six at home. I think she has eight now. I still hear from her.

M: Umhm.

G: And he said, well, you have five children and another coming, and I'm gonna up your salary. And he gave her, I don't know who he took it from, he gave her an enormous salary compared to the others, because she had all these children and was expecting another, which was not good for us. Here she is teaching, she could of had it anytime. I guess she did! And you know, I had to give Dr. O'Leary credit, because he didn't have any extra money, he was pinching, you know, to get the faculty right. And when he looked at her, he gave her more. I says, you lucky person. I've never heard of it, you know?

M: Kind of a (pronatalist?) (Both Laugh)

TAPE 2, SIDE B ENDS

TAPE 3, SIDE A BEGINS.

M: This is an interview conducted on October 29th, 1986 with Gertrude Barker, at her home in Nashua.

We're talking about the handling of over weight students. Didn't both of them lose the required weight and they were able to get into the class?

G: But they may have put it on later, I don't know. (Both laugh) You know how easy it is. But that's how much control, you know, we had on the students. That's how much... Evidently there was a great demand to get into this program.

M: So you were able to sell it very successfully I take it?

G: It did. I was, I had no idea whether we would have one student or one hundred and fifty. And I think we had over a hundred, and we had fifty places. So I had a good ... My first class was, you know, well chosen and really I didn't have to take everyone that knocked on the door, so to speak. So we're very proud of our first class because they would be the result. You know, they would be ... The nurses at the hospitals and everyone would look to, to say well now is the B.S. nurse that much better? And so we were very fortunate, we had a wonderful class. Wonderful! And it was so interesting to ... And I don't think after the first year I was able to interview everyone. Although we did try to help admissions, interview. And after awhile I interviewed from there, Doctor (McGarvin?), all chairpersons interviewed for other majors. But this got, you know, this was very interesting, because I was teaching at that time and I got to know the students quite well.

M: What were you teaching? What was the specialty that you offered?

G: It was teaching history of nursing.

M: Wonderful! (Laughs)

G: And um, you didn't recall that, "A Human". I forget the exact name of the course, see. I kept the curriculum for the first year, but it is up in our camp somewhere put away, It was Human, "Human Relations". That was it "Human Relations". Now eventually that went over to the Psyche Department. But in the beginning it seemed like they weren't teaching it. That was not a course they

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were offering and they didn't seem to want to. It was the type of course, we'd try to get the students to feel empathy for others. Like for example, you'd blindfold half the class and the other half would lead them around. It's that type, you know, of thing that, how does it feel to be blind and how does it feel to... ? Or we'd get a group together. We had groups and we'd say, small groups too, you know when you said that, you made me feel this way? And trying to get them to, get just human relations. You know, be aware of how patients feel and how to react to them and not just you know, wrote things. So, that was kind of fun class. I mean, they didn't all like it. Students don't always like to reveal their thoughts and it's very hard to get them you know, to say what they're really thinking and feeling. They didn't want to expose themselves. And especially with the Chairman. You know, I was like the Dean and teaching and saying you know, how did you feel about, what do you really feel? You know, they say, well if I ... I imagine they would

say, if I tell her this she may not give me a good mark. I might not make it, so. That was not, I found out, the best course because of my position that I could say. At that time we were very autocratic. You know, you're out. There was no, it isn't like today. You have to be very careful. You know, I could say, you won't make a good nurse. Not that I did it, but I could. And they knew it, so maybe that was... I think I taught that a couple of years, the History of Nursing. And then it became that, without much secretarial help at all, it was just too much for the chairman to do. To do any teaching (?) very little.

M: May I ask you what did you try to tell your students in the History of Nursing class? What is, what kind of sense of where they were in the evolution of that profession?

G: Well unfortunately they weren't very far, because nursing is one of the, you know, the slowest moving ever today, female occupation there is. They're just under paid and under estimated just even today. And then part of it as I said, was the history of the military background. And it was ... What we kept emphasizing was that you are somebody and you, you know, you are important and you know, you have the facts and you have the background. And you're college graduates. And you'll have to speak up and you don't just you know, take too much from the doctors. The doctors, the older doctors are the last ones to give the nurse any credibility at all. They're terrible. The whole thing was trying to get them to gain a little self-esteem you know, and get in there and fight the ... You know, cause they were the first group going in as baccalaureate nurses. They had a lot to conquer so to speak.

