Audrey Wagner Darling
Narrator

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Interviewer

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This interview was made with Audrey Wagner Darling, a 1960 graduate of the Ancker School of Nursing in St. Paul, Minnesota. During the interview, Mrs. Darling talked about the clinicals, rotations, curriculum, and expectations of students at the school. She mentioned tuition and how it was met. She discussed the relationship of the school to Ancker Hospital and then to St. Paul-Ramsey Hospital and described her career. She also talked about her involvement with the Alumni Association during the move to St. Paul-Ramsey Hospital and about the fight to save the Ancker name.

Audrey Wagner Darling- AWD
Barbara W. Sommer - BWS

BWS: Hello.

AWD: Hello, Barbara.

BWS: I’d like to ask you first about your initial interest in the Ancker School of Nursing. How did you find it and why did you choose that school? Because there were a lot of them around, I think, at that time.

AWD: It actually occurred because when I was a senior in high school—I went to Central High School in St. Paul—and the school counselor asked me in May what I was going to be doing. And I said, “Well, I want to go to college but I don’t have any money. So I have to work to save money.” He said, “Well, what do you want to go to college for?”

Actually, we were kind of limited as far as professional options during that time. Nursing and teaching seemed to be the two biggest ones. So I said, “Well, I really don’t know.”
He said, “Have you ever thought about nursing?” I said, “Well, yes, I’ve got a friend that is in nurse’s training now.”

She was a year ahead of me. Actually, she went to a different high school but we became friends because we worked in the kitchen at the old Miller Hospital. So she was currently at Ancker as a freshman.

So he said, “Well, there may be some scholarship money available.” I said, “Oh, really?” He said, “I’ll look into it.” So, a couple of days later, he called me to the office and he said, “There is some state money. There is still available a state scholarship. I think you should apply.”

So, I did and then, I called Ancker and I got the papers to complete for entry into the school. I filled those out and it wasn’t until the middle of August that I received notice that I received a scholarship. The tuition was $500 at that time and I got a scholarship for $300.

Since I kind of had a feeling that I might get it, I worked real hard all summer. I worked in a factory that made cans, as a matter of fact, trying to save enough money so that if I got accepted in the school, I would be able to go. I just barely made it. [Laughter] So, that’s how I ended up at Ancker. It was towards the end of August when I . . .

BWS: What year?

AWD: In 1957—I started in September. It was towards the end of August that I received a letter saying that I would be starting school in another week.

BWS: Now, was that receiving admission into the school and notification of the scholarship?

AWD: I got the notification of the scholarship the middle of August. And then I got notification from the school towards the end of August. Then I started school, like a week later. [Laughter]

BWS: Gosh. So you really did have to kind of assume . . . was this $500 for all three years?

AWD: Yes, all three years.

BWS: So you were paid up?

AWD: I was paid as far as tuition and I don’t recall at that time if the books were included in that, as well as, of course, our room and board. We lived at the dormitory and our room and board, meals, and uniforms, were all supplied.

BWS: So that did get you off to a good start?
AWD: Yes.

BWS: Why Ancker?

AWD: I think it was probably because of my friend being there and I knew she liked it and it was the only hospital other than Miller that I was familiar with and Miller didn’t have an RN [Registered Nurse] school. I think at that time they had an LPN [Licensed Practical Nurse] program.

BWS: And you wanted what? You didn’t want the LPN program.

AWD: I think I wanted to be a Registered Nurse. And I knew that my friend really liked it and I had actually been to the dormitory a couple times and so I had seen the dorm and thought “Well, I could do this.”

BWS: Why an RN rather than an LPN?

AWD: I’m not sure. Maybe it was that I worked at Miller Hospital for a couple years during the summer and after school. Maybe some of the nurses there were kind of role models as well as I had a cousin who went to St. Kate’s—St. Catherine’s School of Nursing. She actually, I think, would have preferred if I had gone to a four-year program and gotten my bachelor’s degree, but I couldn’t afford it. I mean, I would have had to work for many years before I could have applied there. So I went to the three-year program.

I think the other thing was that Ancker Hospital really had a wonderful reputation. So I’m sure that was why I never gave too many other places a thought.

BWS: Was the fact it was public or private a factor at all or did it make any difference?

AWD: I don’t think so at that time—I don’t think that really entered into my mind. I knew that it was a teaching hospital but again, at age 17-18, (I guess I was 18), that probably didn’t enter into my mind too much. I think I hadn’t really thought too much about it, figuring that whatever I did, it would be several years down the road and it just so happened that it got sped up.

