

INTERVIEW WITH: Mary Anne Gauthier

DATE: October 26, 1989

M=Mary Ann

I=Interviewer, Joe Rampoula

I: And I'm interviewing Mary Anne Gauthier for the Department of Nursing in Lowell for the archives. It is October 26th and Mary Ann is an instructor in the Nursing Program in the Undergraduate Program at Lowell. Is that right Mary Anne?

M: Right, yup, that's right.

I: Um, you teach med-surge? [M: Umhm] Can you tell me what you're doing presently? What uh (--)

M: Okay. Well right now I'm teaching seniors in the Undergraduate Program and we're in the course called "Nursing Care of Clients in Crisis". So for that course we try to find patients who are acutely ill, or students can also be in the community, or they can be in psyche at the same time. So they can be in the medical/surgical area, or in the community hospitals, or they can be in the psyche environment. So the students I have are in acute care setting at Beth Israel Hospital.

I: Umhm. Is this a course that you designed yourself?

M: No, no no, no, no. Actually the course has been, I think the course was probably part of the original program here. That when they

developed the program they developed this as the senior level med-surge program. That's my understanding. Um, so for this course it's team taught and is an integrated program, which for many years people were very proud of the fact that everything was integrated. So it's a twelve credit course, [I: Uh huh] with six faculty members teaching various components and hoping, hoping [laughs] that everything gets integrated into it. So um, it's team taught, but on the other hand it's, we kind of laugh to ourselves sometimes that it's individual and you know, [I: Sure] it's not, it's not team taught probably as would be, it should be.

I: Do the students rotate through the different instructors, or?

M: Well right now they're in the acute care setting with me. [I: yeah] They, and we've just switched. So I have students who were just in psyche and community [I: Umhm]. So now they're going to do med-surge on two days of the week during class, then they're having lectures on different aspects of psyche community and nursing care clients who are acutely ill. Like we cover um, acute renal, acute cardiac, acute GI system things, [I: umhm] but um, and the nursing care related, mainly the nursing care related to all of these conditions.

I: Umhm. Um, now is this, is this just one semester, this course?

M: Right. It's the first semester of their senior year and it's almost like the (--) In their junior year they have a course called "Stress I", "Stress II" and "Stress III" and then they have a course called "Crisis". And that's (--)

I: Now I know you're not um, I mean your specialty wasn't "Crisis" nursing. Is, how did you come then to be teaching this course?

M: Actually, I worked in intensive care. [I: Uh huh] My background was in intensive care and in coronary care. Um, actually I started off in neurology. In neuro- neurological and neurological, Neurology and

Neurosurgical Unit at [Montefior] Hospital in New York.

I: Uh huh.

M: And on that floor there were a variety of young and old people with variety of neurological cases, starting in their twenties. And when I left there I went to um, the VA Hospital in Washington, D.C. [I: Umhm] And I expected to work on the medical/surgical floor there. And the first day I got there the supervisor said that there were no positions in the medical (--). I mean that she had hired me and I was on my way to work. [I: Yeah] You know, here in my uniform ready to. And she said the only opening was in the intensive care unit. And I said, "well, you know, you've got to find something else, because I have no intentions of working in intensive care, it's not anything I'm interested in and I, a matter of fact I don't want to do it." So she said, "Well then you don't have a job." [Laughs] So I said, "well you know, we must be able to work something out, because this isn't what I want to do." So she said, "well go for a month, we'll give you a month of days and we'll orientate you and if you don't like it at the end of the month, then you don't have to finish the orientation." So, since my husband and I had just been married, my husband was still in school. I figured well, I thought I didn't have many options. So I probably had more options than I thought I had, but. So at that point I just said, "okay, that sounds good." I mean it sounds like I can get out of this if I really, if I really don't like it. [I: Yeah] And what surprised me was that I did like it and that it was one on one care of critically ill patients, but that you were given the tools that you needed to care for the patients and that it was um, you could see your patients, they're connected to monitors. Everything, they're telling you everything that was going on. The lab values were coming right up and there was a whole different kind of nursing than being out on the floor. You'd walk down the floor and you never knew what you were going to find in the room. [I: Yeah, yeah] So, so that's how I ended up in critical care and so.

I: Yeah, that's something nice about intensive care, that you um, you know, that it's so, so in depth and you've got so much control.