So we not only gave them the history, you know, each year, like you know, Florence Nightingale and all that. But we also tried to introduce the change needed, the change. It's still not ideal. I don't know if it ever will be. They, you know, they're now striking which was unheard of. Nurses don't ... Nurses, they give. That was suppose to be. They give and give and give, and they never take. And they don't ... You know, they work weekends, they work holidays, they give. And ah, which isn't feminine you know, exaggerated even more than you give at home. You give at home and then you go in nursing and you give there, so.

We tried to teach them to stand on their own feet and you know, they think they're right to say something and to sort of overcome the system. The system is very hard to overcome. So that was a fun class in that for me, you know, trying to get this across. That there's more to history than what's gone on. It's what's gonna go on in the future and how to change history. But I don't think it was that easy. You know, it isn't something you do overnight.

Nursing is ... I think that's why I sort of went into the administration, because I couldn't take a lot of the attitudes of the you know, personnel in the

hospitals. And then you become very depressed because you see so much suffering and sickness. Very depressing. I told my daughter, never be a nurse. (Laughs) She could be anything in the world she wanted, not to be a nurse. It's too hard.

M: Be an administrator? (Laughs)

G: Huh?

M: Be an administrator? (Laughs)

G: Be an administrator. It was too difficult. It was, you know, it was not respected that much and then we're trying to change it. And we're trying to get, number one, if you're a baccalaureate student you know, you'll have a little more clout for change. Because change, you need power to change anything. And we all had the same ... I had a wonderful faculty. Absolutely dedicated! Well like nursing anyway. They're all sort of that giving. You know, they gave extra time and they were absolutely, unbelievably supportive and hard working. Just nice, nice. I think I had one faculty who tried to take my job. She stayed about two years and no one gave her any support, so. She was the one I remember would say, "well I don't agree with you". And we listened to her, but she was not ... Because as you know, the faculty, if they really think someone is right, they're gonna support them. You know, they... Faculty are very independent people, and they should be. So this one person stayed... And I remember thinking, thank goodness we don't have or haven't had, because you could not you know, expand and grow and do what we did in that time if your faculty aren't in back of you and really working hard every minute. You can't do it. You can't do it alone. So I don't know if it was luck or what, but we really had, I was very fortunate. Such good people.

M: Can you characterize some of that more? Were the people, all of them experienced in baccalaureate programs or can you describe some of their characteristics? Who comes to mind as an example of one of these dedicated persons?

G: Well I've already mentioned Mae, so I'll mention her again. She just, I mean, no matter what you asked her to do, she could do it. She was very capable and very hard working and organized and smart. Anything you need. And yet she never tried to usurp power. That was one thing about Mae, I mean she was a wonderful person in nursing and as a person too. So she really deserves a lot of credit.

Dr. Shaloun did a lot too. She was Chairman of Nursing for many years and you couldn't find a more loyal nursing chairman anywhere. She was all for nursing and she just Supported nursing so much.

(Someone knocks at door, tape shuts off momentarily)

G: I'm trying to get my thought together. Now I want to go into ab, before you start.

M: Can we pick up with Eleanor?

G: We didn't finish all of that, did we?

M: Ya, we didn't really get a chance to explore. And the general topic that we were talking about was the personnel that you spoke in such high terms of, in terms of their willingness to be dedicated members of the department.

G: I did say that. I already said that. (M: Ya) Ok, so I said enough on that. That's really unbelievable.

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M: Well what you were giving me were examples of people who fit that description. And you talked about Mae, and we were just about to talk about Eleanor in the ways in which she ...

G: Oh. Can I hear what I said about Eleanor or have you turned it over? You turned it over.

M: You actually had not said anything about Eleanor because the doorbell then rang. And you had just begun.

G: Oh alright. Is it on? (M: Go ahead) Is it on already? (M: Yes) It's been on all this time?

M: Ah, I just turned it on.

G: Ok. Um, you're asking about a dedication and I would say, you know, Eleanor Shalhoup was just about one of the most dedicated. She, number one, when she came for an interview to be hired she had a masters in Public Health, but she didn't have any masters in anything for actual teaching. And we had just had a lot of trouble with the State, you know, people being qualified. And you must have your degrees in the area of teaching. That's one that you have to have, a self teaching courses. So Eleanor agreed in order to get the position, to go back and get her masters in I think, Nursing Education or whatever the teaching ... Hi! (Background voice: Hi!) So, I mean that is dedication to start with. She was willing to get the required masters to come to the school. Of course she was a local person. This is a little different. She always lived in Lowell and she had been with the Public Health and I think had a good position. But she just wanted to do this and she just gave everything she could give to the um.... I keep having to hesitate, because now it's a college and it was a department. And I have to go back, the Department of Nursing.