BWS: But being a teaching hospital would have helped? It would have been an interesting thing that would explain . . .

AWD: Yes.

BWS: That’s come up every once in a while, people are interested in the fact that it was a teaching hospital.

AWD: Yes. I think once I was there, that became even more important, as it still is today.
**BWS:** As you’re starting to realize what happened. What about the school’s credentials? I know it was an accredited school.

**AWD:** Yes. It was a fully accredited school. It had to be in order for us to take our board exams—The Minnesota State Board of Nursing Exams.

**BWS:** So that was a factor, too. As far as you applying to get in, what were some of the requirements for admission? Did they have any requirements for you?

**AWD:** They did have requirements as far as like your high school grades and I had to send them my transcripts. I had to have recommendation from Mr. Broadie who was my school counselor. I don’t know if I had to have other letters but I think we did. I’m not positive. But I know he had to write a letter because I remember going into his office and asking him if he could do that.

**BWS:** What kind of classes did you take in high school? Were you thinking about this as a possibility?

**AWD:** Actually, I was kind of lost at first in high school because I grew up in a very small town here in Minnesota.

**BWS:** Where was that?

**AWD:** In New Market, Minnesota, which, at that time was probably about 150–200 people. We moved to St. Paul just as I was starting high school.

So if you can imagine going from this very small parochial school, where I think the largest class I was in was probably 10, and many times I was the only girl in the class, to suddenly going to a high school the size of Central High School. I’m not sure of this, but I think that our graduating class was 550–600 people in one class. It was enormous.

So, the first couple years, fortunately I had some good guidance counselors who told me what they thought I should take. So I did take things like Latin and the requirements like English and I took biology. I liked biology. I kind of liked the sciences but when it got to physics, oh dear. That was another story. Physics and chemistry.

By the time I got to be a senior I was kind of taking college prep courses because I knew I wanted to go on to school. I didn’t know what I wanted to do, and so they kind of geared me. I did take a lot of math classes: algebra, higher algebra, trig [trigonometry], and geometry.

So was I leaning towards at least preparing for something. In other words, I had never—I think all the while I was in school, I didn’t just have this dream of—some my friends did—of getting married and having children. To me, that was something that maybe would be later down the road.
**BWS:** You knew you wanted something before that.

**AWD:** Of course, in my family, I was the middle one and none of my predecessors as far as brothers or sisters had gone on to school. So this was also kind of a “Well, what are you going to do that for?” [Laughter]

**BWS:** How did your folks react to that? Is that how?

**AWD:** My mom was real excited. My mom was very supportive. My mother had a very hard life. She raised seven children. She worked until she was 73 years old. She had a wonderful work ethic. She really wanted me to go but I also knew that I couldn’t ask her for assistance, as much as she would like to. I remember when we took a rotation at Fergus Falls for three months in psychiatry, and I came home, I think, twice, for a weekend. My mother would feel so bad because she wouldn’t have money to give me but she’d send things like a few oranges and some other fruits and she’d tuck some homemade cookies in a little bag . . .

**BWS:** So she did all sorts of little nice things . . .

**AWD:** She did. She couldn’t help me financially but she was always there.

**BWS:** You bet. That’s a nice story. That’s a really nice story. Were there work stipends or anything that helped you offset your tuition?

**AWD:** No. What we did—most of us did not come from wealthy families. Most of my classmates, in fact, I would guess at least half of them came from rural areas. So many of us, in order to just have money for clothing and incidentals and things, we worked on our days off. Days we weren’t in school, we worked what was called “for pay.”

Initially, when we were freshman, of course we were limited to what we could do, so we would do more things which would, by today’s standards, probably be called nursing aide or nursing assistant duties. But as we progressed in school, our responsibilities also increased and we worked for pay.

I worked most of my vacations getting money. We went to school all year long. It wasn’t a nine-month program. It was a year long except for two weeks off in the summer. A lot of us worked most of our days off.

**BWS:** At Ancker?

**AWD:** Yes. At Ancker.

**BWS:** That was helpful, though, wasn’t it?
AWD: Actually, in retrospect, sometimes I kind of begrudge that I had to work so much but I think that the experience that I gained while working for pay—sometimes we were in charge of a floor when we were senior students and we worked for pay.