M: Right. And I think it surprised me. I didn't think I would like it, but I realized that the, what, the security I was looking for and it sounds funny to say security, it amazed me what was that right there ready for you to take care of the patient and everybody responded to you very differently than being a staff nurse on the floor. Um, and it was just incredible to me at that point. And I had only been out of school two years. So at that point, to go from being a nurse on a floor to a critical care unit was a surprise to me to find out that this was a whole different life.

I: Yeah, yeah. And now the students at Beth Israel that you're supervising, are they in units?

M: We, they go to a unit, but when they go to the unit they are assigned with a nurse in the unit and work one on one with the nurse, rather than (--) I mean ideally they were to be assigned to the patient, but I have found over the years that um, it's too overwhelming. Intensive care today is much more. [I: Umhm] I mean many of the patients that we have on the floor would have been in an intensive care unit in the past.

I: Right, yes, yeah.

M: Okay. The curity of all the patients has increased. I mean you're not, anybody who isn't sick and doesn't need a lot of nursing care isn't there, so when they go to an intensive care unit it's, it's a much more intense and needs much more expertise than the student can give and that I can give the help. I couldn't possibly give that kind of help to the student, I don't think. [I: Umhm] And I think safer for the student. She's not overwhelmed and she might end up wanting to go back into an intensive care unit, because she had time to really see it rather than you know, just being overwhelmed and thinking, "how can I get out of this?"

I: Yeah, sure, sure.

M: Which is different than it used to be, I think. I mean the amounts of machines. It's like going into a spaceship today.

I: Sure, yeah. Do you find that um, many of the students or any of the students want to go back to intensive care today on your rotation?

M: Um, I think some of them are surprised that they like it. And I think there's others who thought that they would like it end up having that feeling of being overwhelmed and saying, "how could I possibly handle all of that responsibility." And I think that's why it just emphasizes to me that they need to build up their skills and to build up that feeling of they can handle smaller problems and then gradually go on to some larger things, rather than being put into a situation where they, they just can't handle anything and feeling like I can never do this. [I: Umhm] Well it's just that they need the stepping stones. And so I think um, yeah a lot of the students end up liking it and a lot of them don't. I think that's what's nice about nursing, is that there are so many varieties. That if you don't like something, look around and you find something else. And if you don't like it, you go on to something else.

I: Yeah. Well it was a surprise for you that you liked it I guess.

M: Yeah it was. It was. And um, so from (--) Yeah.

I: Now you went to, you went back to Washington um, from New York, from Montefior. Now you had gone to school in Washington.

M: Right. I went to Catholic University and I graudated in 67'.

I: Right out of high school.

M: I went to Catholic U, right, right. I was a freshman in 1963. And I can remember, I was in Washington when John F. Kennedy was shot.

And then I feel like I lived that as everyone you know, that went through him being assassinated felt like it. But I remember going down to Pennsylvania Avenue and watching the cortege go down the street and being on the street while they announced that Oswald had been shot. And just, it just seemed very, that whole history seemed very real to me. I felt like I was part of it. And I guess everybody felt they were part of it, but I guess being um (--) And I was seventeen when I started um, college. That I just was very young and just seemed very amazed that I was standing in that place at that time watching history go by. [I: Uh huh] I just felt it acutely.

I: And you had just arrived there.

M: Right. I had started as a freshman in September and um, we were getting ready for our mid-terms in November cause we used to have longer semesters. [Laughs] [I: Umhm] And uh, it was just before Thanksgiving. And uh (--)

I: And you had come from where?

M: I'm from the Bronx. I'm from New York.

I: From the Bronx and had never been to Washington before?

M: No. No I um, just saw the catalogue and um, applied. [Laughs]

I: And in your first year where you were um, just getting acclimated to college, [M: right] just out of high school. [M: right] You were in Washington [M: right] when John F. Kennedy [M: right] was assassinated. [M: right] That's a lot for a (--)

M: Oh yeah! I think so. I think um, when, I think when we, we expect a lot from our seventeen year olds I think. To decide on a college career and then send them off someplace where they may not know anybody. And then major things are going. Yeah.

I: Yeah. Um, I would imagine then um, at that time was nursing as a career, was it secondary then? It must have been more than secondary. It must have been almost out of your mind compared to what was going on at the time, or?