And I think one, the best example to show the dedication, this was Norma McQuade too, who was in Saint, get it right, Saint John's. one of the Director of Nurses. She came over and she was another dedicated person.

Now this group ... Let me say, Mae, Eleanor, and Norma and perhaps Marion (Dibrew?) was in there, she was, they were all, everybody... And Janice Stecchi, I had her get her masters. She wanted ' she had a master in Education from Salem State. (M: Umhm) And she never mastered in Nursing, of the nursing subjects. So she went back and got her masters before she was hired.

So these people you know, not only want to work there, they were willing to gove something to get in. And I think one of the best examples to show their dedication... And I remember at that time, I was the only one who had a doctorate. And I told you, this was like maybe four years later when we were over in that private home. Probably four years after the program started, the faculty voted that a doctorate would be required in order for promotion beyond and for associate. I think it was for ... They could be, what is it? (M: Assistant?) They could be assistant, but in order ... They would, they agree ... (buzzer sounds-tape shuts off momentarily) to go along with the rest of the State College requirements and not be different because they were nurses. And that they would ... And not one of them had their doctorates. So you see what they did? For nursing, for the betterment of nursing and for their own department, to make it on an upper level the same as any other major, agree that you needed a doctorate or an associate. And I call that dedication, cause that meant they all had to go out and get their doctorate, which they did! Eleanor got it and Janice got it and Norma, did Norma get it? (M: Norma?) (hear whispering-tape shuts off momentarily) They new they would not get promoted without it. You know that was ...

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M: They have truly participated in setting the standards.

G: They were willing to set standards, which meant they had to you know, work for it. Not something they already had, and we'll set it for someone else.

M: Did they, generally speaking, go back to B.U. for those doctorates and masters?

G: Ah, Mae didn't. Mae went to Brandise. Eleanor went to B.U. Marian (Dibrew?) went to B.U. and Janice Stecchi went ... Did she go to B.C.? One of them went to B.C., I forgot.

M: I could check.

G: But they all were just so willing to you know, put themselves out for the whole college, for the State, Lowell State. They just, unbelievable people?

M: Did you personally hire all of these people?

G: Umhm, everybody. Yup. And then I got Doctor (Mullet?) came in. She was (?), she was great. These were later. They came in later after the program was established. You know, once

we ... Now that's what I should be telling you now. How we got into the masters program. (M: Ok) And something else, how we got into the (?) Program. This is one thing I have to talk about. Dr. O'Leary, he came back from it. At that time they didn't have the Board of Regents and they didn't have the, each college did not have it's own Board.

M: Board of Higher Ed?

G: Ya, they had the Board of Higher Ed, but they had one, what did they call that group? Board of Trustees. They had one Board of Trustees for all the State Colleges, so that is was very removed from us a chairpersons and Deans. We didn't go. Dr. O'Leary was the one who went. One day he came home. We hadn't anymore than started the program maybe two years. We were just in the throws of getting started. It was very difficult. And he came home and he said, Board of Trustees decided that Lowell State should have an R.N. Program, meaning a Baccalaureate Program for R.N.s. Meaning you had to start a whole new curriculum, a whole new line of accreditation, a whole new certification, which is taking R.N.s in and turning them into baccalaureates you know, with their special needs. And then all the special clinical experiences would not be the same as the beginning students, and all the evening hours, it was just ... And he just said to me, like you know, um just put that in. Like you know, you're gonna do it in a week. And it was ... We're writing grants, we were just about going crazy. I remember saying to him, I cannot even go to the movies. My husband asked me to go to the movies, and I had so much work I couldn't even go out, you know, weekends. I remember going and saying, I've got to have help. It got to the point where it was just overwhelming to do, but we did it. We put in, which was then you know, about the first one that would let the three year graduate come in and become a B.S. in less than four years. We you know, we had to give them, we had to test them. We had to set a criteria, how are they going to you know, do they have to take this course?

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Do they have to take the exams so they could, not (clup?) out, but it's like they're (clupping?) out of courses. And we didn't want to just give them a free ride, which they kind of wanted. They thought, well I'm a nurse, all I need is a few liberal arts. And we didn't, you know, go along with that. We didn't want to antagonize them, but we didn't, we wanted to make it fairly easy because we knew they worked. They all worked. That was a big thing to do right in the middle of everything else. And I don't think to this day Dr. O'Leary realized the work in that. But he was so nonchalant. You know, once you start this knew...