I remember one time I was sent to what was the Women’s Surgical Ward, West 3 and I had never been up there as a student. So I had no experience there and I was on 3–11. I remember calling the nursing supervisor, who was Rita Laska at that time and I said to her, “You know, Rita —”

(I’m sure I referred to her as Mrs. Laska because we did not, at that time, refer to people, especially those in any authority, by their first name). I said, “You know, I’ve never been up here as a student. I don’t even know where the medicine room is.” [Laughter]

But we always had wonderful nursing supervisors. We did have a lot of responsibility, but we had supervisors that were working supervisors, that had good knowledge, and you could call on them, like Mrs. Laska. She was always there. If you ever got in a pinch, she would always know what to do. So you didn’t feel like you were just stranded or that you weren’t giving your patients care.

But I learned so much then. The experience we gained working all those extra shifts I think actually made all of us better nurses because we did get much more experience.

BWS: Oh, it would have been a wonderful experience, because you still had that safety net of being a student, so you could ask and you were there to learn.

AWD: Right.

BWS: That on-the-job training you can’t—

AWD: That’s what I think was so wonderful about our training was the clinical experience that we had. That was something that over the years has really become downplayed. Nursing has become much more theory than hands-on. I think there has to be a good balance.

We probably didn’t have as much of the nursing theory as maybe we should have but, oh, did we have clinical experience. I mean, that was, to me, the real selling point of that school, because we had such a wide variety of patients. I read an article (I can’t remember where it was) just recently, and it says something like in the 1960s, thirty percent of the patients at Ancker were charity care patients. Those patients, they were so grateful for their care and you just felt so good that you were able to help these people and little things meant so much to them.

But we had wonderful mentors. The nurses that worked there, many of them had worked there for years, and many of them were Ancker grads. They took the nursing students under their wings and they would take such pride in them. They would help them grow
and help them flourish. You rarely ever met a nurse who had a chip on her shoulder, like ‘you’re just a student nurse.’

They were wonderful. And I think that’s one of the things that made Ancker what it was. Ancker Hospital was a family. It was much more like a family than a lot of people realize today because, to me, that was one of the things that we were fearful we would lose when we moved to the new building, which was much, much larger and areas were much more separated.

At the old Ancker, you always ran into everyone and it was a family type of atmosphere, whether you were the janitor or the person that worked in CSR [Central Supply Room] or the supervisor, everybody kind of knew each other. That was wonderful. There was a real sense of camaraderie. I think some other old-timers from the old Ancker will also convey that.

I think that’s one of the reasons that the Alumni Association and myself—because I happened to be president of the alumni at that time—why we fought so hard to keep the name of Ancker.

BWS: Describe the old hospital—what was your first impression [AWD chuckles] when you first arrived?

AWD: I think probably some of my most distinct memories are probably of—the lobby was on the second floor. That was the main entrance. It seemed kind of cold in a way, because there was so much stone and marble. There was a lot of marble in old Ancker Hospital.

As a matter of fact, in my mother’s basement, I still have some pieces of marble that were in the dormitory restrooms. I have some of those slabs of marble. Someday I am going to make some tables out of that wonderful marble. But there was a lot of marble and wonderful stone.

It was kind of dark, and I remember the first time because the director of nurses’s office was right off of that main lobby and that’s where I had to go for my interview. I remember the lobby seeming quite cold and dark. Her office was right off [the lobby] and that was brighter. It had a few more windows.

But I think my favorite memory of the old building is probably down on the first floor where the emergency room was. It was called the Receiving Center at that time. And the Outpatient Clinics. Unlike today’s waiting rooms in all facilities where they have these nice upholstered chairs, we had benches lining the hallways, these dark corridors, and patients were just lined up all along the hallways, waiting for their turn to be called in.

Another one of my memories about the old building was the tunnels. Dark, damp tunnels that we had. We took a tunnel—the nurses’ dorm was to the south of the main entrance and there was kind of like a courtyard there. But there was a tunnel that went from the
basement of the nurses’ home over to the main hospital and so during inclement weather, we would always use the tunnel. Then there was a tunnel that went from like the receiving department in the main hospital over to the contagion building where all the communicable diseases and the pediatric floor were. That tunnel was always damp, and sometimes it would get a little wet, and occasionally we would find a few cockroaches. [Laughs]. But those were some of my most distinct memories of the hospital.

The wards are something else that I would never forget. Today, most hospitals are, at the most, two bedrooms and a lot of them are trying to go, as much as they can, to a single, private room. We had very few of those. Very, very few. We did have some four-bedrooms.