M: Um, well in, Catholic U was a generic program. . . And um, when I went there, there were, we had only one credit of nursing in my freshman year and it was called, I think it was called Nursing History. And the director of the program, the nursing program, was the person who taught it. And she, her big emphasis to us and I remember sitting there thinking, "why is she saying this?" [I: umhm] But her big emphasis was that she wanted us to know that we were accepted to the university and then to the School of Nursing. That we met all the requirements to be accepted into the university and that we were just as good as anybody else on that campus. And until she said that I had no doubts [laughs] that there was no reason that I shouldn't be there. And then suddenly she's trying to tell us that we should feel very good about being at the school. That you know, it was important that nursing was on campus and that nursing should be on campus. And I remember sitting there thinking, "what are you, you know, why are you telling us this?" Of course nursing should be on campus and of course I should be here like my roommate who's a math major or my friends who are a biology major. Why are you telling me that I, you know, I should have doubts about this when I didn't have any doubts. And that's what you know, that History of Nursing course kind of brought out to us, was that nursing on campus was very new. And there weren't very many um, Baccalaureate graduates and there weren't very many people who went just from high school into a college program. And that this, even though um, it was, there were nursing programs, there weren't that many. [I: umhm] And um, that nursing was still proving itself to the university that it belonged on campus.

And the flip side of that, that she was bringing across to us was that um, that nursing diploma schools should change and get acclimated to being, to be you know, there should be more college programs. [I: Umhm] So it was like a dual thing she was saying. It was like one, that we should be there, but she was also kind of saying that they should be over here too. So it was like, you could tell there was, it was the first time

that I realized that there was such a division in nursing between going to a diploma school [I: umhm], going to a Baccalaureate Program. And it was also the first time that I was introduced to the idea of Associate degree. I remember her talking about, "and now we have this other thing that we have to deal with that we never should have had to deal with." You know, this is silly to have introduced. We already had two problems and now we've got a third one. Cause Associate degree programs had come along in the 50's as a result of the GI bill out. And a person out of Columbia who I guess, I can't think of her name, she had come up with the idea of Associate degree programs. So now we have three levels, whereas you know, so that's (--)

I: And that was in your freshman class?

M: Right. Right. And also they, as a freshman we joined the uh, Nursing Club. And um, there is always, from that point on that I heard an awful lot of discussion of diploma nursing, Baccalaureate nursing and as a high school student deciding to go to a Baccalaureate program this was not part of my problem. [I: Umhm] I mean it wasn't, I fell into going into [laughs] (--)

I: Umhm. Also when you mentioned um, something else was that um, the college accepting the nurses as equals in the college was not something that you thought might have been a problem also.

M: It never even dawned on me it was a problem. It never even crossed my mind that nursing wouldn't be equal. But it became evident to me that the faculty was very concerned that nursing had an equal ranking with the College of Liberal Arts and anybody else, and that nursing belonged on a university campus.

And I think that sometimes, like again, that there were two wars kind of going on. One, that the faculty wanted to be recognized on campus and two, that they felt that nursing education belonged on campus and they were trying to convince nurses at the same time they were trying to convince university people. [I: Umhm] And I think sometimes as

nurses we don't realize that they were fighting for equality on campus as much as changing nursing. It wasn't that the universities just accepted nursing and said, "great, come on, we want you." Maybe some of them did. And um, I think some schools that saw it as a source of revenue, or another new program on campus probably accepted nursing very quickly.

I: But maybe and um, maybe there are colleges or people in college that don't accept it as academic or valid academics.

M: I think that yeah, there's a lot of um, should um, technological type programs, engineering, nursing, are these programs that should be on a four year campus? And I think that was still being argued at that point.

I: Okay, um, and so now you uh, have gotten through your first year and I believe in your second year you must have uh, gotten involved in nursing.

M: Right. I think we went into the hospitals in second semester of our sophomore year. And I had not worked as a nurse's aide or had (--) The only experience I had before the sophomore year was working as a switchboard operator in a uh, in a hospital in New York called The House of Calvary, which was for the terminally ill cancer patients, [I: umhm] but I'm at the switchboard. [I: Yeah, yeah] So I mean I see everybody, the visitors coming in and out, but I've never and I've gone on the floors, but I really don't know too much about what nursing is.

I: And what was your impression? [M: umm] Or some of your impressions?