M: (Unclear)

G: But we did it and it's still going on. Norma did a lot of that. She took over and she had a lot of responsibilities and interviewed everyone. She did a good job. She was still doing it after she retired, part time. I don't know what she's doing today. She helped us out on that. Then I think the next thing I would say, would be the merging. Are we ready for the merger?

M: I'm ready for the merger. (Laughs)

G: Can you just turn it off for a minute? (M: sure)

M: Let's talk about accreditation. When were you first accredited on the programs (?).

G: Well they wait until the final year of nursing. (Unclear), well they wait so they can test, sort of talk to the students and all. I think it's while the students are in their Fourth year.

M: I see.

G: We had a visit. Now this is accreditation by the National League of Nursing, which is not, it does not mean that they can close the school if you're not accredited. It's just the students are not apt to or should not take a program that is not accredited. So it's very important. The (?) has a group that come and visit you for two to three days. Probably four days. Because they have to not only go over the curriculum, they sit in on classes, they talk to students, talk to the Dean, they talk to all the offices. It's very thorough. Nursing is a very Dicky, anyway you know it's very thorough. They came and we um, Dr. O'Leary met with them and everyone met with them and they seemed very positive when they left. They don't let you know immediately. They had a meeting and we all came too, and they said everything nice. And then we, about a month later or six weeks we received a letter that we did not receive accreditation.

It was just absolutely a blow below the belt. Just couldn't understand why. Because they had not said anything against the program at anytime, even in the final, like a summary. (M: Yup) So come to find out, it was very small minor discrepancies that they wanted remedied. And mostly it was more in better qualified faculty. And in one way it's very unfair to the rest of the college, because you go in and you say, well if we don't have this, we won't get accredited. And you know, what does the President do? He just has to respond. And so Dr. O'Leary had no choice but to take faculty from other departments. He had no money. He could not add more faculty. He hears, you're not going to get accredited unless you have more and better qualified faculty, which means you've got to pay more. He did not pay his faculty much as you can remember. He paid exactly... He had a little

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paper, it was very interesting. Whenever he interviewed, whenever he interviewed faculty, and he interviewed everyone, we interviewed them first as chairpersons and then we always brought them over to meet Dr. O'Leary which was good. And then he had a paper, one paper. He kept it in his left hand draw and all the chairpersons new it. And he'd come out and he would bring it out, and he would take figures. He'd spend quite a time getting figures and tell us exactly how much to the penny that he could spend for new faculty. It was, he juggled his figures, I'll give him credit. He ran that one a shoestring. And naturally he -would come out low and the people you know, that were highly qualified would not take the position. (M: Sure)

Now today with the union, you see it's all together different. You know, you come in, you have this minimum, this minimum, there's not question. But he did it with this one piece of paper. He kept track of every faculty salary and the whole college. So we did not have any money, really did not. He had to borrow from other departments, and unfortunately it was the Graduate School that either had a surplus or he thought they had a surplus, the faculty. Because it just seemed like everytime they wanted a new faculty member, he'd say no. Not only that, we have to take the position that somebody's left you know, and give it to nursing.

And he did borrow a lot from Education. I don't remember he taking anybody from Sciences or Liberal Arts. I don't remember it. And I do remember Education. And because the chairpersons then became unfriendly with me, and the chairperson of the Graduate School didn't speak to me for two months you know? And it really, it's unfortunate, because it was nobody's fault. It's just accreditation demands certain things and if you want it, you have to do it. You have to do it. So as soon as we did get the extra help, which we did need and everybody knew that, we did receive accreditation. And it seemed like you know, it got to be, well if we don't... We'd say, if we don't get this piece of equipment, we won't get accredited. Or if we don't have this you know, it became used too much. But it was true, it was true. Where you know, Liberal Arts, you really didn't need accreditation. Education did.

M: It's important for professional programs.

G: Ya. So it ah... That's why it was good that we had so much grant money, because we could meet alot of their requirements without ...

M: Do you recall who it was that came on to the faculty that was the result of that accreditation push? Was it Stecchi or um... ?

G: No, Stecchi was on. It might have been Betty (Mallett?)

M: (Mallett?)

G: Umhm. I think she ... And let's see, we had another one that had a doctorate. She's retired. Mora, Mora Hall or something like that. Hall I think it was. We then began to hire doctorates.

M: I see.

