

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

**UNIVERSITY OF MASSACHUSETTS LOWELL
CENTENNIAL HISTORY PROJECT**

**INFORMANT: MAY FUTRELL
INTERVIEWER: MARY BLEWETT
DATE: JANUARY 21, 1987**

**M = MARY
MAY = MAY**

Tape 87.02

M: This is an interview conducted on January 21st, 1987 with May Futrell in the, in Weed Hall. And what I think I'd like to do May, is to start really at the beginning and ask you what your family background was and generally speaking, how you got interested in the nursing profession. When were you born?

May: I was born in February, 1935 in the state of Vermont, in the town of Waterbury. Well actually Mooretown (laughs), (M: Mooretown?) which is close to Waterbury. But I lived all of my life in Waterbury. Graduated from Waterbury High School in 1953 and went to Mary Fletcher Hospital in Burlington, Vermont for my nurses training. It's an interesting fact as to how I became interested in nursing. I was a sophomore in high school. Couldn't decide what I wanted to do, and I had to have my tonsils out. (M: laughs) Woke up from anesthesia and saw this beautiful nurse taking care of me, and decided right there that I wanted to be a nurse. [Both laugh]

M: Vision of beauty! (Laughs) That's wonderful!

May: And the other deciding factor was the fact that in the fifties there was no money that could be borrowed to go to college. And although I graduated with honors from high school, the scholarship to the University of Vermont went to the valedictorian. And there were three of us who tried. And I received a 98.5, and the salutatorian received a 98.6; and the valedictorian a 98.7, and therefore I could not receive the scholarship to the University of Vermont and had to find some other means of becoming educated. So I chose this route.

M: What does your father do for a living?

May: My father was a policeman and my mother worked off and on. At that time women did not really work, unless you were a teacher or a nurse. So (--)

M: What did she do off and on?

May: Um, she was a receptionist in one of the motels that we had in Waterbury. So for the lady who ran, or the administrator of the motel, when she went on vacation, called my mother and asked her if she could oversee and administer it. So that's (--)

M: So she was essentially a part time worker?

May: Yes.

M: How many children were you?

May: Just two of us.

M: Two of you?

May: My sister and myself.

M: Younger sister?

May: I have a younger sister, two years younger and her name is Gloria. She had a fantastic career in the Navy, after having gone to Mary Fletcher Hospital and becoming an X Ray Technician; then chose to go in the Navy and became an officer. Got a doctorate from George Washington University; was in charge of the Navy education for the fliers, and ended her career at twenty years, and retired and is now a minister for the United Church of Christ. Went back to school, (M: Oh!) (Laughs) and decided to switch her career. So we've been very close and have done similar things, although my sister is more artistic and has a degree in Fine Arts. So her creativity has gone in another direction from mine. (Laughs)

M: And is your family old time New England Yankee or (--)

May: Yes (Laughs).

M: It goes way, way back?

May: Yes. Um, my family, part of the family came from England and Scotland and settled in Vermont, in Barre near the quarries. My grandfather and his brothers had charge of the quarries in Barre. And um (--)

M: In charge of the quarries? (May: Quarries) Wow!

May: Granite, rock of ages. And my mother's family were doctors and settled in Texas, and came East. And my grandmother came East with her family and married my grandfather. So they settled in Waterbury, which is close to Barre, and that's (--)

M: And they were doctors?

May: They were the medical part of the family as we say. And my um, well my father's family, I am a Holmes and there's a lot of history that we were the family that produced the lawyer and the medical Oliver Wendel Holmes. So there's some connection between medical and art in the family.

M: Did you ever want to be a doctor yourself?

May: I wanted to be an engineer, (Laughs) and women were not engineers in the fifties. I was fascinated with pre-stressed, and concrete and steel, and how you build bridges. And I wanted to be an engineer. That came in the time, but that was not possible.

M: How did you discover this interesting (both laugh) concrete and bridges?

May: Oh, um, reading, and some of the boys in high school class were going to be engineers, and I was fascinated with it. But I accepted the fate even though I was beginning my turmoil of fighting for women's rights. I really did not blossom until I got into college, but apparently the seeds were planted in high school. And when (--) I was fortunate enough to go to Columbia University. And you have to understand that a small town girl coming from Vermont to New York was a big deal. (Laughs) And although my family had many trepidations, they did not want to see me go to New York. They understood why I wanted to go, and away I went.

M: Did you get a scholarship to go to college? (May: Yes) Yup.

May: I got a scholarship to go to Columbia and I met many wonderful people. And at that time you could look across and see New Jersey, and it was beautiful and safe. We did a lot of things and went to all the cultural things that were available and had a tremendous time. And I see a lot of my classmates now. It formed a network, both in nursing and other disciplines, and was probably the most enjoyable part of my life.

M: That sounds lovely.

May: And at that time when I finished I took an examination and got the two years college credit for (--) That's the most you could get. You could get parts, but I got the full sixty credits by taking the exam at Columbia. So that I only had to go two more years for the Baccalaureate, and then complete my Masters on a federal grant. So I was there um, didn't fast in the summer. So about two and a half years I completed three years work.

M: What year did you arrive at Columbia?

May: Ah 1958, and I finished in January 1961.

M: And the program that you were pursuing was what, Bachelor of Science in Nursing?

May: Yah, Bachelor of Science in Nursing. And I arrived in September of 1958 and completed that and my Masters in January 1961.

M: So that you never had the experience of going to a hospital for nursing training, is that correct?

May: Yes I did.

M: Could we talk about that?

May: Yes. Ah, 1953 to 1956 I spent at Mary Fletcher Hospital in Burlington, Vermont, which at the time was the best diploma school in the state of Vermont, and it had the medical school for the University of Vermont. Vermont since then has closed all its diploma programs. It was the first state in the United States to do that. The state is very advanced educationally. Even though it's small, I think you can do (well) there. But we were fortunate to have first rate education in nursing, and I knew what was coming, that a Bachelor's degree was needed. And so I went right to Columbia after a two year experience in the operating room at St. Alban's Hospital, in St. Alban's, Vermont.

We were, there were two of us. Mary (Towle?) graduated from Mary Fletcher with me. Mary Towle and I went to St. Albans to work in the operating room, and the two of us had a very interesting time. Because it was a small hospital, positions allowed us to actually be the assistant physician, and we scrubbed and sewed up and did a lot of things that med students and residents do now. We also worked in the recovery room and had some good experiences. But I knew when the two years were up, that I had to broaden and find something else to do, because it was getting to be repetitious to me. I find that I last about six years in a situation, and then I have to move on. And that's purely part of my personality. And so I wanted to move on and get my Baccalaureate, Masters Degree and go into teaching.

M: Could you just typify a little bit more what the experience was at Fletcher, Mary Fletcher? What the training was like? What your fellow students were like? Your relationships with your members of the faculty, the hospital? Do you remember anything that was characterized (--)

May: Yes. The diploma program in 1953 was still patterned after the military and religious concept of nursing. Even though they had moved from twelve hours days to a forty-four hour week, um, I recall that we had five days of eight hours, and one day of four hours. We use to work split shifts, which meant seven to ten, then come back twelve to three to serve dinner or whatever, and we worked seven to three thirty, or three thirty to eleven, eleven to seven. Had to live in a dormitory; had a house mother; had to sign in and out; could not be married. Therefore there were lots of interesting things going on, because we knew that some of our classmates were secretly married, and we'd help them get in and out of the windows, (both laugh) you know? Um, the education though, at Mary Fletcher's, as I said previously was very advanced for the diploma programs at the time. We went on affiliation to New York for communicable diseases, to Pennsylvania for pediatrics, and had the opportunity to choose several of these affiliations, which most diploma programs were very strict and you had to follow the prescribed curriculum. But we had some opportunities to choose the areas that we were interested in, to have added experiences.

M: So you actually traveled to New York and worked in a different hospital (May: yes) for certain specialties?

May: Yes. I hadn't really thought about this Mary for a long time, so it's taking a little remembrance type of thing.

M: Sure, it's expected.

May: Ah, that was good because I had traveled with my parents throughout New England and the state of Vermont, but I really had not been to New York and Pennsylvania and other areas, and I remember we had to travel on the bus and train.

M: You went with others?

May: Yes, other students went with us. And we (--) Our parents were always told where we were going, what the affiliation was going to be like. And um, I remember in Pennsylvania, that although one of the student's parents complained that it wasn't the proper area, because the Children's Hospital was down in the ghetto and the red light area of Philadelphia, the parent was told by the Director of Schools that we had to experience some of the misfortunes of life. And that if they wanted to have their daughter withdraw from the program that was up to them, but they felt that this experience was needed. Um, so I had my first taste of other cultures and poverty um (--)

M: And you'd been to New York before you went to Columbia right?

May: Well in a sense. I did not go on the Communicable Disease affiliation, because the National League for Nursing decided that it was not necessary. So students who wanted to go could. My friend Mary went and it was at the time of the great crisis with infantile paralysis, and they were taking care of clients in the hospital. We were (--) One of my classmates did come down with infantile paralysis, a minor case, and we stopped that affiliation soon after, when this whole episode straightened itself out. But they were more concerned with Pedi and some other kinds of things that our hospital really could not get a good experience with, so I did go to Philadelphia. No, my first taste of New York was when I went to college.

M: [Laughs] And your fellow students were mostly New Englanders? Were they mostly Yankee New Englanders?

May: Yes, they were Vermonters and New Hampshire residence.

M: So a taste of different culture, you really meant the different culture. Did you mean black people or do you mean ethnic peoples, or, who did you come in contact with in Philadelphia?

May: Probably both black and ethnic situations. I remember not liking Pedi because of, one kid wanted to go to the bathroom, they all wanted the bedpan. And we had thirty small children on a ward and there was not enough help. And they were very ill, because in a big city there was a lot

of dehydration in the summer time. And IVs, then you have to measure the drip. And when you gave medications in the fifties, we had to put the spoon over a Bunsen Burner, heat the saline, then add the medication to it, stir it up and then drop a certain amount in the syringe. Oh a very involved process and you could not make errors. And you had to do this thing three times, and checking yourself so that you didn't, because you could cause a death. And we were always full of fear and trepidation. It was not the happiest experience in the sense that [Laughs] you were always so stressed. And then you saw all these children who were dehydrated and indoor condition from lack of food. It was my first experience in a big city, and I really had not experienced these things before.

M: That was malnutrition?

May: Ah huh. (M: yah) So that it was not the happiest of happy experiences. Plus the fact that I'm more interested in adults and older people, and always had been. And I had not been interested in little babies. And I'm interested in children once they're able to do, think and do things with you. But my bag is not babies. (Both laugh)

M: Were there any people at Mary Fletcher that seem to explain why it was such a progressive diploma school? Do you remember any faculty or hospital staff that seemed to be leaders?

May: Eleanor told me a story of her first ability to administer penicillin, and the ways in which they had to reduce fever before they got penicillin. Did you ever have an experience like that, where there was a shift in medical technology that alleviated enormous labor intensive situations?

May: Yes, one is, I just described to you how we, the medications and they now come in tubex forms and they're all pre-measured. And that was one of the areas that changed while I was in training. The other area was mental health diseases and the care of the mentally ill. And I forgot to tell you that I went to Connecticut for my psychiatric. It was Psyche and Pedi that I affiliated, and didn't take the third one in Communicable Diseases.

But the change was tremendous in mental health because medication came in while I was in my Psyche experience. But because I was tall, thin, I was put in the back wards and I carried the keys around my waste. And at the time depression and schizophrenia and all these mental problems were just put in the back wards, and nothing done. And we use to go in and give enemas standing up in cells, padded cells. And I can still see the plastic dishes that they fed the patients with. And they'd throw the dishes. And to this day I can't eat off plastic dishes. I'll take paper, but I won't use plastic dishes. (M: Yes, there's a (--)) Because between the association, the smell and the bouncing off the walls and (--)) What we saw in mental health. And Eleanor, I don't know if Eleanor mentioned it, but Eleanor collaborates in sense, because she says some of her experiences at Danvers in Massachusetts was similar to mine. Were so bad that the hospital later changed this experience to the Institute of Living in Hartford, Connecticut, where the students saw clients who were getting well and having therapy. I did not experience that. So my whole look at mental health and what they were doing was enhanced when I saw the medications come in.

Because when Thorazene and some of the medications came in, that changed this whole thing and we did not have to pack the clients in the back ward and just see them vegetate. It opened up

a whole new panorama. So I think one of the greatest changes in the thirty years that I've been a nurse has been the care of the mentally ill and what they've done. Also, communicable diseases, but I, that was minor to what I saw in mental health.