M: I remember being very overwhelmed. I mean I had, I think I was pretty naive about what nursing was. I uh, the school did not emphasize skills, so it wasn't like we had a skill lab and then went to the hospital like we do here at Lowell. [I: Umhm] But somehow I think they uh, they thought we would just know these things. [Laughs]

I: I remember actually that was an argument that the three year schools use to make, [M: umhm] was that the four year students weren't taught skills, [M: right] enough [M: well we weren't] back then, you know.

M: We really probably weren't. Except on the other hand maybe, maybe I missed something. [Laughs] I can remember standing there trying to take a patient's blood pressure and having no idea how to get the cuff on. I can you know, and uh, you know, just fiddling with it. Just standing there and knowing that that was the first time I had ever put a blood pressure cuff, I was standing on the floor trying to put it on somebody.

I: Okay. So now that you've gotten into the campus and you're really being introduced to nursing in the hospital [M: umhm] and you hadn't been a nurse's aide before, what prompted you to pick nursing to begin with?

M: Well I had been working as a switchboard operator in that um, [I: oh that] nursing, in that hospital [I: yeah]. And I, some of my cousins were nurses. And I just thought I wanted to be a nurse. [I: Sure] [Laughs] You know, it just seemed like it's a good idea. Um, I don't think I gave it a lot of thought. [I: Umhm] My mother wanted, was always saying to me I would make a wonderful kindergarten teacher. So like, why, who cares you know, but. And I don't think I gave much thought into (--) I just think I wanted to be a nurse and I don't think I really um, thought that much about it. I read all of the Cherry Ames and all of that type of stuff and probably went along with some of that romantic fascination with it and nurses appealed to me. And we used to march in the parades on St. Patrick's Day and I'd see all the nurses from all the different schools with their blue capes and their white hats and you know, I think those were the things as much that appealed to me as uh, you know. I had no idea what nurses did. [Laughs] That's, I'm not, I'm not trying to kid anybody on that either. [I: Umhm] I just uh (--)

I: And did uh, of course I guess around the time of the Kennedy assassination um, Vietnam hadn't really picked up as a volatile subject at the time.

M: Well actually.

I: Quite yet, or had it?

M: For me actually it had, because my brother was in Vietnam [I: uh huh] in 63'. [I: Uh huh] So um, we in my family, we had become aware of the Vietnam war because he had orders to go there and we were receiving letters from him that he was an advisor. So the war wasn't um, hadn't escalated, but by the time I was a senior in college, let's see, in 65' and 66' certainly it had reved up and a lot of my friends were talking about going into the Navy. It was a discussion [I: umhm] that we frequently had about going into the Navy. And there were friends of mine who were already signed up, because they would get money back on their tuition if they went. If they went in it would pay for their college tuition and give them a stipend. And there were a number of my friends who were already signed up for the Navy program. So uh, I would say friends of mine were in Vietnam, my brother had come back and then friends of mine were signed up to go into the Navy and went to Vietnam as soon as they graduated.

I: Okay. So it impacted on you when um, because of your awareness of your brother being there [M: right] and also because of the uh, career directions, and (--)

M: Right. And also we, being in Washington we had'different experiences which brought us over to the [word unclear] Naval Station and we also went to NIH and then we had the V.A. Hospital, which was almost adjacent to the campus. And these were all places we were using who were seeing people come back from Vietnam. And being in Washington as everything, well no matter where you were in the country I mean, as things stepped up people just became more aware of the impact of Vietnam.

I: Yeah, yeah. I'm wondering, Catholic University, where JFK was the first catholic president um, I don't know, like what are your impressions about how (--) I mean it devastated everybody in the country. Do you think that there was any uh, anything special about being there?

M: I, I don't, I don't think so. I think, I think, I think Catholic U was just like the rest of the country [I: umhm] as far as responding to um, a tragedy. [I: Umhm] And I guess I felt like everybody, whoever you talked to from then on responded the same way. I think personally for me it was a surprise to feel like I was part of what was going on in history. [I: Uh huh] But I think, whenever you talk to anybody they can remember where they were and what they were doing. And I think that did affect everyone that way. [I: Yeah] I'm not sure uh, that there was any difference at Catholic U. [I: Okay] There could have been. [Laughs]

I: Yeah, well.