G: Especially when we introduced... About this time we were introducing also the Master's Program in nursing. And the reason was, we had a terrific grant. The Master's they needed um... Turn if off. (Tape shuts off momentarily) They needed ... At that time there was a push for nurse practitioners. And the nurse practitioner means R.N.s who are further educated to do a

physical, really like an M.D. They screen the patients and they can do physicals, and then they can do limited prescribing of medicine. So we needed, we did have a doctor at that time on the faculty, an M.D. that was teaching the students. And he was the only one we could get to help us. The other M.D.s did not want to support nurses who were going to do their work so called, their physicals. This doctor was a local doctor and he said he would help us. So he not only, he set up a class that the whole faculty attended, learning nurse practitioner skills so we could be qualified to start the program. And then we went on and took other workshops in Boston. We went to B.U. on grant money and learnt how to do this. It was fascinating. So we had this grant written. I think May wrote it and Eleanor helped and we all helped. At that time we all Ditched in and did a part. And it was just amazing to get money, because money you know, means progress and power and getting accreditation. And the best way to get it is through a grant. We couldn't get it through the state. We started a nurse practitioner program and it's still going. And it has ...

End of side I - Side II begins.

M: When did you first get the word that the merger was going to happen I wonder?

G: I can't remember dates.

M: Did Dr. O'Leary call in the department (??)?

G: Yes, he called each one in, he called each chairman in personally. Or at least he called me in and I'm sure he did the others. Told us about the merger and told us about his plans. Only about our department. I didn't hear about the others. And what he told me, that he would like to make me Dean of College Health Professions.- Now it was not named that at that time. What he wanted to do prior to the merger was establish colleges the same as Lowell Tech had. So we would go in on equal terms. And he had plenty of time to do this. And so he... The only one draw back was that we then had to work as a Dean year round. See, before we had been on the faculty (M: ten months) ten months, which was great. You know they had every summer... You would do some work but it wasn't everyday. But as a Dean you had to come in everyday, all year round. So really, he gave us a raise but the raise only really covered the extra months that we were working. So it sounded good, but it really wasn't that great. But as I say, he always held back with money, always. Never had enough to work with.

So what he proposed was that we named the College something in the health area and stay in the Weed Hall. And sort of took the sciences which had become clinical, Clinical Laboratory Sciences they called them, because the (?) so many clinical students. And their master's in science was, one of them was Medical Technology, which is a professional master's rather you know, chemistry and the other majors. So he felt the other majors would go into the College of Pure and Applied Sciences at Lowell Tech, but the Clinical Lab Sciences servicing all the nurses and Med Techs would stay in our department, in our college. College of Health Professions we decided to name it. And I accepted the position. I was very excited about it. And he said, any

other health programs you have ready to go, which I had ready to go, but I never got the word because the climate wasn't right, the money wasn't there. So we put in a new major which is already to go um, Health Education Baccalaureate Program. Another new major, Health Services Administration and they sort of went together. I know we had to put them

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through the Board of Higher Ed as a couple. They both were accepted at the same time.

So now we had five majors in our college. We had nursing with the masters program, which you don't call major, but we had that. We had Medical Technology. We had Health Ed, Health Services Administration. Is that five? No that's four. Oh, and Physical Therapy was yet to come. That was in the works. That was not in yet. So, he also said, nobody wanted Physical Education and they weren't large, you know, large enough to be a separate college. So, where it was health related because of exercise and all, we were very happy to take the Phys Ed Department in our college. And that -not only um... It gave us some control over Phys Ed in that they were trying to phase it out because of the expense and all. And we felt, most of the faculty, I would say 90% thought that you know, all students need exercise, and games and competitive type of classes, and they should not be electives or phased out, because students that needed them wouldn't take them. So it was sort of the right place for them to be. I'm not sure Lowell Tech wanted to come over to the College of Health Professions, but nobody else literally wanted them. So they soon merged quite well. So this was all set un before the actual merger took place, as far as Dr. O'Leary you know, and we were concerned. Now the other, maybe you can tell me. Did he change anything? No, he changed the Chairpersons into Deans. I don't think he made any changes in Music or Liberal Arts, (M: Nope) or Education. He kept that (unclear). That was all so we all accepted what he had suggested and we were ready to merge.