But on every floor of the hospital, there were long wards that would house like 20 patients lined up on the wards. Now, if you were sicker, you were in the four-bedrooms and there were a few two-bedrooms, but not too many. But if you were able to be up at all and help yourself, like say, feeding yourself, maybe help a little with your bath or whatever, then you would be in the ward.

The interesting thing about the wards were, many of the patients would be helping each other. I remember, being a student nurse and working in the wards, and some of the patients would be right there with us helping to strip the beds. We didn’t have a luxury of a lot of staff, but what we did, we all kind of worked together and the patients sometimes would be working right with us. It was really kind of fun.

So the wards were something that—they obviously didn’t have privacy. I think about it now and I think, “Oh, my goodness!” The physicians would come in and see them and everybody could hear what was going on, everybody knew what was wrong with a patient. I mean, there was no privacy for the patients. They had these old curtains, but curtains don’t ever stop sound. But that was a memory I’ll never forget, the wards—and the people.

**BWS:** Good people.

**AWD:** The best. I probably didn’t appreciate it so much when I was a student. I mean, I really, really liked everybody and everybody was so good to me, but I didn’t really realize that sense of family and camaraderie until a little later on.

I’ve lived in a couple different areas of the country and it was interesting when people would hear that I was an Ancker nurse. I had a physician in Virginia say to me—first of all, I had just been there like two days and he was a neurologist and I was helping him take a patient from the emergency department to CT [Computed Tomography Imaging].

So, we’re on our way down to get the [CAT] scan and he says, “So what part of Minnesota are you from?” I said, “How did you know I was from Minnesota?” He said, “Well, Minnesotans have a certain way of saying ‘yeah.’” Then he asked where I went to
school. I told him, Ancker, and he said, “Well, you were at one of the best hospitals.” It turned out, he had trained at the Mayo Clinic.

So, Ancker did have a reputation. People would see my pin and they’d say, “Oh—you know, this wonderful nurse worked here and she had the same pin and she was one of the best nurses we ever had.” There was a reputation and we were proud of that.

I think, with the alumni, that’s one reason why we were such a cohesive group. We were very proud of our humble beginnings. We were proud to be Ancker nurses because we knew we had wonderful training. We knew we were prepared to take care of patients. And we loved what we did. You did not find Ancker nurses that were in it for any other reasons other than they liked it. You had to like to take care of patients in order to survive. It was hard.

You would go to school—the first several months, I’m not sure whether it was six months or how long, that was pretty much what you would call the didactic portion. So, that’s where at least my class, and I don’t know if it started with my class or maybe a few years earlier, where we went to Macalester College for certain courses.

We took anatomy and physiology, microbiology, psychology, sociology, English, and chemistry. I think it was three days a week that we would get on the bus and we would go to Macalester College and we’d have our classes there.

Then on the other days, we were doing our Introduction to Nursing. Probably one of my least favorite courses and I’m sure other nurses will attest to it, with things like—let’s see—Introduction to Nursing included things like ethics and history [Laughter]. I think we all wondered—let’s get down to the real reason we’re here. [Laughter] But then we slowly started getting into, actually nursing theory and the practice of nursing.

I don’t remember my very first time on the ward, what I actually did, but I remember that anticipation, that feeling like ‘today is the day—we’re going to see patients.’ It was a wonderful feeling. I can’t remember anything else of the day but just that anticipation. It was a wonderful feeling.

BWS: So you were finally getting to the point to the reason you were there . . .

AWD: The thing then that was so nice, we learned some of the initial—oh, the art of nursing and some of the practice of nursing early on, as we’re learning some of the science and the theory, but they would also teach us some of the practical things along with it so as soon as you learned that, let’s say, learning pharmacology and studying the drugs—well, then at the same time, you’re learning how to administer the medications, whether they would be giving pills or injections or whatever.

So then when you would go on your clinicals, you would immediately be able to practice that. You were always with an instructor and then you would be assigned your day that
you would be the medication nurse on a particular floor and you would have to do all the medications.

**BWS:** Which is a huge responsibility, but you have to learn it.

**AWD:** Oh, yes. Your nursing instructor had to be right with you. I remember my first medication day was on East Four, which was the fourth floor of the East Wing and it was a male floor, primarily surgical patients.