M: As a freshman you're in your own little world. [Laughs] Try to survive.

I: Sure. And you still maintain that, I mean that you still um, you were maintaining being introduced to nursing, being introduced to college um, and living in Washington, D.C. [M: right] in turbulent time, in a really tough time. [M: Right] Emotional time.

M: Right. I think, but I think that was, to me that I think was a very important part of my education. To see and to be in a place where you not only were learning about nursing and sciences, but also reading the Washington Post on a daily basis, that was your local news. So learning about the political process and what was going on in the government was like on a daily basis what you would be reading about Lowell, we'd be reading about Washington and major national affairs. The national affairs were the local news. So in a way it was, I think it was an exciting place to go to school. And there are so many um, things in Washington that you can go to that are free. Um, you go to the Museum of Arts here, you pay, but in Washington it's a, you know, it's a free museum. They're free. The Smithsonian is free. You can go to all of those things. It's just a whole other part of your

education that you don't even realize you're getting. Nobody is saying to you, "look at the, look at what's available to you." At that age I don't think you realize it.

I: It's like going to two schools.

M: Yeah, right, because when you, for social activities you could go to any of these things and you did them because they were free. And you had nothing. I mean you didn't have much money to spend, so you know, it was a good Saturday afternoon or a Sunday. Meanwhile you were learning so many things and being exposed to so many things.

I: Okay. While we're reaching the end of the side of the tape (--)

M: [Laughs]

TAPE I, SIDE I ENDS

TAPE I, SIDE II BEGINS

I: This is Joe Rampoula. I'm continuing my interview with Mary Anne Gauthier at University of Lowell. She, we were discussing her program in the Gerontology Nurse Practitioner Program, which was the first Gerontology Nurse Practitioner Program in the country. Um, and I was wondering Mary Anne, you graduated when?

M: August 77'. [I: 77'] And I remember the diplomas were ready in the Fall. And I put Laura and Julie who were you know, two of my kids in the car and we went down to the book store. And I remember riding home in the car and showing them my diploma. They were maybe six and three, [I: umhm] or six, you know. I think they were eight and five or something. I know they were little. [I: Yuh] And they were not that impressed with my certificate that said, "Mary Anne Gauthier, you know, MSN." No, "MS and Masters in Nursing." "Masters of Science Gerontological Nursing." And I remember them sort of looking like, "are we going to stop for ice cream Mom?" You know, it's like you put us in the car and we've ridden down here. [Laughs] And I remember thinking and I had since

encouraged students to go to graduation when they finish this, their Masters program, because to finish something, everything needs to have a final celebration. And I think that's the one thing I think our class probably missed and I think it's important to celebrate something that you've been successful at. [I: Umhm] And because it was in August (--)
I think we could have gone to the June graduation, but I don't think any of us did. And I think it would have put the final period at that point, [I: yeah] and um, you know, and ended it with the celebration that it deserved, I think.

· So uh, and then I was pregnant at that time. And uh, the blizzard of 78' came and Joseph was born at the end of that blizzard, February 11, 1978. So I continued at the job I had knowing that (--)

I: Which was?

M: I was still up at [Capital] Medical Center and uh, knowing that I was going to be having a baby in February. [I: Yeah] And um, just, and resigned from there at that point and said, I, you know, after I had the baby I was going to take time off and then find something else to do, which I did. I mean I took time off and uh, then um, heard there was a part-time position teaching in the Undergraduate Program here. [I: Umhm] And decided, well maybe that would be something to do at this period, having three kids and a new baby. And this would be something to do in nursing without a full-time position. So I, um, I guess at that time I put on hold my idea of you know, the nurse practitioner role, because there, you just didn't walk into a nurse practitioner role at that point and they weren't developed. You had to develop it and uh, I really wished I had worked as a nurse practitioner. I think I would have, I always enjoyed um, the program [I: yeah] and everything that I was learning and doing. And I feel like I would have been better, and myself I think I would have been happier. And I would have said, in nursing I think it would have been a better route for me to go, but you know. If you have a grand plan, then you do these things. If you're going along like I've gone along, you hit or miss and you [word unclear] .

I: Yeah I guess it would be probably helpful too if you had two or three lives [M: right] where you could fit [laughs] you know?