Now the actual merging, was not that easy. Number one, the College of Pure and Applied Science Dean, absolutely sure he was going to take over Nursing and Med Tech. He just said they were sciences, they should be in his college, and it was ridiculous that we should have a separate college of nursing and so forth. That took many meetings, many meetings with the Dean and I. The Dean of Pure and Applied Science and I were, we were just fighting constantly. Constantly, I mean there was not let up. And finally I invited him out to lunch and we agreed to disagree and would stop the fighting. I mean, it just finally came to the point where neither one would give in. And he already took over the Science Department of Lowell State, and of course he wanted the Clinical Lab Sciences. And we said that that should go with the Health Program, and that was another fight. He wanted the Clinical Lab Sciences. That went on a long time. That went on for over a year. And they wanted to stay with us and they did stay. The only thing that we tried to take over was the Nuclear Health, a very small ma - !or, a very small department I think it was. Because they had the word health in it. We had a meeting over in my office, and they were so apprehensive. They were so afraid they were gonna come under the College of Health Professions. And I did give in on that. So that helped the other Deans saying, well you give in on that and I'll give in on the other. But I had no, I had no desire to have it. I didn't know

anything about nuclear health. I had no desire. I would have taken it, but I didn't really want it, because it involved the nuclear, what do you call it? The nuclear ... Nuclear plant.

M: Ya, you're thinking of the reactor.

G: Reactor, ya. I really didn't want to get into the reactor. So that's how that ... But this isn't something that happened overnight. This went on and on, month after month. And in the meantime we kept doing what we were, you know, doing so that it became harder and more difficult for them to take anything over, because we became more entrenched.

The College of Pure and Applied Science did take over Chemistry and Biology and yet they stayed physically on our campus. But they were ...

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And that made it a little difficult. So we gave them a choice, you know, the ones that wanted to go into Clinical Lab Sciences and the ones that wanted to go over Pure and Applied. The faculty were given a choice. And of course the ones that went in Clinical Lab Sciences did not know if they would stay. And then if they did not stay with College of Health Professions, and had to go under the new Dean of Pure and Applied, they maybe discriminated against because you know, they didn't want to come. So the ones who did choose to stay were very dedicated and did take A chance. I give them credit.

But it worked out. Just like Dr. O'Leary set it up, that's how it turned out. And we then were free to install Physical Therapy, which was only put in as a new major because the demand, the community, the hospitals, there was such a demand for Physical Therapists. The high schools were asking us. I will say there wasn't the great demand for Health Ed and Health Services as there was for Physical Therapy. Physical Therapy is a very difficult major, because in order to get accredited the students must dissect cadaver, and that was a very large Dart of their course.

M: In Anatomy classes, right? Or is it more than Anatomy classes?

G: No it's not Anatomy classes. The nurses took the Anatomy (M: Ya) and Physiology. But this was a special science course of dissecting cadaver. It's never been done on any campus. So we not only had to get somebody qualified to dissect cadaver, we had to get the cadaver. And I think that was the biggest stumbling block in my whole fourteen years.

M: How was that?

G: Because not one medical school that we could find in the United States that would let us have a cadaver. It was unbelievable. The only people who have them are the medical schools. They're the only people who really had Physical Therapy programs, (M: Oh I see) so they use their own cadavers, and that was fine. But because we did not have a medical school, they would

not release cadavers. And we finally... See the students had been accepted. They were ready for their course, would be in a few months and we didn't have a body so to speak. And I remember we negotiated with U Mass Medical School, because their's is a state school (M: yes) who should ... If anybody is going to give up one cadaver, all we wanted was one or two, they should be the ones to release one. I mean they were throwing them out. They didn't need all, you know, left to them. They didn't need them. We knew, we knew they were discarding them. So it wasn't that they... It was just a sort of jealousy. We were not to start that program because we did not have a med school.

So I remember Doctor, it must have been Doctor Duff, Dr. Hogan, Dr. Foye and I, I think, went and talked to the Dean of the Med School. You know, person to person, and put it right on the line. And he said we could have it. And when we negotiated, when I later negotiated with their Science Department, they wouldn't let it go. And the Dean, he had nothing to say about it. It was the Science Department that would not release then.

M: Even after the agreement had been made?

G: After the Dean said that we could have it. It was just unbelievable what went on. And I, I mean I had many conversations and meetings, and they just said no! No, that was it. So that left me going door to door at all the funeral homes in Lowell, trying to find someone that would donate a body. And of course nothing was set up, you know, we didn't have a donor system. Like you know, Harvard.

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(M: sure) We went to all of those. They would not release one body to us. They talked about legality. So finally, I'll never forget, about the third week I was canvassing the funeral parlors. One of the local ones, he had a body to be buried. There was no money, and he would contact the nearest relative which was in a distance. And if we would pay a certain sum, you know, he would see if he could get that donated. The college agreed to pay \$500.00, which would cover burial, you know. (M: ya) It should cover everything, the funeral director also. And of course that meant we had to have a lawyer. It was a lot of legality. You don't, you know, just do this type of thing.

So after all kinds of setting up legal documents, it was finally delivered to the cold room. And it was just like you know, it was made of gold. To everybody it was the most important thing. And the terms are, you know, that you do not discard any parts and when you're finished the funeral director will bury it.