I remember being there in the morning, I remember my instructor very well and the first injection I went to give was to a poor, little old man who must have been, at the most, 80 pounds. There was just nothing to him. I went to give the injection in the hip and I hit the bone. It was kind of like a dart, you know, real quick, and I did it—just like a dart! And it bounced back. I got so panicky, I got so frightened, I thought I’ll never be able to do this again. I just really got frightened, but we had wonderful instructors, she didn’t push me.

We did all the oral medications—she took care of the rest of the shots—she could see I was just devastated. I wanted to do so well and I just kind of froze. At the end of the day, she said, “Let’s go back to the dorm.” She took me in her office. And she said, “I’ll be back in a minute.” She went and got some supplies. She insisted that I give her a shot. I couldn’t do it at first and she said, “Yes, you will. Yes, you can.”

I always remembered her as being so caring and she wanted me to get over my fear immediately. She encouraged me and I did it. Then it was okay. But to find such caring instructors that we had, I mean, they were just wonderful. Later in my career, I became a teacher.

I remembered instructors that stood out in my mind, the ones who had so much patience. They could always guide and encourage you and always let you know you could do it, no matter how hard it may be, “yes, we’ll do it together.” I tried to keep that sense when I was teaching paramedics—how to give injections and how to start IV’s [intravenous drips]. I really took away so much from there that I never knew I would ever utilize. Not only in caring for patients, but so many other skills. Wonderful people.

**BWS:** That’s a hurdle to get past, though, isn’t it, because you’re dealing with another person, with an injection or an IV or something like that, just even touching a patient. That kind of thing is a big hurdle, I would imagine.

**AWD:** Well, I was so afraid that I’d really hurt this patient. It was really something to get over, but because of her, I did.

**BWS:** And she didn’t say, “Here, do it on this,” she said, “Practice on me.” That was wonderful.

**AWD:** We had some very creative instructors. They had high expectations for us. I also maintained that same sense with my students. Because of their high standards, they
expected us to perform. They wouldn’t let anybody slough off, ever. But I think because their expectations were so high, that maybe our goals were higher, that we expected of ourselves that we would also be good.

**BWS:** How many people entered in your class and how many finished? Do you remember that?

**AWD:** I can’t be certain.

**BWS:** A general percentage?

**AWD:** I would guess there were around 50 or 60, I think. I think, the first year there were maybe 8 or 10 that dropped out, but several of them came back the next year. They couldn’t make the grades, and so they dropped out. But then they came back and several of them did finish and a couple of them are still friends of mine.

I’m really glad that they did. It was a challenge; it was very hard because we put in such long hours. It wasn’t just a case of going to school for eight hours. We, many times—I mentioned we’d go to the school—to Macalester three days.

Well then, sometimes when you’d get back to the dorm, then you’d go on clinicals yet. This was through all three years. There were many times that you would work, say evenings, three to eleven, on clinical, but you’d have classes in the day before you went on your clinical. Or, you might be on the night shift for your clinical experience, an eight-hour night shift, and come off and have classes in the morning to go to, when you got off.

**BWS:** Was there homework?

**AWD:** So, we did not have a 40-hour week, by any means, no. Then we had our homework. For people like me, who was not the brain of the class by any means, this was a real challenge. I really had to study to maintain grades. I remember sitting up—and my roommate at that time was very bright and she didn’t have to study. She would read things once and she’d remember.

Not me. I had the worse time memorizing. But I didn’t want to keep her awake. We lived in a dormitory where we had two in a room but I didn’t want to keep her awake, so after she would go to bed—well, we were supposed to have lights out—but then, once the house mother left, then I thought it would be safe, so I’d sneak down to what was kind of the rec [recreation] room. It was a big, open room where they had dances and choir practice, and the piano was there and stuff.

I’d go and I’d sit out on the enclosed porch and turn on a little lamp and I would sit there. I would sit on the floor to keep myself awake, because I knew if I sat on anything comfortable I’d fall asleep. I would sit propped up against the wall with my books, studying, until three o’clock in the morning. But I was very determined that I wanted to do this and it was very hard.
**BWS:** The first year was kind of a weeding out year too, wasn’t it? Because that’s when you were probably on a probationary status?

**AWD:** Yes. We were called ‘probies.’

**BWS:** Was that when you were at Macalester, you were a probie?

**AWD:** We were at Ancker and then we would take the bus to Macalester but we were probies from the time you started. We were freshman. And there was kind of a hierarchy, ‘my gosh, there’s a big senior’ kind of thing, but I think there was also the other side of that.