M: Right. Right, because before I (--) Then when I started this part-time job at Lowell um, I was pregnant and had another baby in 79'. So I had a baby in 78' and 79', [I: uh huh] plus the two girls. So I thought it was very nice of me to have the baby in the summer and then come back in the Fall and continue to work part-time, but (--) [Laughs]

I: Sure! Sure!

M: But I looked at it as two days out of the house at that point I think. To bring the babies to a (--)

I: Uh huh. So your last baby was born in 79'?

M: Right. Ten years ago.

I: Ten years ago. So then, okay, so you have a ten year old, an eleven? No?

M: Eleven year old, seventeen and twenty.

I: Seventeen and twenty.

M: Right. And that covers my nursing history too, right? [Both laugh]
I had uh, the big space inbetween seventeen and ten was the Masters.
[Laughs]

I: Did you manage to negotiate time to uh, raise kids through all of this? I know, you know, it doesn't sound like to you, to you it might not sound like a lot, but you've had jobs in um, intensive care in Washington, um, a pilot cardiac, um, intensive care in South Carolina. A lot of traveling, moving is not you know, and doing you know, you know moving can uh, add a lot of stress and uh, is a lot of work. And in that time you went through a Masters program. Um, and raised, found a way to raise four kids.

M: Right. Well, I think that um, basically I think I'm just a pretty easy going person. [I: Uh huh] And I uh, I have just finished my Doctorate. After I started teaching here part-time [I: umhm] I decided to look around for a Doctoral program to go to and um, went to a program that was (--) Vanderbilt University in Nashville, Tennessee brought up another kind of a pilot program to New Hampshire where they taught off campus the courses that they were teaching on campus for higher education administration. [I: Umhm] So I went to those courses and this summer finished my Doctorate there.

I: And what was your thesis?

M: It was on collective bargaining in the higher education. [I: Uh huh] And I came here for my [practicum]. I did it with May Futrell. She was then the Chairperson of the Department of Nursing. And I worked with May doing my administrative practical with her, which was interesting to see May in that role. Although I knew she as the Administrator of the Nurse Practitioner Program, I mean it was interesting to work with her. She readily shared. Everything that was interesting to me she would just you know, talk about and it was certainly um (--) Since I've met May, at the beginning of the Nurse Practitioner Program and throughout the years she has been one of the people that has probably influenced me the most in the things that I've done. [I: Uh huh] And I think in my estimation that the university here is very lucky to have somebody of May's caliber working here and with her foresight and um, her way of you know, leading a group and letting them know her opinions and what she thinks is current. I think the university has been very fortunate.

I: Well it sounds like um, in you know, the Gerontology Program in particular is sounds like you're describing a, you know, like almost one of those visionary start-up companies.

M: Right. Oh I think, I think May has been at the forefront of things and see, has a bigger picture of um, of not just nursing but health care and um, problems in society that need to be addressed by nurses.

[I: Umhm] And she's definitely a national leader and has had a big influence here at the university. I think (--)

I: Yeah, how about some of your uh, some of your classmates? Where did some of them, where did they go?

M: Well Mary Joe and Sue who I remember telling you I worked in the lab, at the physical assessment lab.

I: Yes, Sue?

M: Sue Hood.

I: Sue Hood and Mary Joe?

M: Mary Joe [Segates]. Um, Sue Hood has taught here in the Nurse Practitioner Program. [I: Yeah] She stayed on here for a number of years and um, she may, she is in the Doctoral Program at Brandise. And I'm not sure where, how far along she is in that. And Mary Joe went to medical school and she was in the, she finished at BU. It was a dual program for um, a PhD and MD program. [I: Yeah] And she went to that. And I think she started that program at about the same time I started this program that I went to in New Hampshire. [I: yes] And then Grace Sullivan is teaching here. [I: Uh huh] And finished her Doctorate at BU. And Don Anderson who was also in my class is teaching at U Mass Boston and he had just finished his Doctorate in the same program that I did at Vanderbilt.

I: Now that's Vanderbilt.

M: Right.

I: Okay. And Don, he must teach nursing?

M: Right. He teaches, he essentially teaches the same course that I'm teaching here, he's teaching at U Mass, Boston. [I: Uh huh] And he has

a group of students on a different floor at Beth Israel and we meet sometimes for lunch or some of the group sessions and talk about you know, different things we're doing. So um, I'd say that out of (--) I run into different people from that group and they, a lot (--) I don't um, (--) Sue Hood was doing some kind of a project with a doctor here in Lowell as far as the nurse practitioner role. And Grace is teaching in the nurse practitioner.