M: Oh I see.

G: The cadaver is buried.

M: Piece mail in effect.

G: Ya but it's all put back. It's all in one, it's all there.

M: Oh I see. So it's kinda reassembled? (G: Ya) That's something.

G: There's an awful lot involved. And (unclear), it begins with "D". The um, at that time Chairmans see the chairman of Physical Therapy Department had to do an awful lot of the embalming. You have to double embalm them (M: Ya) for dissection. And transportation, it has to be in a funeral ... You cannot put a cadaver in a car or truck. (M: Right) You have to have it in a (M: proper vehicle) proper vehicle. There's so much involved.

And it finally came when we just went upstairs and took pictures of the cadaver. It's just such an important event.

M: It's a triumph (laughs).

G: Then another one came right after that. You see, once, it sort of came gradually common knowledge that the college would pay for these bodies. And some people who you know, were poverty stricken thought, well that's one way to bury Uncle Harry you know, and still do a service to the students and the college. That was, I would say, was almost disaster, because we had accepted the students and you know, had the program all set to go. Now, and another problem with Physical Therapy, accreditation. It seemed like the chair person, had his doctorate, was highly qualified and a terrific person, but hadn't had the experience teaching, you know, being the Head of a program just as I hadn't had it when I started. And the fore-runners of the accreditation, the consultant we hired said everything's perfect. She, you know, we made a few changes and she was actually on the Board at that time, but she had left. And when they came for accreditation, they turned us down. After you know, you go through so much, you make so much preparation and all. And it wasn't through the bodies thank goodness. It wasn't anything but the, I think, the qualifications. The people teaching or the person heading it up. So that chairperson and I went, we flew to, on government money, on grant money, we had grants, flew out to Texas and took courses in curriculum and all the necessary curriculum intricacies that you needed, that was recommended by the accrediting board. And set up a whole new, same curriculum, but the inter

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viewing and what the goals and the objectives and all that had to be stated more clearly. And how, because they do this procedure, how does that relate to what you're trying to teach. How do you know they did it and how do you know they learned it. And it was very involved and we all stuck together. Dr. Shalhoup helped in that area because I was retiring. It was just about then.

Then Dr. Hogan, Dr. Shalhoup and I and ... Please fill in his name, Dudley or something. He'd kill me if I ever forgot his name. We all went and sat before the Board, promised them anything.

Went to New York and told them what we had done and all, and we were accredited. But the accreditation is a constant ... And you no more get through one and four and five years, it's time to start the other one. Every single one, Health Ed, Health Services, Med Tech. Now Med Tech was never a problem, but Dr. Farinha was absolutely fantastic. He could write an accreditation, you know, preview that's just so perfect that you couldn't help but... They just ... The accreditors, there was no strings attached. It was wonderful. He was a very dedicated learned person and he helped the college. He did all the Clinical Lab Sciences. He fought with the you know, Pure & Applied to keep his Clinical Lab. He was fantastic!

M: So he was a strong person (G: Very strong) in preventing the absorption of a...

G: Oh ya. Oh without him it would have fallen apart. See, Clinical Lab Sciences is what every Health Educator, a College of Health Professions want. They want sciences geared to the needs of the student, and not just as you know, cold type thing. We were in an embryo position because many, when we'd go to a convention, Med Tech or anything like College of Health Professions Convention, Dr. Farinha would always go, he and Frechette, and present what they were doing you know, with the Clinical Lab Sciences. We were way ahead of all the others in the East. And it was just exciting you know, to be able to do this and to maintain it and to support it.

So then, just as I was leaving, I think it was about a week before, the decision was made to put Health Services Administration on a Masters Program instead of a BS, even though we had graduated students. Because there was more of a demand for that, as any Health Professional person could take the masters in Administration. There was more demand than starting from the baccalaureate. That opened it to you know, so many more students in the field that needed Health Services Administration skills.

M: Umhm.

G: So I guess that's working out well. I think it's still in. And so there was just constant ... Every year there was something coming up or going down. We finally had a very good relationship I think, with Lowell Tech. Compared to how we started and how we ended, it is unbelievable how well we got along the last two or three years. It was just like we were one. The Deans became one, you know? We were finally accepted. And when they found out what they could or couldn't do, it just sent on from there and it was ... I guess Dr. Duff came in about that time and he was a nice mediator. He just, he didn't interfere. I'd give both Presidents credit, they did not interfere. They just let us you know, battle it out or whatever. We ended up, I thought, as a good group of Deans.