Although my scores were the highest, state boards, every exam I ever took on psychiatric and mental health and so forth, I did not want to go into psychiatric nursing because of my experiences.

M: So those negative experiences had a major influence on you?

May: Yes, and the other thing I always wondered, well if (--) It seemed like the nurses who were in psyche nursing had a problem of their own and they were always trying to figure it out. And I didn't feel that I had any major problem [laughs]. I was interested in people and their behavior, but I did not want to be classified as "crazy" myself, trying to find myself. And I just kind of left that area and went into medical, surgical nursing. [Laughs]

M: And then you ended up at St. Alban's, at the hospital assisting in important ways.

May: Yah, with med-surg. So operating room nursing was important at that time, it is not. That's another area that changed. Operating room nursing in the curriculum now does not appear. In fact, technicians are used in the operating room. And at that time only registered professional nurses were scrub nurses or circulating nurses. At the present time they use professional nurses to circulate, but there's controversy that not all places are using professional nurses as circulating nurses. And the profession now is trying to look at what has occurred in the operating room with the change of curriculum. So there was a change in what I first went into. But I have always read a lot and tried to keep abreast, and figure out what's going to happen so that I'd move myself in the areas that have come along in nursing. To, I think, also keep myself interested so that I didn't get bored, cause I've gone from OR into med-surg intensive care. That was my next step from the operating room. After I got out, got my Masters Degree at Columbia, I spent that January to June at New York Medical Hospital doing open heart surgery; some of the first that was done. And I scrubbed in the OR, but saw the combination of engineers and physicians put together a machine that allowed the circulation of the blood in such a way that we could open the heart up and put valves in. And I, that, I was ... That was new and I was new, and that was fascinating. And one of the valves that we were using at New York Medical Colleges is now in the Smithsonian. I've gone through and watched. So I've had some experiences in new things.

And something else that I've learned about myself, I want to be on the cutting edge or in the new. And when it has become familiar, I want to move on. So that's what I did from January to June; then took a trip to Europe with a friend from Columbia; traveled my first major experience in another country besides the United States.

M: Where did you go?

May: We went from Brussels all the way around into Italy. Did the Louvre, came up through the British Isles, and came home.

M: Grand journey. [Both Laugh] [May: Yes] You saw everything!

May: Um, so I guess we were talking about the changes that I've seen. I've seen a lot, but those were the ones that made the greatest impression on me at the time prior to going to my first teaching job.

M: Can you tell me a little bit more about your education at Columbia, both on the Baccalaureate level and the graduate school level? What were your fellow students like? What was the program of study like? Who were your teachers?

May: At Columbia with a Baccalaureate (--)

M: You stayed in a dorm? Did you, at Columbia?

May: Yes we had a dorm. And we were all broke in the sense that, I can remember a group of us putting five dollars a week into a kitty, then getting groceries and eating together one meal. And we'd keep our food out on the ledge for the refrigerator. [M: Laugh] And in a big room, one of the girls had the largest room, we all congregated to eat and make this meal. And of course this was not according to the university rules. Well we got away with it and had some fun times.

M: What did you make? Spaghetti? [Laughs]

May: We had (--) No, what we did, was one day a week we went to a restaurant near Columbia that served spaghetti and a salad for ninety-nine cents, and had a little outing. (M: Laughing) We use to go to the symphony for fifty cents for tickets, college students. So we'd stand two performances of the opera, fifty cents also. Go during the day and go into the evening show, even those on weekends. But you see Columbia pushed not only the education of my major which was nursing, where I was taking curriculum and teaching, but I got an M.A. And that's important because my M.A. got me into my PhD. I did not get a Masters in Education, or an M.S. as was routine in some of the other universities. You have to remember Columbia, Boston University, University of Michigan were the only three good universities in 1956. There wasn't much for a choice. And I chose to go to New York instead of Boston, because I wanted to get outside of New England.

So when I completed my Masters there were still only approximately five or six good universities to teach in, one being Boston University, University of Michigan and the University of Arizona. I interviewed at all of them and made an interesting choice. The University of Arizona was the most fascinating. With the Indian reservations I needed a car and I didn't have the money. University of Michigan, when I got off the airplane the wind was blowing so fiercely that I decided that was not the place for me.

M: (Laughs) (Question unclear)

May: It was the largest school, baccalaureate school in the United States in nursing at the time. The jobs were all offered to me at the three schools, but I chose Boston University because I could go by subway, and I guess I was coming home, in a sense.

M: So this was your first teaching job?

May: My first teaching job.

M: And your Masters Degree was in what? What was your special (unclear)?

May: My Masters Degree was in Curriculum and Teaching in Medical Surgical Programs at the Baccalaureate level.

M: Okay.

May: This was ... Even though these types of majors are not prevalent now, because nursing moved from the teaching angle into the clinical specialty, it has been important for the jobs that I took, because my background in curriculum and teaching was needed in all the schools that I went to.

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

M: And for your MA, was no longer one that was important in your (?) You just kind of reconstructed?

May: Yes, my MA was actually a major in curriculum and teaching in Baccalaureate schools of nursing. That's important for later positions in the fact that the schools that I went to were new, evolving, and needed people who had a background in curriculum and teaching methodology. So my career has really been in the area of new programs and starting things. Starting curriculums, helping schools get started. And so it held me in good (?). I also probably forgot to say that I was exposed at Columbia to the trend in junior college education for nursing, but I did not (--) It was made plain to us that that was technical education. And philosophically I did not choose to go in that area, even though I was offered to start the school at Northern Essex in Haverhill. I have chosen not to get myself into diploma or community college education. Baccalaureate has been (--)

M: Would you have regarded that a step backwards for you?

May: I think, I think so. I did not ... I feel there's definitely a difference and so hasn't Dr. Shalhoup, because the two of us came to the University of Lowell at the same time and philosophically we both felt that way. And that's why we have not chosen to put a technical program into this university, as has some universities. It is not at the senior level and we've maintained our philosophical beliefs. And that's one of the reasons, I'm sure, Eleanor has said that Middlesex, the Lowell General Hospital went to Middlesex Junior College and not to the University of Lowell. We had debated that issue and made our point and the president agreed, and that's how that was disposed of. I think some of the thinking that people come with (laughs) has a lot to do with what happens at their institution.

M: May, don't make the assumption that Eleanor has necessarily (?) to any topic. (May: ok) I'm interested in your angle in addition to whatever. (May: All right). So you went to B.U. in what year?

May: I went to B.U. in September 1961.

M: Sixty-one, and you were hired on what level?

May: I was hired as an instructor to teach a new situation in the curriculum. And why I call it a situation is that it was a situation. Boston University was experimenting with the idea of dispensing with the operating room experience, and having an experience for the student observe in the operating room from the window or in the room itself, but watched what was going on instead of actually participating. And then went from there to the recovery room and care for that client who was picked up the day before the operation, so that you knew what was going to happen. Then went to the recovery room, took care of the client and followed the client back to the medical surgical floor. And I was the person hired to develop this experience, carry it out and evaluate it.

M: How was that different from previous procedures?

May: Previously the student would have gone in for a three months experience in the operating room.

M: And not follow the patient into recovery?

May: Right, and not follow, and not really see them before and after.

M: Is this a (systemic?) approach to recovery or operational experience?

May: I think it was an approach in the sense, a conceptual approach, that to look at the whole person and the experiences that were happening to them. And to see the total picture and not just one segment, which was just the operation, which had been previously the experience. I did this for two years, evaluated them, and told the faculty that I felt it was not an experience that was necessarily the best experience that could occur. I felt that they ought to have a choice, if they wanted to do this or not. I came to the conclusion that the students didn't necessarily have to follow them into the O.R. and the recovery room. They actually could have an observation or take a case study and pick them up at any point in that situation. Besides the fact that it created a massive problem with timing and scheduling and um...

M: Organizational problems?

May: Yah, that we couldn't really handle. I lost thirty pounds teaching there. I was the only person and I had (ten?) students in my care. It was, as a teacher, extremely difficult and I didn't think anyone would really want to continue that experience. (Laughs) So Boston University decided that we'd improve the medical surgical experiences and have faculty on the floors who would help the students if they so chose to make an observation in the operating room. Then they

could make that observation, or they could come back to the floors. Whatever the student and the instructor decided was most important for the client. But that lasted about two years.

Then I went into the Senior Medical Surgical experience. And we had med-surg at two levels when I went to Boston University; the beginning level and then the senior level. We went into the intensive care unit at the senior level and so that's where we put our concentration. We saw nursing moving into the intensive care units which they weren't in previous. So that helped to solidify the idea that we were moving out of an OR floor into intensive care type of things, and the students needed to go there. And that's what I did with them. During my experience at Boston University, I moved rapidly without a doctorate, because at that time there were very few doctorates in the country. I moved right on from instructor rank in three years, to assistant and a tenure, and achieved associate rank without a doctorate. I was associate with tenure by 1970.

And Dean (Bonzianis ?) who taught at the University of Lowell lived down the street from me in Haverhill, and knocked on my door one night and said, May, the University of Lowell ... Well at that time it was Lowell State College. You can see that I've got the name right (unclear).

(Laughs) Lowell State College wants to begin a baccalaureate nursing program, and I've been asked if I would contact you and see if you would be interested in interviewing with Dr. O'Leary for the position. And I said, Dean, thank you very much, I don't have a doctorate and I do not feel that I'm qualified to take that position in any way. I am going to start a doctorate at Boston University and I don't think it's appropriate at this time. In the meantime, I guess I probably ought to say that I met an engineer. (Laughs)

M: Yes I think it's appropriate. (Both laugh)

May: I met an engineer who is a widower with four children, and had decided that probably the best thing for me was to get married. (Laughs) I was approaching thirty, and you know, I guess that was the thing to do. We got married in 1965.

M: When did you meet?

May: I think August in (--) Right when I graduated from Columbia in 61. You see, I was into a career and I wasn't certain that I wanted to take on four children and a husband, and beginning a career. And I delayed this, but I was very close to the children and chose to go to Haverhill to live, after having lived in Boston for several years. So I got an apartment in Haverhill and my sister came to live with me while she worked at the Hale Hospital in radiology, before going into the Navy. We shared the apartment, and I decided to get married. I think probably why I ever mentioned this, is that it was such a traumatic experience in my life, that I've kind of (giggles... and I'm not laughing), but I've kind of tried to get over the pain. It's one of those things, that you've known someone for a long period of time, and you decide to get married, and everything is fine and wonderful, and there's a tragedy that you never expected in your life. One year and two months after we were married, my husband died at the age of forty-four with a cerebral aneurysm that no one even knew he had, and it was sudden. I recall that Dom had gotten ill. We were married in August of 61, I mean 65, and in December he complained of a flu like thing or illness, or something. That I called and said, "My husband is very ill and he has a high temperature and I really think you ought to see him." And the physician said to me, "For Christ sakes May, you're a nurse, give him some aspirin." And so I gave him some aspirin and he wasn't right, and I took him to the physician's office. The physician said nothing to me. You

have to remember, I'm thirty years old. Very unsophisticated in a sense, I believe people, naive. Oh yes, naive. Not unsophisticated, but naive. Because coming from Vermont I always believed people and I really wasn't into a political sphere of life there. I have since learned. But I took the doctor for his word, because doctors and lawyers and people like that were supposedly, in my estimation, people that you respected and believed. And I believed that he was doing all there was, and that there was really nothing wrong. And he said nothing to us. Dom got better, and the next December, he was dead. He had a second attack on December 13th, just before semester break at B.U. And I knew then, I had this premonition. I knew, because he came to bed and said, "I have this massive headache May, and I don't know what to do." Took some aspirin and then started to speak to me in Italian, and couldn't speak English. And I know from my neurological thing, that you revert back to your primary language. And something that happened, this is eleven o'clock at night. And I called the physician, my physician this time, not his physician. And the physician came over and said he had had, what he thought, a massive stroke. And you know, and hastily, and would I approve of moving him to the Hale Hospital immediately. And there I called my sister-in-laws, and come take care of the children, and we moved him to the Mass ah... I can't remember the name of the hospital now, up on the hill.

M: Mass General?

May: No. Um, (M: in Haverhill?) Deaconess. No, in the, Boston. (M: in Boston?) Um, and he never regained consciousness, and died thirteen days later. I must say that the faculty at Boston University and the students supported me. It was traumatic in the sense that, here I was not expecting this, having only been married a year and two to four months, four children, and nothing like this had ever happened to me. You see, life had been so perfect.