My impression is that the people from the program have done well and have gone on to do many interesting things.

I: Um, how about the program itself here. Now we have um, we have a Gerontology Program still and we have Family and Community Health Practitioner. Unreal. Um, Nursing Administration Program. Are those the three programs or is there others?

M: Right. No, there's three.

I: So the school has expanded. The School of Nursing has expanded?

M: Oh yeah. I think that the uh, certainly Dean, Dean Shalhoup has had a foresight and has been guiding the university in the Department of Nursing to be at the forefront of what's going on in nursing and to um (--) I think that the leaders in the Department of Nursing here and the College of Health Professions are very aware of what's at the, what's happening in the world and what's happening in health care and being ready to be pro-active rather than just reacting to it. [I: Uh huh] And to be ready rather than saying, "well let's, everybody else is doing this, let's do it too." I think that they're staying a little bit ahead [I: yeah] even though somehow (--) I know that ten years ago, fifteen years ago when my friend said to me that this group from Lowell was coming up to St. Anslem's, I said to her, "where's Lowell?" And I had lived in Nashua you know, maybe four years and I knew there was a sign on the highway that said Lowell, but I never knew there was a university or a School of Nursing or anything, or Department of Nursing. So, and I know sometimes I'll be out of state and somebody will say, "where's, you know, where's Lowell?" [I: Yeah] And I think for so

many good things to be going on here um, it's really made a name for itself in a short period of time. [I: Umhm] And the Department of Nursing wasn't [voice muffled-few words unclear] and yet they've made such advances.

I: Just off the subject a little bit, when did Lowell University and Lowell State College merge? Were they, was it one when you came to school here?

M: Yes.

I: It was.

M: And had merged I think about the year before [I: uh huh]. Because I remember saying to people that I was going to the University of Lowell and it was like, "where is the University of Lowell?" They knew of Lowell Tech and they knew of Lowell State, but the University of Lowell? And Nashua is just thirteen miles up the road. [Laughs] I mean we're not talking about outa osh gosh, you know. You know, it just seemed like it was not a well known fact. And maybe just, maybe the people I talked to just didn't know about it, but it was, it was not well known.

I: Well I don't know if you (--) I don't know it's any different from New York where you're from, I know it's got to be different in Washington. Uh, maybe it isn't. But um, I know in Massachusetts when they (--) I may very well have lived here all my life and never set foot in Lowell or never even you know, know that it's somewhere in that general direction in New Hampshire. [M: Right] You know. Um, I lived in California myself for a little while. Everybody traveled. I mean everybody went to Yosemite once in awhile. [M: Right] You know. [M: Right] It's a long ways away. [M: Right] And myself, I've never been to the Cape.

M: Yeah. Yeah, I hear what you're saying. When I first told my family that my husband, my fiance was from New Hampshire, one of my aunts said something to the effect, you know, like almost like, "is that a foreign country?" [Laughs]

I: Mountains (--)

M: Right. No, I think uh, my family is you know, was centralized in New York City and to them anything north of 236th Street was what do they call it? You're north of 236th Street you know, you were, it didn't matter where you were. You were north of 236th Street. [Laughs]
There was no place but New York City to my family. As a matter of fact I went to one of my aunts funeral a year ago. And my, there's only one of the twelve children living now and she's ninety-six. She turned to me and said, "oh yeah you're Jim's daughter, you left the city." [Laughs] The one who left! Trader or something.

I: Well Mary Anne we're (--)

M: Your hand. [Laughs]

I: Well Mary Anne, thank you very much. I think this has given me a good picture of your career and your history here at Lowell.

[Tape shuts off-turned on again]

We'd like to think that we um, you know, we covered um, your, you know, your life, not your whole life, but your life in you know, relating to your nursing education from when you were seventeen when you were really just finally getting out of the city and setting foot on a college campus for the first time in the middle of a involatile period of time. Married and working in a number of different settings. Having children. Coming back to get your graduate degree and getting your Doctorate and teaching here at Lowell. So I think that, I know I think that we pretty much have (--)

[M: Umhm]

TAPE I, SIDE II ENDS