You know, everybody trying to better their own college naturally. Some thought the College of Health Professions was a little aggressive. Or the Dean, me with you know, a little too pushy. I'd get the feedback. Not

directly, but indirectly. But it just seemed like, if you're going to put in a program and get it accredited, you had to get these things. You know there's only one way to get them, is to fight for them. You know, if you just sit there and wait for it to fall on your lap, you're not going to get anything. Because everybody had to survive. Engineering needed accreditation badly. They had a lot of discrepancies in equipment.

So um, no, everybody, Science was fighting for things and everybody. And so you hopefully you know, you didn't get more than your share. But I think sometimes the College of Liberal Arts kind of didn't have the clout, because they didn't have the (problems of?) the accreditation. The College of Music had to be accredited, see, and Education had to be accredited ... ? You don't have any accreditation of any kind do you?

M: We were accredited with the College. That's my ...

G: Oh the big, the big overall?

M: Ya. The big overall. (Unclear ...

G: Oh I never had a problem with that, because they never understood Health Professions. They just accepted anything. You see, we had to do so much detail work for the other accreditations, (M: and that's a breeze.) the professional ones, that the overall college accreditations just you know, said, well fine. If you're accredited by the (league?) there's no way we're going to you know, interfere.

M: May specifically asked me to ask you about the support that Bob (Lavoie?) gave the school of nursing, both as a department and (?).

G: Well that is very interesting. Cause when we first came, when I first came that one year, when I would go to lunch and we all use to go to lunch at that time together, all I heard was you know, pass the bedpan or will you take my temperature, I don't feel well. Well it was all these nursing jokes you know, that you're sort of inferior. I had just felt inferior. And that's one place I think a doctorate was important. To be a nurse without a doctorate, you know, you're just a nurse, is a nurse, is a nurse.

M: Was this when you were initially hired?

G: Ya, oh ya. All I heard was you know, take my pulse, I've got a temperature. It's just constant ... It was humor, but it was a put down of you know, nursing being in a college. It was not accepted. And also Dr. Foye was you know, right there putting down as much as anyone. And somehow through the years, I think he, we all tried to so call teach the administrators about nursing. You know, we put ourselves out to try to explain to them what nursing was trying to do. I think when Dr. Foye found that the curriculum and the objective and everything was so clearly stated, and every class you know, had preparation, detail preparation, he began to respect. All I

can think of, he began to respect nursing to the point where after you know, two or three years, gee you're doing a lot more than the other, some of the other majors who were so called, you know, suppose to be educationally sound. And a lot of it was because it was required by the State and the NLN that we do this. Cause the state made periodic, every year we had to turn in everything to the state. Every year. How many students, and what their qualifications, what the curriculum was. Everything.

So in a way we did it because we had to. But it was a, good example. And we really earned respect of Dr. Foye and others. He took over from Dr. Fisher

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shortly after we started, as Academic Dean. So he was involved in this. And we had a lot of differences, but I will say he did support us as he began to understand what we were trying to do. And you know, the faculty was working so hard and so dedicated. Heck, if we were writing a grant he'd even, you know, he'd even help out a little. He didn't have to. But he was, he wanted us to get the money. It would help the whole college. And through the years he took a couple of um, we took him to a couple of conventions. The big NLN Conventions so he could learn more about the trends, where nursing was going and what they were trying to do.

They had excellent, it was not the convention that you'd think of. It was ah, well just, I forget what they call these. Not seminars, but they're you know, these ... There's a word. What is that word? They have little rooms with different meetings. They went on all day into the evening. They were very hard working conventions. It was nothing... Although they did have them in nice places. Like New Orleans or Las Vegas, you know, to get people to come. (M: umhm) They're very hard working, well set up under the NLN especially.

I think as he ... Through the years, as he began to understand more about nursing, we got more and more support. But (Hall?) helped. He helped me with the Health Ed and the Health Services Administration. He helped me get those through the Board of Higher Ed. That wasn't easy. You had to document everything you said or did. You know we went to the meetings and we were questioned, and Dr. O'Leary of course support it, so Dr. Foye did also. And Dr. Duff, when he came in, he was very supportive of the Health. So yes, without Dr. Foye... You see, just compare it to Salem State, and they finally put a Baccalaureate Nursing Program in Salem State. And I knew the Dean. She didn't have a doctorate at the time. And it seemed like she unfortunately had a change of Academic Dean like every two to three years. They just kept changing. And that made it difficult. But not only that, I think many reasons.

END OF TAPE

End of Interview

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