It was a situation where it made me make some changes, because I went through some legal battles with the family who did not want me to have the children, in the sense that I was Anglo-Saxon and Protestant, and they were Italian Catholics, and told me that if I went to court (--) The children wanted to stay with me. And told me if I went to court I'd never make it through Massachusetts court because their religion would be the difference. And I explained all this to the lawyer. And my lawyer said that is a lot of you know what, and happened to be Catholic, but married a Protestant, (M: Your lawyer?) and said to me, "We'll see what happens May." Expect, and went to (--)

M: Did you agree to bring them up in the Catholic faith?

May: Yes, and at the guardianship hearings, at the hearings I had made this statement and the courts awarded me the children. And um, so things were worked out, but it was very traumatic, because that was not what I expected and actually there were other things involved, in the sense that, an engineering firm and a business. And it was really a thought that if they had control of the children, they had control of the business. And all of this got ironed out later. But I can tell you I woke up fast. That was the turning point in my life. To show me what politics and money and greed and how things turn out. And it made me take a different look at people, places and things.

M: You were convinced then that your husband was not properly diagnosed?

May: Right. Since then, when the Mayor of Haverhill put me on the Board of Trustees at that Hale Hospital, which I was on for eight years, the first and only woman amongst a group of businessmen and physicians. The particular physician was on the board and resigned immediately. He could never face me after, because my husband was a prominent Haverhill person, and there were, everyone new that (--)

M: What was his name?

May: Dominic DiPietro, and had an engineering firm, and it was well known that there had been an error. And so we had these things, fuel on the fires. But the physician could never really face me and say that he had made the error, and that my physician and I had been correct. But he did me the respectful thing of saying that May DiPietro knows what she's talking about. So you know, we have those things to go through, but they are significant in the fact that the political and kinds of positions that the community afforded me in the city of Haverhill, was always with respect. And I have been fortunate enough of sitting on some very important um, um, positions in Haverhill, such as the Human Relations Committee that came right after the civil rights movement. And I was Chair of that, and helped the Mayor with the kinds of problems we are having with different ethnic groups and the Blacks in Haverhill. And then, as I said, was put on the Board of Trustees at the Hale Hospital, and only removed myself after eight years, when I moved to Atkinson, New Hampshire. And it's a city hospital, and I could not stay on because I moved my residency. I have lots of friends and people in town, and I still relate to Haverhill. Haverhill is significant and I'm still involved. But those were important factors. And the children have since grown up, and I have (--). An important part is that, that situation made me decide that I needed to move on from Boston University. Dean came back approximately two to three years later and said to me, "Lowell State College is having some difficulties with their curriculum, and the State Board of Registration is going to close the school if it doesn't get some experienced people for faculty, and I've been asked to ask you again if you'd reconsider." You have to understand that I, at this time had four children living on social security and my pay, which was very low at B.U., because it was supposed to be an honor to teach at B.U. No salaries. (Laughs) And Dr. O'Leary said that he would give me a \$5,000 raise if I would come. The commute was getting horrendous through Boston.

M: How old were the children?

May: The children were 16, 14, 12, and 10. (M: Wow!) And I wanted to be home for dinner. And still having (--). All their money was tied up until they were twenty-one, because my husband died without a will. And this makes you learn. I mean those are the things I've learned. So the children's money was tied up in court until they were twenty-one. The support was coming from me and the Social Security Administration.

M: The family offered no help?

May: And I learned a lot about social security and other things that I was very naive about. So I decided that I would talk to Dr. Barker on Dean's suggestion, and if I could come to some agreement (--). Because I was tenured and at the rank of Associate Professor. Dr. O'Leary told me they could not take me in as an Associate Professor without a Doctorate. We discussed this

at great length. I said, I really did not want to go back to a lower rank, but if he would promise me that he would not jeopardize my position, I would take the lower rank, since my salary would be \$5,000 greater than Boston University's and that I felt I would finish my doctorate in the time limit that the University, that Lowell State College had.

M: Was that with tenure? You came in (--)

May: No, we could not come in with tenure, but he assured me with my credentials that if I got my doctorate that he did not see any reason why I couldn't get tenure.

M: So you're turning the salary increase for both rank and tenure?

May: Yes. And um, so I came in as an Assistant Professor with a salary increase, with a job where it was a new school and it held a lot of excitement and I could use my brain. (Giggles) Um, Norma McQuade and I came in, in September of 1970. Eleanor had come the following, the preceding year. I don't remember if it was January or September. And I think the dates are important, because my career and the University of Lowell were all tied up together. As I understand it, for anyone who takes a history of our school, that the program (--) Dr. O'Leary I believe hired Dr. Barker in 1967, and that she started then and took in students in 1968, in September, and that we graduated our first Baccalaureate graduates in 1972, June 1972. Those dates are important, because historically my stand in what we did with the graduate program are (--) The dates need to be put in here.

I tried to recall the faculty who were, that nucleus of faculty who were the first (). And from my recollection there was Mary Wheeler, Eleanor Shalhoup, Norma McQuade, Pat (), Marie Kelleher, May Futrell, and I believe someone in Maternal and Child Health named Rita Pope, and perhaps another person. Um, I've been (--) We're going to have to search, because we can't (--) I've been talking to some of the people who were here and we're trying to recollect and go through in our minds, names. I think these are correct. I may have missed one

M: Don't you have catalogs from that [unclear]?

May: I think we're going to have to go through the catalog and do a search. All of us did different things at different times. Pat Tyra and I can remember teaching in the new-born nursery, even though she was Psyche and I was med-surg. [Giggles] But you see, the college could not hire a full compliment a faculty until the four years, you know, the four years had gone. And we had the curriculum for four years, because we were fond of the students. So that nucleus did everything. It put the curriculum together, did the clinical experiences, evaluated the students and graduated that first class. And then in 72, Dr. Barker hired other people like, Jan Stecchi and Elizabeth Mullet, and some others. And I think an historian is going to have to trace down who the faculty were. And um, there were some changes, but I'm talking now about the original faculties.

M: That were here in 1970 when you arrived, right?

May: Yes. And um, of all the faculty who, from 1967 to now, of the original faculty, Eleanor and I are the oldest. And Pat Tyra, who was with us, left, got her Doctorate and I rehired Pat two years ago. So she's with us now. But she (--) Of the constant faculty who remained, Eleanor and I are the only ones left of the original faculty who stayed. Dr. Barker has retired, and so that leaves us.

But why this is important, because that original faculty was very close. And when I said I would come on, the first things that Eleanor, Norma and I had to do was put a curriculum together with Dr. Barker. And I had to go to the State Board to get their acceptance. And so we had some hearings, and that was cleared up, and we were on our way.

M: What was wrong with the current curriculum? Why was it important that this be done?

May: Apparently they felt that there was not experienced faculty at the University, at the college, and that it needed to have guidance of someone who had taught (--)

M: And Dr. Barker had never had experience in a classroom, is that correct?

May: Yes, and they wanted someone who knew about teaching and evaluation. So you see, I'm coming back full circle to my Masters degree at Columbia, and curriculum teaching was important to this state college in getting its program accepted.

M: And also your experience at B.U.

May: At B.U., yes.

M: And did Eleanor bring similar strengths?

May: Yes, Eleanor came in with Administration and Community Health. Different area of nursing from my area.

M: And Norma McQuade?

May: And Norma was med-surg like I was.

M: And she was experienced in teaching?

May: She was experienced in teaching. She had taught at Northern Essex, and had had a lot of experience in nursing administration in the clinical arena. So that the faculty was getting more experienced. And Eleanor had not, had taught in grammar schools and had not necessarily teaching in nursing, but had taught in the grade schools and junior high school, as well as having experience in nursing homes, etc. So I think it meshed well. We had many different experienced people. And you don't want to have everyone with the same experience.

M: Eleanor suggested that she disagreed with the curriculum when she arrived, and the specific disagreement was, it was more like a diploma curriculum than a B.A. or B.S. curriculum. Is that your memory?

May: Yes, that's what ... Yes, it was um (--)

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

M: Okay, I'm particularly interested in exploring differences over the curriculum and get at what Eleanor was so concerned, that she was indiscrete about. This is an interview with May Futrell, conducted on January the 21st, 1987 in Weed Hall. We were talking about the need to restructure the curriculum and a sense I think, that you and Eleanor had, that it was not a Baccalaureate curriculum.

May: Yes. We had to take classes and courses out of the freshman and sophomore year that were placed in there for nursing courses, and put them at the upper division, which is the junior, senior level. The major had to be placed in the upper level.

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

May: Well they began nursing as a freshman without any foundation in the sciences and the liberal arts. So the first class came right into nursing, and it took concurrently some sciences and liberal arts, and most of it was nursing and not a well rounded education, which is what nursing was looking for in the baccalaureate educated person.

So we moved the major nursing to the beginning of the junior level. We had a professional course, something to introduce them to nursing at the sophomore, but there was very little nursing at the freshman, sophomore level. This was the way that the National League for Nursing wanted nursing to go at the time. Since then, the National League and Nursing has had what's called "bridge courses" in the sophomore year, finding that they needed to introduce the student to nursing a bit earlier than the junior year. Cause at the time when Eleanor and I came from Boston 'University here in 1970, I'm sorry, I think I said 71. I came in September, 1970. At the time, in 1970's, nursing was thinking that all nursing should be at the junior and senior level; nothing in freshman, sophomore year.

M: Was the idea to give the student a sense of identity as an undergraduate student, and then move into the professional training?

May: That was one reason. The second reason being that it had to have a foundation to build upon. And we're still using that idea, because nursing is now going back and saying that there's not enough liberal arts, we are not well educated people, and suggesting that perhaps nursing needs to be built on a B.S. degree or B.A. degree, and come in later, after four years.

M: A five year program?

May: Um. So that (--)

M: I haven't seen many nurses in my classes, and I use to.

May: I know, yah. Well (--)

M: Good students too.

May: Well we're in the middle of a drop in enrollment in nursing, because of the working conditions more so than other things. But the salaries and the working conditions in nursing are so poor at this time, that (--). My husband told me last night that a friend who had been a nurse told him the other day that she is now waiting on a table and earning more money in a very exclusive restaurant as a waitress than what she was earning as a nurse. We have these things happening. There is a terrible thing with salary, but hopefully that's going to straighten out a bit. I think that society is going to learn that they're going to need us when the crisis gets at a point. This is what's happened before. Nursing was at the bottom of the heap and the salaries at least were brought up to about twenty thousand. You can get twenty thousand to twenty-two, as a beginning Baccalaureate now, which is pretty good compared to social work, which was always higher than nursing. So I think it's going to straighten itself out, but I think it's going to be a different approach. And one of these approaches may be, that the education level, and when we get (licensedure?) at a point that the beginning professional nurse is a B.S. person, now you can go three different routes. You can be a diploma graduate, and R.N. and a B.S., and sit for the same exam, and everyone's confused. So when that gets settled and the salaries and working conditions are better, I think you're going to find women and men coming back into nursing.

M: Do you find that young women today have many more alternatives to choose from?

May: Definitely more alternatives, and not that they're any happier.

M: But they can be engineers! (Giggles)

May: But they can be engineers and they can be lawyers, and not necessarily choosing physicians, to be physicians, but have chosen engineering for the most part. And engineering is the one profession that salaries are equal. And that's where, for the most part, they tended to go, because women who tend to get educated in nursing, are high scholastic achievers, and can make it in other fields. And now you can do anything you want to do. (Laughs)

M: And it impacts on the School of Nursing.

May: That's right. That's right.

M: Let me ask you, before we go any further in developing your experiences at Lowell State College, if you can remember colleagues at B.U., contacts that were made that persisted, connections with ah (--). Are they called Boards of Registration? (May: Umhm) Or (--). And your estimate of the students that you dealt with at B.U. I'm interested in what you brought to the job.

May: Yes, I made many important contacts, what's called networking now. Didn't realize that's what was happening at the time. For instance, Ann Kibrick was the second Dean at Boston University that I served under. I served under three Deans.

M: What was her name?

May: Ann Kibrick.

M: Kibert?

May: Kibrick.

M: Kibrick.

May: (Spells-KIBRICK) Ann is now at the University of Mass at Boston. She went from Boston University to Boston College and then came back to start the school at the University of Mass at Boston. And I've know Ann over the years. I also knew Elizabeth (Mullet?), Dr. Mullet. She was teaching at Boston University in the graduate program, and I successfully got Elizabeth to come to Lowell State College. She was a Biologist who was also a nurse. And she was important to this University, not only for the nursing department, but for other people here. She brought experience with her when we got our masters degree going. I have (--)

It's hard to say everyone that, to name everyone, because those of us who were teaching at Boston University from 1961 to 1970 were a small group, and had started, had the program going. Mary Ann Garrigan, Ann Kibrick, Ann Hargreaves?) Annie Kibrick, are all in nursing now and have all helped each other. And when we needed people as consultants, I used the people at Boston University. They knew me very well, and I think that it's been to the betterment of Lowell State College and the University of Lowell.

I probably ought to recall other people who've been important, but um (--). The Dean at Adelphi was important when we started our masters program, and ah... I've just had a lot of contacts throughout the United States from having been at Boston University, and having traveled and known different people from my Columbia days. Catherine Nelson, some of the faculty at um... And students who were with me at Columbia are also in the nursing field and very famous now, and have helped us Proceed. So I've been fortunate. I was in nursing in its so called infancy, in a beginning period in 1950. And for thirty years I've seen it develop. Nursing is huge now, compared to what it was in the 50's. And all those people who were the leaders at Columbia and B.U., I was with them and we've dispersed. And so, we're all over the country, (giggles) and that's helped us.

M: So there's a political dimension to the networking when it involves consulting and perhaps grant support and Boards of Registration?

May: Definitely! Definitely! The Board of Registration gave us no difficulty after we started the change in our curriculum, and we never really had a problem since then with curriculum. We've had a problem getting faculty. We have always had a problem getting qualified faculty, because I think we're a little distance for Boston, and the salaries are not always at the height of some of the other Universities in the United States.

M: Is that both at Lowell State College, and once the merger had taken place? That's been a consistent problem?

May: Umhm. Yup, Yup. So that getting qualified faculty with doctorates, who have had experience, is very difficult here. Um, now... So I wouldn't say it's just Boston University. I would say my experience at Columbia (--) And I must also say that I got a PhD from Brandeis. That has been also to the betterment of the University of Lowell.

While I was at Boston University I started the doctorate in education. I got into it and realized that everything I'd had at Columbia, I was having again at B.U. School of Education. So I knew right then that my experience at Columbia was advanced and I was not about to spend time going through this same kind of content. And I asked Ann Kibrick at Boston College if she knew where I could get some type of an education in gerontology or the aging field, because I had been reading that it was going to be important. Remember, this is 1966, 67 when I got over my depression and difficulties with the death of my husband, and there was a five year period there, but I started, I resumed my study then. And Ann was very kind in suggesting that I look into Brandeis. They had just gotten a huge federal grant to train people in the Field of Gerontology, and suggested I look into it.

I did. And here I was again in a School of Social Welfare, for the most part, social workers, and there were three of us nurses in their first classes. And social workers of nursing have not necessarily liked each other, or been too compatible (giggles) throughout history, even though social work really started with nursing. Nurses were the first social workers in New York, in the slums.

M: I'm mystified as to why there should be (giggles)...?

May: Nursing from my perspective anyway, and several others, nursing is broader than social work. And we can do a little social work in nursing, but social workers can't do nursing.

M: That's scientifically (can't hear).

May: Yah, and so there's always been this conflict of a nurse who will say, "case management" is a term, nursing is trying to pick up the word "case management". It actually started with social work and a case manager. Who's really the case manager, the social worker or the nurse in a community situation? We no longer fight about physicians, because they're not really into this arena. But nursing in some aspect is trading on the territory, so called social work. And I think there's a (unclear). And so it's been fun to watch this.

So here come three nurses into Brandeis. But you want to remember, James Schultz, who is one of the two best economists in the United States in the Field of Gerontology, has been chosen to head Brandeis' program in Gerontology. And he is a very wide-eyed young man who feels that it's all the professions in health who are important, not just social workers. And he wanted others. In fact he took some physicians. He wanted physicians, nurses, social workers, people who were in the health field, to look at the field of gerontology and come up with some policy enactment that was going to change the life of the elderly for betterment. You see, the State of Affairs were older people and sixty, sixty-five, seventy was not as good as it is now. And so these things were trying to be hashed out, so he took three nurses in his first class.

One was a nun, and the other two of us were educators. One girl was from Simmons and here I was from the University of Lowell, Lowell State College. I started the second year that I came, and I got a full fellowship. Fantastic! I mean something like (--) At this time it was a lot of

money to me. I think it was worth (--) The stipend was around \$3,000 and it paid tuition. And tuition in a private school like Brandeis was at the top. So I probably got a \$6,000 a year fellowship. So I was one of the first Administration on Aging grantees. And I always felt a commitment that the government has funded me both in nursing and gerontology. And one of the reasons ... people say to me, why are you still working May? And I say, because I have a commitment to my fellow man, because the government has supported me. I have an obligation to fulfill this commitment, because the trainingship in both fields (--) Um, the purpose was to train people to go into Universities and make a change in society, and I'm trying to do my part. So here I am. (Laughs)

Brandeis was wonderful because it was like Columbia. I had, it was all new content. I was learning. I took a leave the second year I was at Lowell. It was so difficult. I could not work full-time and go full-time like people were doing on doctorates in education. I had to take the leave and study fulltime. And I was learning all this new, wonderful content and learning about people. See, this is really what I've always wanted to do, because I love to travel and I love people and I love different people and I love different things, and different cultures. I was getting it at Brandeis and I was so excited. And it was not easy. I had to give up social life, give up a lot of things. But it was worth it for this doctorate, because it was a whole new field and I was broadening my outlook on life, and loved it.

And the contacts at Brandeis have been as important as Boston University and Columbia. Those people are still helping us. They're the ones who said to people out in the field, if you want someone in the field of aging, go to the University of Lowell. They have the best program in the country in nursing. They are the ones who are saying this. Now three nurses, of the three nurses, only two of us made it, the nun and myself. They gave us a hard time, they meaning the other students and some of the faculty, because here were these (interlopers?) (Laughs) Oh dear, we had some good times talking about it to each other. We just were amazed we had the perseverance and stick-to-itiveness to go against all odds and make it through there.

M: Are you suggesting there was outward hostility?

May: Oh yah, at times.

M: Could you just give me an example?

May: Well, um, um. Should I say this? I really wanted to not get into this whole aspect, but I guess I'll have to. Nurses were not well thought of (--)

M: Can't hear question-unclear.

May: Well no, I guess we'll have to. Nurses in general have been thought of still as um, not necessarily Sarah Grant, but not the brightest people. Handmaidens in a sense that, I guess you don't necessarily say that you're a nurse to someone when you're out on social life or something else. It conjures up in people this whole image of I don't know what, but one, that you're not too bright. The minute you say you're a nurse (--) If you said you were an engineer or anything else, no one would really get this feeling. But to say that (--)

M: So there are stereotypes about nurses?

May: Oh there are definite stereotypes about nursing, and I've tried to not even (--) My life has been centered on not looking at that. I remember going on to the Hale Board, and I had a PhD, and the physicians had an M.D. And they were doing this funny thing about, not only was I a female, but a nurse on the board with guys with money backgrounds, business backgrounds and physicians. Being funny when the papers were there, um, May this, May that (--)

M: Calling you by your first name?

May: Right. One day... But it was always Dr. so and so. One day I got up in front of the free press and I, Newspaper Gazette, and said, gentlemen, I hate to do this to you, but I have a Doctorate. In fact, my degree is higher than the M.D.'s sitting in this room. I have a research degree that is not a professional degree. I have the right to have Dr. Futrell put before my name as well as Dr. so and so. I would appreciate it if the Gazette would do me the courtesy of using my title as well as the physician's. From that day on I was always addressed. If they addressed the physicians, they addressed me the same way and so forth. And that ended it. I was amazed that once I (unclear), that ended it with the newspaper and this whole bit. In fact I said, you don't like to use MS, (says Ms). My husband, it doesn't bother him that you put Dr. Futrell, and I don't want Mrs. before my name. I have certain rights too. Well we got through this whole thing and it worked out.

Well it was the same kind of thing that was going on at Brandeis, in the sense that all of these PhD's and faculty members who've really been out, one was Head of the Social Security Administration, they'd had lots of experiences and that was true. We as nurses were coming with a different perspective, and not that we were wrong, but it was a different perspective on the human situation. And I guess we challenged them as well as challenging stereotypes they had of nurses. They always thought nurses couldn't do research and this and that and the other thing. And um, well society in general feels that way somewhat now, but that is changing.

Even my own faculty at the University of Lowell, when I've gotten into discussions about research, and types of research in (--) We'll say they don't understand nursing, so therefore they don't understand nursing research. And I say, but you do understand research methodology, and we're using same methodology as some of you, so therefore you can't discount that you know nothing about the types of research or whatever we're doing. So you see it pervades all kinds of things. That's the kind of thing we were running into. And I had wanted to do a study on attitudes of professional people towards the elderly and Health Maintenance Programs. And they kind of snickered and said, "Attitudes." We're past the stage of attitudes. I said, "Not in health situations," cause see, they really hadn't dealt with health. They dealt with other kinds of social maintenance issues, income, see, social work, not really with health like these new foreigners [giggles] as we were, that we're bringing up.

And finally my advisor came to my defense, and said to the other members of the doctorate committee who were giving both of us a hard time, and the other student doing something different, but in hospital administration...

M: This is in proposing your research?

May: Yes, that they better take a look at what was going on in society. That his mother was in a nursing home and yes, attitudes were important as to what was going on in the health field at that Particular time in history. And that they better take another look at, and that he was all for that

study, and convinced them. And so I put the study together, the proposal, had my hearing, did the study, which I had bought published paper putting his name on it also, because I felt that I had to give him [giggles] some credit for this thing. I have gotten over, and I counted the other day, close to (--) Counting the professional traineeships I got for the University of Lowell, and a pure research in the field of gerontology, I have gotten close to two million dollars right now that this university has had from that doctoral dissertation. Because from the attitudes I came up with a plan to train gerontological nurse practitioners. That was the first at the Masters level that the government funded. And we had the first program here at the University of Lowell in the United States and that was direct result from my Doctoral dissertation. And Wyatt Jones, who I saw two weeks ago in Miami, that we had stayed friends with, that's the nice thing about the faculty at Brandeis too. We all know them now! And I see James Schultz, I see them all at conventions and so we have a nice network going on and we have a lot of respect from them.

But you have to persevere. And I would say to the historians, that because someone gives you a hard time, does not mean that you're wrong or anything else. It's just that politically you may be stepping on their turf, their territory, their money or something, and you just have to persevere so that it'll all come out in the end, which it did for us.

In the meantime I should say that the University of Lowell and Lowell State played a significant part in my personal life, because Dr. O'Leary gave Dr. Barker some money to go to the National League Convention in Miami in 1971 or 70. Seventy, I think that first year we were here. And ah, how can I get this all mixed up in my mind, I don't know, (both laugh) because it was significant. Trudy (--) The funny part about this was, it's very romantic and everybody here knows what happened. Trudy told me to meet her at the airport at such and such a time. And her husband was going to take her to the airport and my son would take me. At the time it was in (--) You couldn't dress (--) You had to be careful because there was all this terrorism going on at the airport. You couldn't touch anything or anyone. So my son thought he'd be funny and he'd wear his old coat and his beard and everything, and he'd go down and see what he could do with, if they give him a hard time when he took my bags. You know how kids are. (M: laughs) And I said, Philip you've got to pay attention because the Dean's husband is a banker and she's going to be there with him, and you've got to make a good impression, I need this job or we don't eat. (M: Laughs)

We got to the airport. Phil brought me in and we got to the airport, he was carrying my brief case and everything, being smart. And Dr. Barker was talking to this gentleman. And I said to Phil, gosh I don't think that's her husband. I don't know who it is. But I don't know what to do, we'll wait here till it's over. So my son Phillip was very perceptive. He said to me, "No I don't think that's a banker, that's got to be a pilot, he's got a uniform on." (Laughs) I don't pay any attention to that. So they called the flight. And so finally I went over and I said, "Excuse me Dr. Barker, I'd like to introduce you to my son Phillip and I want to send him home [unclear]." And she introduced me to the person who was standing next to her. I thought no more about it and got on the airplane. And Dr. Barker and I are sitting in the seats and this person was a pilot (unclear) and he came back, sat in the next seat to talk to Trudy. And she introduced me to him. And I thought no more about it. It was a late flight, because the University had no money. So we had to take that red eye express to Miami, and we'd worked all day and I was tired. (Laughs) And that's how I met Oel, who became my second husband, five years after the death of my first husband. And it was all because of the University of Lowell. And so, the University new and said (--)

END OF TAPE II, side one
TAPE II, side two begins.

M: That the University had (--)?

May: The University community felt that they had played cupid for me, and wanted to know if I couldn't find a husband for Eleanor. (M: Laughs) We've had lots of fun with this, because over the years and even at my husband's retirement party in December when many of the University faculty were there. They read a letter of Trudy's introducing the two of us on the University's (?) expense money. [Both laugh] And then we've never been successful at finding another husband, but we've had some good laughs over this.

M: May I just ask you that the children are now grown and in college when you remarried?

May: Oh, ah, ah, the children have all (--). Well I should say that my husband had, my second husband had a daughter that I brought up, and his three other children remained in Atlanta with their mother. But the daughter that I brought up, that wanted to stay with her father, and I got her at the age of fourteen, has become (--). The two families have meshed so close that you wouldn't know that they were two families. The DiPietro children and the Futrell children, it's brother and sister. And Terry is the godparent for my son's children. And so we've all meshed ourselves.

Terry works at the University of Lowell in the North Campus Library. So that we've, that's how we've all evolved here. But that's part of this whole thing, because Oel has helped us get certain things, students and monies, and clients for our nursing department, and other networking. So networking is not only with your profession, but with other people. Oh it's people you know, or people who can move around, who are able to introduce your profession or people to you that are important.

M: And what is his occupation?

May: My husband is a pilot.

M: A pilot! (May: Yah) [Laughs] That's what I had understood.

May: So that it has also helped the University because I had free passes to fly. And I went places for the University that were fringe benefits of my husband. So that not only did the government fund some things, but there have been other mechanisms that we've been able to use to get around in our nursing department.

M: Eleanor mentioned that after the curriculum was set and the Board of Registration had been mollified, that the next important thing was the big grant that came to the nursing school.

May: Yes.

M: Is that an appropriate next?

May: Yes, because that comes up. I got my doctorate, and I wrote with four other members, Eleanor, Betty Mullet, myself, and Dorothy (Karpowitz) were a masters committee to look at putting the masters program in. The four of us wrote the grant together with Eleanor doing the budget, Betty being in charge of the grant, you know, putting the grant, all the pieces together, Dorothy (Karpowitz) doing the survey and I did the curriculum. And this grant was really a contract. The government had written and asked if we were interested in starting a program in gerontology, and they'd be willing to contract our services. A contract is different from a grant. And we put the contract together hurriedly in the spring and I was due to graduate, because that ... they ... you had to have someone that was in the field. And by the time that it was (--)

M: You were both working on your doctorate and writing part of a grant?

May: Oh we've done a lot of work.

M: Taking care of four children?

May: Yah. (Laughs) That's right. Got the approval, heard I believe in July that it was granted for September. And I finished my doctorate in June. Dr. Duff had come, this was 1975, and I was up for, um 1975, I believe tenure and associate. And so I recall that my advisor had to write the papers that it was all done, but it would be granted in, officially granted in the Spring of 1976, but it was finished in June of 1975. So that's how the ah, they only grant degrees twice a year at Brandeis. So that was the end. I was finished.

And so we got the grant, the contract in 1975, and took in students and started. And at the same time I was going summers to the University of Southern California and getting a certificate in gerontological nursing, cause that wasn't available anyplace else. But the University of Southern California has the only school of gerontology in the United States, right up to a doctorate. And they were offering a nursing certificate in gerontology and I wanted that, because it was important to say that I also had a certificate in it, because my doctoral degree was in social gerontology. So we put this together, and then after the two years of the contract, decided that it might be worthwhile if we wrote a grant. So for ten years I have been writing, rewriting, evaluating for the government. And we are the only school that survived. Out of the original six who were contracted to start gerontological nurse practitioners programs in 1975, the University of Lowell's program was the only one to survive. And we have, I've written and we have, our grant will finish August 1987, and we've had all we can get. Ten years is the limit.

But you had to prove that you were producing. And we've produced the most numbers of Masters Degree gerontological nurses. And our students have gone out and spread the word from here to California. They've passed the certification by the ANA, been licensed in the State, and were very well known for that particular program. That grant also helped the University develop gerontology as much as they wanted to develop gerontology. We have an undergraduate course in intro to gerontology for um, it's a core course that I have taught for the past ten years, that at least gives an introduction, because gerontology as a field is moving into all the universities in the United States, and many of the universities have doctoral degrees. Or you can come in two ways. You can either now, come in to the discipline and get a degree in the discipline, or you come in, in another field and get the degree the way that I did. So you combine two fields. Many are sociologist, psychologist, who then come to the field of gerontology, and the biologist have been in for a long time.

So the University of Lowell has also done things in the community in gerontology, and we've made an impact and improved the health of the elderly in this area, which is very fertile, because we're above (--) Haverhill and Lawrence are above the national percentage of elderly in the population. Lowell is right at the national level, but (--) So this whole Merrimack Valley is fertile with problems and good things to do with aging.

M: (Speaks too softly-can't hear)

May: In the meantime, we diverted off and started a Masters degree in Adult and Family Nurse Practitioners, and I wrote a grant for that. And that was also funded at approximately \$200,000. We have had great scholarship money from the government for our master students too. So we've had a combination, a lot of things going here. And I would like to get the dates down here for the Historian, that in the sense that we established a Gerontological Nursing Program in 1975, and it was a one calendar year program until 1982. In 1981 we established two academic year, we established a two academic year Primary Care Nursing Program, which included two tracks, Adult Nursing and Family Nursing. And this change to a two academic year program was based on the need for students to have additional clinical hours to meet the criteria for the American Nurses Association certification exam for nurse practitioners, and the need to include research in the nursing curriculum.

And both of these nursing tracks were phased out in June 1985 with the last graduating class, and we changed the nomenclature of a Masters degree to nursing. This was a very important step, because the Board of Regents had given the University approval for a Masters degree in gerontological nursing, and we had to have a broader nomenclature. We'd been fighting this for a long time. We've been before the Board, been before the Board, and Dr. Foy would say, I don't know, I don't know! We finally got it changed to a Master of Science with a major in nursing. Then we could have any of the six specialties in nursing.

M: Sure. What was the opposition on the Board of Regents?

May: The opposition on the Board of Regents is that they don't want anymore programs in the State of Massachusetts. Then we've got the University Mass at Amherst, then we've got the University of Mass at Boston, then we've got all these programs, and you're just starting and more. Well we convinced them that no we weren't, we were already here and we needed to have our nomenclature the same as everyone else in the United States. So they agreed.

M: Isn't there in fact a person on the Board of Regents who also served at B.U. on the School of Nursing in an issue of conflict of interest?

May: Yah, yah. We've had lots of conflicts of interest since 1975.

M: On the Board of Regency?

May: On the Board of Regents as far as nursing was concerned. And the private schools did not want the state schools starting programs. Ann Kibrick helped us, even though she was at Boston College, get started with our consultant and maintained that we should have the program; that the

aging population needed us, especially in this area. And if it wasn't for Ann Kibrick, it wouldn't have got through the Board of Regents in 1975.

M: And your effort to expand it is one that was opposed by the (privates)?

May: Yes. So that Eleanor and I finally convinced them, with Dr. Foy's help, and in 1981 they approved our name as a major of nursing. So that we in 1982 changed the Gerontological Nursing Program to a two academic year. And this was done to maintain the internal consistency between the nursing tracks, so that they're similar. And in 1983 we added a two academic year program in Administration in Nursing Services. And the need for such a Program was evidence to a survey done by the Board of Regents themselves. (Laughs) So you know there's no problem here. And in 1984 we changed the Primary Care nomenclature of the specialty to, Family and Community Health Nursing. The graduate program in nursing ...

M: And that's so wider, in perimeters?

May: Yes. So that the graduate program in nursing continues to offer three tracks under this umbrella that says, Master of Science with a major in nursing. We offer Gerontological Nursing, Family and Community Health Nursing, and Administration in Nursing Services. In 1986 the graduate program in nursing has a total of one hundred and five students. We started with twenty in 1975. There are five black students and four men enrolled in the program. And we can show that full time students in Gerontology at the present time are thirteen, and ten part-time to make twenty three. We have in Family Community Health, twenty six full-time and twelve part-time, to make thirty eight, and Administration in Nursing Services, eight full-time and thirty six part-time to make forty four. That's significant, because that's the same as the trend in the U.S., that the nursing administrators will not leave their jobs to go full time to school; that there is a part-time situation with them. So that um, that can show you the growth of the masters from 1975 to 1986.

And Dr. Shalhoup has set up this year, under the college umbrella, a committee of all the Doctoral faculty with a representative, the Assistant Dean. And we are to look at the feasibility of starting a doctoral program in nursing. We have interviewed all the Deans and faculty involved in the University of Lowell in all the doctoral programs at the University of Lowell, so that this Spring we're going to start looking at the resources and services and see if this might be a possibility. We are, or we were for a long time the only masters program in the State of Massachusetts. Now the University of Mass at Amherst had a small graduate program. Salem State College has a Continuing Education Graduate Program, and the University of Mass. at Worcester is setting up a masters program in clinical types of things. But we're not touching on any of the three state universities, it's the University of Mass and the University of Lowell, but ours is the largest at the present time. So timing is important about the doctoral degree.

M: To remain in forefront?

May: Because there are no doctoral programs in the state sector. And Eleanor and I are interested in if it is at all possible to get something here. I think that will draw better, more qualified doctoral faculty. We've been working hard on our research, and we've got some interesting research going. And right now we have a Long Term Care Project at Tewksbury

Hospital. And Dr. Shalhoup and I had going a year ago, and then through (AHEC?) got a \$60,000 grant for this past year. And it ends on February 1st, to look at the use of nurse practitioners in Long Term Care. That's one research Project. My on going evaluation of nurse practitioners for the government is one that's been on going. Elizabeth Daly and I are doing a research Project on retirement and women that we hope will be published soon. We're getting it written now, the data's all together. We've got some fascinating data. It's done in Atkinson, New Hampshire, and Sudbury, Mass. And we're looking at two communities and other things. We have some research going on in Maternal and Child Health, so the research element of our department has improved as far as the faculty are concerned. As our faculty have gotten their doctorates and come back to us, we've seen the impetus. And it's not just one or two of us trying to get the ball going.

Um, there are other things going. And we've also got a college now that is interested in research and more inter-disciplinary things are happening. I should say that Dr. (Nicolosi?) has asked me to do some things on my sabbatical along with the research that I'm going to do on the lived experience with centenarians in Scotland, that I think will also help the college as a total in the University. And he wants me to do some things in the area of nutrition in aging. So I think there's an interest coming out in aging at the university. There's been spotty kinds of things in the College of Management with some business retailing in the elderly. There's been some in the College of Pure and Applied in Biology. The particular person is not in medical school, but I think we're going to have some filtering off of that research.

Liberal Arts has some courses now at the graduate level in aging, the we started with federal money, and they carried on, especially in the Psychology Department. So I think there's going to be a good mix. And I think also, that nursing has had an impact on the university. I feel that we're respected, and there's a close knit factor, even though we've gotten larger since the merger, of faculties of other fields wanting to have us on their committees and doing research with them and visa versa. So I think there's a good feel at the University. It's not like many universities, where there's a constant fight between the School of Nursing and the School of Medicine, and some of the other schools. We have the administration support, we have other faculty support, and we are mixing in with the total university. So we're not unto ourselves either, and that's important. Because many (--) Even at Boston University, the nursing faculty was in the College of Nursing and that was it. We didn't get out much. But we're out here, and I think that's Positive.

I do have to say one thing that's important for historical reasons, is that in 1980 I was elected into the, as a fellow in the American Academy of Nursing. There are only to ever be five hundred in the United States. It's very prestigious, very difficult to get into, and I'm sure that my many friends helped me. But it was mainly on the new experimental things that I did with gerontology, gerontological nursing, the books that I've had published and the publications, and the things that have happened at the University of Lowell, and that's why that's significant. I feel that although I was productive in the other arenas, I was very productive during my tenure here. And due to, I think, the nice climate we have a very nice group of people. And the University has grown and it's evolved. There has not been one dead boring moment, because as far as the nursing faculty has been concerned, we've always been doing something new, different, and working till we were dead, trying to get something going. So there's been excitement and (--)

M: I'm interested in the way in which you and your colleagues have worked to make this happen, and with whom you have worked. For example, it sounds to me like you're getting access to really good faculty.

May: We are.

M: And how does a Chair and Dean operate to make sure that salaries are available, positions are available, bring the people on that can do the research to support the programs and have a vision of a future further graduate development? I guess what I'm asking is, what's the politics? What's the character, the leadership that you and others obviously are (swaying?)

May: I think Eleanor and I have been able to work together well.

M: And that was not the case between Eleanor and Trudy, is that correct?

May: Right, and we have um (--) Eleanor has been a good Dean, and I think probably a better Dean than even as a chairman. And I have to hand it to her for her ability to maneuver monies and people. To get what she feels she needs. There is one thing about the organizational set up at the University of Lowell that inhibits chairmen. We do not really have access to the budget. We have a lot of responsibility and no um, you can't call it power, but no right to decision making in a sense. And I really don't know what the word is, but I do know that you're not calling the shots. So that the power is vested in the Deans in the organizational set up, and we're still faculty as chairs, and there is a different political ball game. You have to play both the faculty role and the administrative parts of your job with the Dean. But you see, you're still faculty, you are not an administrative chair. That is, I am the only chair which is considered a Dean in the state university system. Ann Kibrick is Dean of the School of Nursing at the University of Massachusetts Boston. The um, (Dirsnell?) is the Dean and Vice President at the University of Mass Worcester. I am Chair.

M: Of the school?

May: Of a department. (M: of a department) So the nomenclature and the um (--) Although the National League of Nursing says that I am a Dean of Nursing. I'm in charge of nursing. I do not have the title, nor do I have the power to make the decisions that the others have. That's one of the reasons that I've chosen to say that six years is enough. Cause we have a three year term, and I have chosen to say to the faculty that in September I do not choose to run again. I think six years in this type of an organizational set up is long enough, that I want to go on to new and different things. And I'm very honest about that. I told the faculty that and I've told my colleagues that, and everyone knows that. Everyone knows in the nursing field what the organizational set up is. Oh, I get to hang on longer, but I don't want to play that game either. All I'm saying is that I've been very productive and we've done a lot under Eleanor as Dean, because she's able to maneuver and manipulate monies and people.

M: Now what roll have you played?

May: Well I have...

M: I can understand her role. [Laughs]

May: Okay. Now as chair, I have tried to enhance the curriculum, get the graduate. I feel that my greatest contribution to the University was the implementation and evaluation in the graduate program. That's why I felt that I could leave now and do other things. In a sense I feel the graduate program is established now. I feel I implemented that program, my ideas. It was my curriculum, the whole thing, and that Eleanor has made it possible for assisting me into getting the programs, going to the Board of Regents, and the things that I was not allowed to do, because I didn't have the title, "Dean". That along with Dr. Foy, who battled out some of these Board of Regent problems for us, to get the graduate program established. So we have a major, we have three specialties that are needed in this area, and that we can move on to whatever it is we want to do with some other bridges.

I also feel that I have gotten better faculty; that we have moved into research and professional women now, wanting to work at this University, in the sense that I'm saying, it's not just a job; that they'll be here a few years and then leave. We've gotten this weeded out. We've gotten this stabilized with the stabilization of the masters program. It has attracted people, and we're able to do the things that you can't do with just a baccalaureate program. I have tried to make people feel good about themselves as faculty. That they can be productive, that we're all in this thing together. That it isn't a power situation with me. I'm not after anybody's job. I've told Eleanor, I don't want her job. I don't want to get into an argument all the time with people, in the sense of faculty or Deans. That's not my style. We're all professionals in this game. I learned that from Columbia and Brandeis, you have something to give, and I have something to give. We come from different perspectives. That does not mean we're not equal in a sense that, if I hire you for a specific job, I expect you to do that. And I'm not going to be tracking you down every minute, and I'm not going to play mother (hopefully?) in the sense of, or guard, that you do this and that. A salary position that we were taught in my very early years was different from a job in a sense that you were educated and had the responsibility to do that job. It didn't matter about the timing in the sense that it wasn't eight to five. You might have to spend nights and (--)

TAPE II, side II ends.

TAPE III, side I begins.

M: This is my last tape, so we have an hour to go.

May: Okay. Okay.

M: This is an interview conducted with May Futrell on January 21st, 1987 at Weed Hall. We were talking about the difference between what you'd expect from a salary person, and that was sort of a supervisory attitude you had toward US. [Unclear].

May: Right. Um, probably this is not a complete sentence. I can't really remember where I was at. But that I do believe that people who have Masters Degrees and Doctorates do not need to be supervised in a sense, to an eight to five job. That you're a professional person. That I hire you for that job, and I expect it to be done. And if it is not done, then I speak to you about it and we

come to some conclusion. Yes, I have fired people, but I never fired them in that sense. I've asked them to leave, and they have left. (Laughs)

I had one episode when someone said that they would take me to the President, and I said go ahead. I had the documentation, and Dr. Foy said to that person, who happened to be a Biologist and not in my field, that Dr. Futrell says that you are not performing. I suggest that is the problem. And she has given the documentation to the President. And it's your choice if you want to sue her, but I don't think you have grounds. And I never was sued. That's the only time in my thirty year career that I've had a difficult time; otherwise in my evaluation I feel that I go over board in trying to make the person feel productive and worthwhile. And when that person and I come to a conclusion that they are not, they choose to leave. So I have not had a difficult time with the faculty, the faculty has supported me.

M: Was that particular incident dealing with a male?

May: Yes.

M: Just checking.

May: Yah, yes, the faculty have supported me. And we have been able to move on, and not have (--) Conflict is good, and I understand that. And we have conflict, and conflict in things like disagreements. We've never had any out and out explosions. Which I confront people. My husband says I confront you right, and I look at you straight in the eye, and I confront you and I'm not passive about it. So I (--) You know that's me. Someone said my management style was the, it's not crisis intervention in that sense, but that, that's management as a situation arises. In fact, a student that I have as a preceptor for a doctoral program in administration, said that I was a good copy of that one to one, minute to minute management, or what that best selling book out, it's One Minute Manager or something. [Laughs] She gave it to me, and it's saying that, you know, it was a very interesting style, because it worked with me.

M: Does that mean you stay on top of problems or (--)?

May: That I'm on top of it, (M: yah) and that I solve it right then, and that's you know, um...

M: You're decisive?

May: Yah, and that it doesn't boil and harbor and last a long period of time.

M: What are your graduate students like?

May: We have some very interesting graduate students. The first graduate students that came to us, I think many of them were more interested in getting a masters degree than necessarily gerontology, because we had the only masters program in the state at the time. But those first students went out with this fervor. In fact, they went to the Board of Regents when the Board of Regents was giving us a hard time, saying that Nurse Practitioner education was not at the Masters level and there was only, somewhere, but it wasn't at the Masters level and so forth. And these students and their husbands bombarded the Board of Regents for Eleanor and I. And boy,

that program was in like flint! Our students fought for us. They always have for this university. They got other students for us. It's by word of mouth that many of our things happen. They have in turn written many grants and published, not only in nursing, but in gerontology. We've had the most productive group from the gerontology group. But I ... You see, administration is only three years old, and the Family Community Health is approximately five years old now, and they're beginning to go out. The production, I think there must be ten to fifteen doctoral degrees from the ten years that we have graduated students from major universities. You must remember that we were not even accredited when we first began, cause you know, until you've graduated a class, we couldn't even get our masters program accredited. So those first students took lots of chances, and we've come through for them. We've worked hard to you know, we have an accredited program, and they're doing good things for us.

M: And are these students right out of the B.A. Degree, and unmarried without children? Are they coming back to get their Masters Degree after years of experience with families? What...?

May: Interesting that you ask that, because that's why the government has had me follow them for the twelve years. Our first classes were um (--) Our first two classes were much older than what they are now. In fact, we had a fifty-five year old student that said the program was so difficult, she felt we were killing her literally, and she had to withdraw, and she is the only death we've had in the group that followed.

M: Literal?

May: Yah, the difficulty, plus apparently she must have had some heart problems anyway, that exasperated. So that the program has been one that we had students come in, in the first few classes, with some experience, no experience, that kind of thing. Now we're finding that the experienced level is approximately two to five years. It has dropped from age, in the fifties, down to in the thirties. The interesting phenomena when we set up the Nurse Practitioner Programs, we thought we would have community health nurses from the community coming in to this role. It did not happen. They came from Intensive Care Units, acute hospitals, into the nurse practitioner role. And that has maintained itself, which is an interesting phenomena, and we think part of it is escape.

M: Escape?

May: Escape.

M: Could you explain that?

May: Escape from the hospital acute care situation, which is part of the whole working conditions I spoke to in the beginning. Most, eighty percent of the nurses worked in acute care situations. Very tough, demanding, you have to be young to handle. As technology is changing so rapidly, that you hardly have a chance to learn how one plastic tubing goes before the next plastic tubing is into place with all these fantastic machines for kidneys and hearts. And that's been a lot of the escape.

Interestingly enough, they come with tremendous experience you see, and then come into this role of physician, because there's part of the physician's role that's into primary care. And as the World Health Organization says, primary health care is what the world needs now; meaning that it's the out into the community with assessment skills and diagnostic skills that can help and tell you as an individual what to do so that you can take care of yourself.

M: Preventative medicine?

May: See it's health promotion and prevention of disease kind of things, along with education. And that's what these nurse practitioners are so good at doing. In fact, so good at doing it, all the evaluations done in the U.S. for the government, shows that they are and can surpass the physician in these kinds of long term diseases, or communicable diseases, things that you don't need an operation to cure you with. So much so, that the physicians are running scared at this particular time economically, that the nurse practitioner is going to take some of their financial means, and we have competition in a sense.

And of course, medicine's role is changing, and with more education though. See, that's the thing, that the key was, Eleanor and I maintained the ground that nurse practitioners were at the masters level because they had to be an educated person who was doing this, and we fought the Board of Regents, we fought everybody, and we were the first, see. And now that's where nursing is. Nurse practitioner must be educated at the Masters level. When physicians saw nurses at the masters and doctoral level in this thing, then they felt we were colleagues. And because we have to collaborate, and there has to be some kind of a physician backup in some of these arenas. And so they were willing to collaborate, and that has been important.

Therefore, the nurse who came from the intensive care unit had a lot of experience in that sense, and had been in this, made good nurse practitioners and still do. But we've never seen in the U.S., the Community Health Nurse necessarily coming in like we saw it, because we're actually out there in the community.

M: So they're fleeing a situation of a highly technological bureaucracy, into a situation more self determination on timing. But they take that experience with them, and when you have to interface with the hospital, you know what's going on. (May: Yes, yes) Is that a fair (--)?

May: Definitely, definitely! That's the soft touch that you're talking about. [Laughs]

M: Do you have these statements that you and Eleanor made in front of the Board of Regents? Do you have prepared statements in the record, in the Department's record?

May: Most of the statements were oral, (M: were they?) were oral, but I'm in the process (--). And this is why this whole archive, special collections is of such interest to me, because the university has asked for information. The Board of Regents loses their information, and the graduate school is calling me all the time. And Eleanor and I seem to have remembered, or I have kept (--). I'm a person who keeps everything and I have documents filed. And so I have been able (--). This is one part of the history that I did for the accreditation of the university. And they asked Eleanor and I if we could do something, so we had to validate the sequencing of our Masters Program for the university accreditation next year is it? And I put that together from the documents, and that is correct. You see, that's one correct thing.

Now, I think when I'm out of my chairmanship and I have more time, and this is historical research, and I am (unclear) to get some of these documents together, so there is some record of us and correct.

M: Specifically, it's the arguments that you made that seems to me to be crucial.

May: I think that would.

M: Also the role of Dr. Foy. You had mentioned him on a couple of occasions. Could you just go into that briefly?

May: Yes, we took on government money. We took Dr. Foy with us to conferences and conventions and places. So that he and the university administration would understand nursing and why we were getting certain things that we had to do from the league. The curriculum had to be a certain way, and um (--)

M: So you were teaching (May: yes) the Vice President for Academic Affairs, what your needs were?

May: Yes, and I think that's one of the reasons that Eleanor has been successful in the sense that, Bob Foy has been with us right from the beginning, and has seen what we've done, and has been with us, and has been able to historically say to the Board of Regents this, that and the other thing, and has been at every hearing with us. Because I've sat in all the hearings, with Dr. Barker, Eleanor and myself, we've been at every hearing. Even to the time with accreditations and (-- I noticed that Dr. Barker forgot to mention, that the reason that we had difficulty with the first accreditation, was that our Maternal and Child Health person left us when the accreditors (-- He had no one, and therefore that first time we went out for accreditation, that's why they said you don't have qualified faculty. We didn't have anyone in Maternal Child Health, because Eleanor and I went to the league and appealed the decision. And they said there was no appeal, because we did not have the faculty person. We did not have any leg to stand (-- And Dr. Foy was with us.

So that we then had to get the faculty person, and then by that time Eleanor was Chair, and we got the accreditation and we've been accredited ever since. So Foy was with us over the first hurdles with accreditation. Only the lack of faculty, that's the difficulty.

M: You spoke of his skill in dealing with the Board of Regents, could you just specify that?

May: Yes. He went before the Board orally and documented that nursing has a major, it's called nursing, at the undergraduate and at the graduate level; and that at the graduate level, you specialize, and that there are approximately six specialties in nursing. And they're classified as Maternal Child Health, and Medical Surgical Nursing, and Gerontological Nursing, and this.

M: Well why couldn't you, or Trudy, or Eleanor have made the same case?

May: Oh, we've made the same case, but...

M: It's got a different person to make it?

May: Well you've got the Administration of the University making it.

M: Okay. Okay. I got you.

May: You see, and to the Board of Regents. And since he was the Vice President for Academic Affairs he could speak to the nursing needs and money needs too.

M: And is he particularly skilled at that?

May: Yes, and Bob Foy has a way with words.

M: He's articulate?

May: Yes, and he could (M: persuasive) persuade them. He also did with Gerontology, because we took him to the Gerontology meetings. You've got to remember, 1975 no one knew what the word Gerontology meant. The University of Lowell still miss spells the word Gerontology in its core thing. So Bob was there fighting along with me; that is was going to be a special (--) That it was a discipline, that this was happening. Yes, he'd been to such and such a place, and he could document what Eleanor and May were saying. Yes, this was going to be important. No, he did not want to get into a Center of Gerontology, because he felt (--) Because we tried, Eleanor and I tried to convince him, could we have a center like (--) The rest of the university seats felt that the University of Lowell did not have the money, could not swing it, and that we'd have to do what we could do out of the Department of Nursing. Because he had me as the Chairman of an all University Committee on Gerontology, until I disbanded it to get the disciplines together. And to get Psyche and the other areas, to see that we had to have courses in other parts of the university, and that even the Junior Colleges in the State of Massachusetts were having Gerontology Programs. We needed to have this course in the undergraduate, etc, etc. Then, as one of the people said, that the hearing for the core went laughingly at our own university, when they brought up the course intro to Gerontology to be a core course, someone said, and what credentials does she have in the field? (M: laughs) And Jan Stecchi said that she and Maloney, Maloney was fighting for it then, and listed off the credentials. And then see, the university itself did not understand that we even had a Gerontologist here. So, there've been those things that Bob Foy have helped us with, and we've, I think done quite a bit coming from this college, in another field. You see, it's another field besides nursing, but we've put it all together, and then I think that there's going to be more interest.

M: So Bob was an advocate?

May: He was a definite advocate for both nursing and gerontology.

M: What about politics of the Board of Regents? Did you turn to him for advice about it?

May: Yes, and Eleanor and I have always had to have advice as for timing. Even now with our doctorate.

M: Yes, it helps.

May: And see, and the other thing is that I want, and I think I've convinced Eleanor, we want a PhD, the grade. And Bob keeps saying, oh I don't think we can get it through as a PhD. We may have to take a professional degree. And so we're, the name of the degree is hanging loose, depending on the flavor of the Board at the time

M: So the issue is once again applied technology rather than (May: Doctorate Nursing of Science) Is it at U Mass Amherst, U Lowell on the Board of Regents, that kind of hierarchy of...?

May: I think the Board of Regents is doing to us what they did to Engineering. It's got to be a professional degree, and I don't think it has anything to do with the other universities in the nursing programs. It's just that they've got this thing up here in their mind that is applied or, you know, they don't even (--) And I think we're going to have to use Bob again in the validation, which Eleanor and I are putting together, that most universities are now saying there's a PhD in nursing, because even the doctorate in nursing science didn't fly with the other colleagues. You know, there's collaboration, because that was a professional degree. So that when you have the PhD in nursing, most of the universities are changing their degree name to that, and saying there is research and this is what we're producing. So it's going to be interesting to see what happens. And that's a professional dilemma, as well as the University of Lowell., Board of Massachusetts Regents dilemma. And we're caught in that again. We always are caught in there it seems like. (Laughs) That type of thing.

The other person I probably should say, who helped us a lot was Dr. Procopio. And Dr. Procopio actually sat down with me and taught me how to number courses, and those little things that mean the difference, which I was able to bring to the graduate. I've stayed on the graduate school's Academic Policy Committee all of these years, since 1975. And it's surprising that some of the other colleges don't know how to number graduate courses, etc, and how you do it. Dr. Procopio taught me how to do all that in 1975. Came over, sat down, gave me the little ins and outs about graduate education, and how you write a catalog, how you put the catalog together, and these kinds of things. And he was always very supportive of us.

Dr. Rubinstein also was, even though Harry did not always know what nursing was about. We've tried to educate him (laughs). And he comes along smiling, but some days I think he could kill me. So we've had some fun.

I was both graduate coordinator and chair. Now Elizabeth Daley is graduate coordinator. So we've, I think made an impact on the graduate faculty and graduate school too, because we were one of the first graduate programs in the university, and we've had the experience and the time that some of the new programs have not. Therefore I have assisted the Psychology Department and Clinical Lab Science with their programs, enough so that they could get them through the Board of Regents. So I felt that Dr. Procopio had really assisted me, so that I've been able to in turn, to help some of the other new programs.

And at the time that I was Chair of the Graduate Policy Committee, the engineering doctoral degree, and three doctoral degrees came through, but I remembered the engineering, and I was able to assist somewhat in that. So I feel good about my curriculum background in a sense. You know, it's held me in good stead. So I've had fun with it.

M: May, would you like to talk about the merger, and what happened at the time of the merger?

May: Oh everyone was terrified about the merger. And the only thing that I was terrified about was that I was afraid that I wouldn't get promoted. (Laughing) Because here I was, O'Leary had said yes I would if I did certain things, and here we had Dr. Duff! And you know, here we were (--) (M: the crack huh!) That's right. And there were some political things played at that time. When I went through for full professor I almost resigned, because I had made it through tenure and Associate Professor with less credentials than I went through as full professor. And um, the committee said I didn't have enough publications, etc, etc. And so, I had said that, then that would be the end of that, because I was not staying and ah...

M: To whom did you say that?

May: To Dr. Barker, because I had the grants and I could go elsewhere. And so we got that straightened out, and I'm looking at my paper to make sure that I've got the sequencing correct here.

M: Did you get reassurance at the time?

May: Yah. It was 1977 when I went out for full professor, and I was tenured in 19 ... 1974 I was tenured and Associate Professor 1975, and that was Dr. Duff. And ah (--) So anyway, we got it worked out. And as my husband said, if it was any man, I mean these little anecdotes, I mean if it was any man who'd gotten a million dollars for a university, there'd been no question. But they couldn't even look at that you see. They couldn't even see some of the things. But anyway, that's why it's nice to have administration sometimes. You know, I (--)

M: So when did you make full professor? [Laughs]

May: In 1977

M: You appealed to Duff and he appointed you to professor?

May: Yes.

M: And you threatened to resign?

May: Yup. So.

M: I think it's (unclear). [Both laugh]

May: Well I did. My husband was also a lawyer besides a pilot, and he told me exactly how to say this, and you know I did. I think there comes a point where women have to fight for their rights, and I've always had to fight for something. And at that point, I was feeling a little bit put upon, because I had come for a purpose (--) Oh, the other point that was made, that was said I guess, was well, so what is a curriculum person who came to the university. So what. I mean,

that's when Foy came to my defense. They said, well that I hadn't produced enough in that time. Well he said, the university brought her on for the particular job of getting this program started with curriculum and instruction. And that was her job in the beginning. Even though she taught some, she wasn't teaching a full load, because she was starting the school. So, I mean we had a few little things and we fought them out, and that's where it ended up.

M: You feel you've gotten increasingly more aggressive and assertive (May: yup) as your career developed?

May: Umhm. I think part of it is that my family is not aggressive or assertive, and I had never ... There was not conflict, and arguments and fights when I was growing up in a sense. We've always been taught that you confront the issue and you clear it up, and then it's over and you go on with something else. And we never played the game of politics. My family is not a political family. It's an educated family. (M: Polite) Yah, and I was not into that at all. And I was very naive. I say that, I was very naive. And so I've learned. But still, that holds me in the sense that I probably am not going out and be an old war horse, as some of the nursing leaders have been. I'm not a war horse.

M: What does that mean to you?

May: Well, like when you think of war horse, you think of Lou Lou (Hassenplug?), who started the University of California Program. And they called her an old war horse. She was fighting and clawing all the way. There's a point to conflict, which I'm not interested in tearing someone apart. I mean literally, I go to back off rather than see the blood and things spilled all over the floor. And I'm not interested in that.

M: You're not inclined to be Dean to a certain extent, because that would involve personal confrontation.

May: Well I'll take personal confrontations, but I'm not going to be having to go into a situation for instance, nursing right now, there's no money. So you have to fight and claw all the way, and play dirty. I think part of this, as we call (--)

M: Are you talking about the Reagan Budgets, cutting back on federal money?

May: Yah, you see. And so there's very little, and I'm willing to fight for certain things, but I'm not willing to argue over things that are not important.

M: To you?

May: Yah. And ah, so I'll fight to get something going, you know, like the archives. And Eleanor laughed and said yesterday, now Mary told me not to discourage you. [Laughs] And I said yes. And she's laughing, and I said yes, and that's right. See, so I will be in that arena, but I don't know about the other. I just, you know, I just cannot argue with someone to do something, if they're going to sit and argue with me about it. It's not worth the time to argue about it. They spend more energy that way, than just going ahead and doing it.

ENDOF TAPE III, side I
TAPE III, side II begins

M: Certainly you'd agree that the merger in 74 made it impossible for someone who was in nursing to ever become a Dean of the School of Nursing. What are your thoughts about the College of Health Professions as opposed to (laughs) (unclear...)?

May: Yah, Eleanor and I have thought about that a long time, that we really didn't know what was going on in the beginning, and the mistake was made and there's no going back.

M: What mistake?

May: Well, it should have been the School of Nursing.

M: College of Nursing?

May: College of Nursing, and we didn't really realize exactly (--) You know, we were too much into curriculum and trying to get nursing going to realize what was happening on the upper levels of putting, organizing the university.

M: Were you giving access to that information?

May: No, I don't really think we ... I think that was part of the problem, we didn't know. And we just assumed that there was going to be a university, and didn't realize that the organization was coming right then. We thought it would be organized after. And now we see something that ... And they were quite frank, and told us after, that all these other fringe groups could not have survived without nursing. It actually was nursing, and nursing's money that made it possible to have Physical Therapy, Clinical Lab Sciences. And the days when I get angry, I say, ooh, it's all our money, and we had Health Education and Health Administration within the Department of Nursing. That was all that money, that overhead money that Eleanor and I got, and all that money that made it possible for the entire college. And, so when people say something, I won't give you a dime May, to do something. Like we had a little fight over a pointer (laughs) this year. I said, the whole college should buy it, not just me, so that the university faculty, so that the college faculty can use it. It's one of those pointers that beam, you know, the new laser beam kind of thing. We can all use it when we got out, or in teaching in anything. And they said, well the whole university will want to use it May, we can't give it to you. And I said, okay, then I'm going to the library and I'm going to ask them to get one for South Campus, and one for North Campus, and keep it in the library, then you guys can't get mad at me, because I, you're going to say that we've got it here. So it's little things like that, that we've jaunted about. And I said, and look at what I've given you.

So one day I came to the Chairman's meeting with all the things they borrowed from the School of Nursing Lab. The five different disciplines in our college, and I said, I want this replaced, this replaced, this replaced. That was one of my days when I was off and running. [Laughs] And they said, did just what you're doing, (M: Laughing) laughing. Oh, come on May. So then they anteed up in there. So they bought a broken, they fixed up a broken wheel chair and bought one

for their department and everything. And I said, well you know, I'm finished with giving, because you're not turning around and giving me. And I brought all of the university administration, lots of people on trips with me. I wonder how many of you are going to take me when my money runs out. Jobs like that which I shouldn't make, but you know, when I really feel...

M: But that speaks to the fact that there has been funding for nursing and they've been generous with it. Correct me if I'm wrong. Um, I thought the argument was the School of Nursing could not stand on its own, because it was too small as a college, and that's why they piled on these other programs. That's not your memory?

May: That may be an argument, but I say it's not a valid argument, because the School of Music was smaller than we were.

M: And in fact, the model was for a College of Nursing, (May: that's right) not a College of Health Professions.

May: That's right. No, it was all determined. I feel it was all determined before ...

M: Was the Dean, ah, was Trudy Barker involved in the decision making at all? You and Eleanor were not?

May: We were not, Trudy was, yes. I think Dr. Barker was not as interested in Nursing as a field, as other professions (?). I think she truly was interested in other(--). Ah, Physical Therapy was a great interest to her. (M: I see) And she went out to get that discipline in here, and that always interested her. I think she was more interested in that total arena, than Eleanor and I coming from Nursing. And I still am. I am definitely (--). I am definitely interested in nursing and um...

M: Broadening from within?

May: Yes. Not that I disagree. We have the college, and I accept the fact that we have the college, and there are five disciplines in here. And if the university feels that's how it's got to go, then we'll accept that fact. Because you're not going to (--). That's one of the things see, that I wouldn't argue to death over. What I was trying to explain a few minutes ago, there's no use in tearing yourself apart over there. When they told Eleanor and I that, then we let go. I mean, we weren't going to fight the issue anymore. And that's what I mean by, there's some things you don't expend your energy on.

M: Was the decision essentially made by Dr. Barker and Dr. O'Leary?

May: I think so. And then I think when Duff came in, there it was! I mean they were there. And he did not change the organizational set up. I think maybe Dr. Hogan may do something. But you see, there hasn't been anything done since O'Leary (?) prior to the merger bit. I think they also were more interested in the anger and frustration of the faculty, and didn't want to upset the

apple cart too much. Cause you can see who got what positions, and what kinds of games were played, and what was done to Dr. Procopio and even Dr. Foy and so forth. And the jocking of the old people and the new people, and so we won't do too much upheavel with the organization. That's how I saw it. I don't know if that's true or not, but that's just what I observed.

M: This is on the merger commission. These things were all sorted out?

May: Yah, so that I think that's where it was. It was just one of those things we were caught in. I'm not so sure it wouldn't have been, Clinical Lab Science maybe should have gone to Pure & Applied. And you know, who's to say? You know, I ... Who's to say.

M: You weren't to say. (Laughs)

May: And if the school, College of Music could survive, we could have survived, because we're living proof to show you, that Eleanor and I put together a graduate program that is accredited, that now is a very large program, that the whole university (unclear) College of Nursing is and what we are right now. It's a Department of Nursing. And my Department of Nursing is as large as our College of Music is. So no, I am of the opinion we could have survived and we would have survived.

M: What was your relationship with Dr. O'Leary? How would you characterize his style?

May: Dr. O'Leary and I were not personal friends in that sense. We had a good working relationship. I did not know him as well as Dr. Duff and Dr. Hogan. When I was hired, I recall him saying that I was a widow with four children, and it was ok for me to work. The other girl who came right after me, I remember him giving her a hard time, because she was married and had children, and he told her she should be home. You don't remember those things.

M: I certainly do.

May: We have things like that, that we have to laugh about.

M: No, we don't have to laugh about them. (Both laugh)

May: But that was the type of person... It was ok that I was there interviewing for the job, because I was widowed.

M: Was that a persistent problem? Obviously this is a female faculty, at least when I was ...

May: With our early faculty, umhm.

M: He would not hire married women with children?

May: If he did, he made it plain to them that he thought they should be at home.

M: So that they would not advance, it was discouraging?

May: And I think that was part of the salary issue. We have a salary problem here with some of the old timers. And we're still hanging in. I don't feel that Dr. Barker was aggressive enough with the salaries for the women either. But somehow the men got the salaries in our college, and we all knew that.

M: How is the present Dean?

May: Eleanor is better, but Eleanor does a little of that too. (Laughs) That's the only time Eleanor and I has had words, is over salaries, but she has come around. And I give her the documentation, and I say to her, Eleanor, if a Baccalaureate nurse can go out and get twenty-two, then if she's coming to us with a Masters degree, I cannot feel that she should be hired. I don't care if it is nine months, for less than twenty to twenty-two thousand. Cause God, they were getting them (--)

M: Is the issue something what, of relatively low salaries or (--)?

May: Well yah, we've got low salaries and she doesn't want to raise them too much to 'get everyone angered. And some of the deans have changed their minds about that, and I'm all for that. She said to me, well I will May, for the associates and full professors, if you can get them. (Laughs) You can't get them when they all hear outside that the salaries are so horrible, that they're not going to (--)

M: So it's part of the [unclear] process, to overturn the salaries?

May: Yeah, but um, so that's the only thing, and I think it's gotten better.

M: Anything else about your relationships with O'Leary?

May: No, because I really, I was not in a position to be...

M: Did you need access to him?

May: No we didn't. Trudy was (--). Eleanor and I (--)

M: How about Dr. Duff?

May: Oh, Dr. Duff! [Laughs] Dr. Duff, we had (--). I remember, ah (--). Dr. Duff was a good politician in a sense, and he knew how to play the game. And he went to the University of Washington with Dr. Barker and myself, and Bea Ames, to look at their Physical Therapy Program, and to get ours going here. So that he was somewhat into nursing, and he did support us. Because he sent his neighbor over, and how I know that is, eh sent his neighbor over as a graduate student. And she said to me, Dr. Duff really respects the Nursing Department and he think that you can do something for me. So, I knew, but he never ... He really was not into nursing as much as the other parts of the college. And Dr. Barker dealt with him for the most part, and Eleanor and I have had most of our dealings with Dr. Hogan.

M: Okay. Could you characterize [unclear]?

May: I think Dr. Hogan is a (--) I just respect him a great deal. Dr. Hogan is a person who respects people and was able to (--) Even though he told us that engineering was more important than nursing (--) I said to him one day at a graduate meeting, but you're going to need us. [Laughing] When all you guys get a (green?) eye and sick from watching this television from those computer things, you're going to need us. [Laughing] And he had a good laugh over it. That's how I can see him. My husband has had fun sending him cards from different countries, with little figures saying, this is your Board of Trustees. (M: Laughing) And they've had good laughs over the kind of things. So he has a nice sense of humor. He treats people well. Although I don't always agree with who's important, who isn't important, he has been very good. In fact, all three of the Presidents have supported nursing. Administration has always supported us. And I personally cannot find any fault with what they have done about nursing, or with me, because they have come around.

M: So there've been some bumpy places?

May: We've had some bumpy places, yah.

M: But salaries are improving, you get the faculty that you want. (May: Umhm) And you said you were taking a sabbatical [unclear]?

May: Yes. I don't want to miss on the ah (--) The University granted me sabbatical. I'm (M: You have a meeting to go to?) I just feel so honored and I'm so excited. No, are you running out of time? (M: Oh, oh no, go ahead) I am so honored and so excited, because the University of Edinborough decided that they wanted me. And I applied for a Fulbright, and I have my letter that I've gotten through the United States, and my credentials are in Europe, and I've been assured that it's probably going to be. But it doesn't matter if I don't to get the Fulbright, because my husband is going with me anyway, and we're going. But it would be nice to have a little money, because housing is terribly expensive. [Laughs]

M: Good luck.

May: And I'm excited about that in the sense that, the University of Edinborough has the foremost school in Europe in Nursing, all the way through a doctorate. And it has...

M: And you're going to study it?

May: I'm going to help teach. I'm going have (--)

M: In the foremost European Doctoral Program? (May: Ya) That should help. [Laughs]

May: And I'm going to set up a Gerontology Program that specifically, (M: on the Doctorate level?) at the Masters and Doctorate Program, because European nursing is divided into two

specialties, Nursing Administration and Nursing Education. And they don't have specialties as I have described to you, that we have in the United States. And they have many older people, and want someone to come and plan this out so that maybe they can change their system. I am so excited, because I can do that and some research, a cross national study with a professor at Hunter College who's doing the New York centenarians, and I'm going to do the centenarians in Edinborough.

M: Centenarian, meaning (--)?

May: Hundred year old on (--).

M: Oh I see, longevity.

May: The lived experience with a new methodology of qualitative phenomenological methodology, rather than quantitative kind of thing.

M: Would that be oral interviewing?

May: Yes. [Both laugh] And so I've been doing all of this reading. I've got to do this. This is what I wanted to do. And I'm really excited, and because of my networking, I was suggested by the retired Dean at the University of Rhode Island, to the Fulbright Commission, to the Dean at the University of Edinborough, and you see, that's how networking plays. And I'm always saying to any historian who reads this, that you need to ah, that's part of the political game, I guess. I didn't know it at the time, but it's Part of the whole professional situation. That you have to watch your contacts, in the sense that, my parents bad always said, when you go up the ladder, be kind to the people, because you don't know what the next step is going to be. And I've always believed that. And that's why it makes me a little hesitant to fight to the death on anything, because you never know who you meet and what the situation is going to be. They are going to come around and meet you again someplace. The world is very small. And ah, (laughing) that's my philosophical statement for the day.

(Tape shuts off momentarily)

M: Go to a lot of conferences, (May: yes) and could you simply describe to me, what are the issues that are of interest, on the national level, of American nursing today?

May: Most assistance with the issues in American nursing at the present time has come out of the Academy of Nursing meetings in the sense, that we are suppose to be a think tank. The four hundred of us are suppose to look at the problems in society, and how nursing plays a role. I think the greatest issue at point right now, is the dilemma of baccalaureate education in nursing, and the licensure issue.

M: And what is that?

May: Baccalaureate education has to be restructured. And the feeling is from the leaders, that Liberal Arts and the Sciences must play a more important part in the total education of the

person; so that the nurse is a professional, and a well educated person. Now the issue of licensure is that the fifty states must act on the baccalaureate as the beginning degree for professional nursing.

M: And get rid of diploma and (unclear?)

May: Yes, and not allow diploma and associate degree people to sit for the exam. And this is going to be a major political battle. They feel, not only has it divided the profession itself, because we are women, and because of the salaries, many women are running scared that they will lost whatever it is they have now.

And those are the two major issues that have plagued us since the fifties, in nursing, especially the education and licensure situation. Now the other that's becoming intensely important is international Nursing. That communication is so swift now, and that diseases are so ramped, and aids being one issue. And no longer can we be concerned just about the United States, but that the world in general needs the assistance of the well educated nurses in Western Europe and the U.S. To look at some of the real health organization problems, mainly the whole arena of primary health care. Utilizing nurse practitioners and education in a sense that, we can combat some of the poverty and communicable disease issues in the third world that encroach on our situation in the free worlds, in a sense.

M: Are nurses concerned about women's rights in women's place in society?

May: Um, nurses are concerned, but women are their own worst enemies. And nursing has been an absolute example of women doing to women. We can no longer blame it all on men, in my profession. Nursing has not fought to improve themselves via the route of education. I just told you what has plagued us since the fifties. Instead of saying outright, like the other professions, the BS is it, we've run scared and said that it's either men, or it's money, or something. And that's prohibiting us from getting to the top of where ever it is we want to go. And it's not necessarily men or money, it's women themselves. And there's a lot of sociology studies done, that our own self worth is part of this whole problem. Our mother's are a part of the problem. Many, whatever it is that caused us to do this. (Laughs)

M: Traditional man in society! That's what I thought! (Both laugh)

May: Yah, and the males. Whatever it is that's causing us, we are hampered to a great extent by us ourselves.

M: Are you suggesting that women have internalized?

May: I, (M: with this?) yes. Then we turn around and do to each other what has been done to us. And it's an ending cycle of madness.

M: So it's a victim, victimizing (?)

May: Yah, I really feel that way in the sense. Now, other issues, there are a lot of fringe issues that (--). Of course, aging is the change in the population that WHO is looking at. Japan now

has a crucial problem which will be interesting to watch, because they have the longest life span, and it is now plaguing their work force, and the male who works for one company all his life. And Japan has an older population and states that their major problem is nursing research, because they don't know what to do with their older, sick people. These kinds of thing are what the nursing leaders are looking at, at the present time.

M: Do nurses ever discuss things like the ERA and abortion rights, those sorts of (?) issues?

May: Yes, yes, especially the maternal child health nurses have been into that. (M: sure) And I think nursing in general is pro-abortion. There's never been any problem with that. As far as the ERA, the women have been divided, because between the southern women (laughing) and the northern women, and we see that in the nursing schools and some different things, you know.

M: There are the splits.

May: But they're (--) I think nursing in general wants ERA, and it's just the matter of what they put as the major issue. We have a high rate of alcoholism in medicine and nursing. And I think that when you go back looking around, this has a lot to do with self worth and other kinds of things. And then there's always that other theory that, one of the other theories thrown around, that we are too much in to caring for other people. And then that takes a toll on the body and the psyche, so that you're no longer taking care of yourself. So there are many different kinds of things I think we can look at.

END OF TAPE