We had a big sister program and the senior students would kind of be assigned to a—maybe some of them were juniors (I can’t remember if they were juniors or seniors—these must have been juniors because my big sis was a junior). But, the Big Sis’s role was to kind of be a friend to this new incoming freshman and to be there for somebody to talk to when things got rough, and to help guide them, although there was kind of this hierarchy here.

Actually, the school kind of did that too, because when we were little freshman, when we were probies, you were in the basement. We lived in the basement. Then as you progressed, then you went higher. So, we lived in the basement and when we became juniors you were on the second floor and then when you became seniors, you were on the first floor, the main floor.

**BWS:** Then you knew you had arrived.

**AWD:** Yes. Then you had really arrived. [Laughter] The affiliate students, they were on the third floor. We had affiliate students from many different schools.

The ones I particularly remember were Hamline University students. They came to Ancker for their communicable disease experience because Ancker was the only hospital that had those facilities. By the time I was there, there weren’t the epidemics – polio was pretty much getting finished. We did have few people on iron lungs yet, but it wasn’t anything like it had been in the 1940s and ‘50s. We actually had a separate Contagion Building, it was called, and I believe it was four floors.

Now, when I was there, the first floor was now pediatrics but communicable diseases, whether they were meningitis or chicken pox or polio or encephalitis or whatever, they were on the other floors. So, they [the Hamline University students] came there for their experience.

The other thing that Ancker had was the Pavilion Buildings, which were other separate buildings that housed the TB [tuberculosis] patients. Ancker was a TB sanitarium, I believe they used to call it.
So they had the TB patients over there and when we worked as students for pay, many times we worked over there, because they didn’t need the advanced nursing skills – the patients weren’t as sick. It was primarily ensuring that they got their medications and their treatments and things, but a lot of those people were up and around, but they couldn’t be exposed to other people.

**BWS:** How did that work with you? You’re working as a student nurse and . . .

**AWD:** We had to take our precautions. We had to wear our mask and our protective things.

**BWS:** Did you have protective clothing too?

**AWD:** Primarily it was masks, because it’s pretty much airborne.

**BWS:** Even in the Contagion Building, was it the same thing?

**AWD:** No. In the Contagion Building, because every different communicable disease has different methods of transmission – some are airborne, some are on surfaces, some are in body fluids. So most of the time in the communicable disease or Contagion Building, there you did have to gown [put on sterile gowns, masks, and hats].

**BWS:** Did you have gloves or just wash your hands? This was before latex, that’s for sure.

**AWD:** I’m sure that we must have had gloves. Well, I know we had gloves because we wore gloves in places like the operating room. They had to have gloves. But if we had them, we were not religious about them as we are now and that’s one of the major changes in today’s nursing from days gone. We didn’t wear gloves in the emergency room when I was a nurse. We were exposed to blood and body fluids all the time. We just washed our hands.

**BWS:** You were taught to wash your hands?

**AWD:** Right. And now, I don’t see a patient where I may come in contact with any body fluids without wearing gloves. Then when I remove the gloves, I wash my hands. You still have to wash your hands. No, we didn’t have the diseases that we are facing today.

**BWS:** Such as AIDS [Acquired Immune Deficiency Syndrome], something like that.

**AWD:** Right, but not just AIDS, but all the hepatitis—hepatitis B, hepatitis C—all the different hepatitis. We had hepatitis A, which is the least serious of the hepatitis and is usually transferred from a food, contaminated hands contaminate the food and pass those along. But the other hepatitis are much more serious and they’re transmitted in the same way that HIV [human immunodeficiency virus] is, through body fluids. They’re just as
lethal. A lot of people don’t realize that, but we didn’t have that then. At least we didn’t know about it.

**BWS:** Well, there wasn’t the world—as they say, diseases move around a lot. But you were more protected, maybe, from some of the other things. What about your curriculum? You talked a little bit about the curriculum—is there more?

**AWD:** Would you believe this? In my garage, I have this box that is marked ‘memories’ and I haven’t been in it for about twenty years. I even found my student record.

**BWS:** Excellent!

**AWD:** It listed all the hours that we had of lecture, lab, clinicals, and it’s unbelievable! There are a couple of funny ones—chorus was required. We had 42 hours of chorus that was required.

**BWS:** So you sang?

**AWD:** Yes. We had chorus.

**BWS:** Why did they do that, do you think?

**AWD:** They did encourage us to be active socially. I think it was a way of the school to kind of get people all together. I think it was good. I never could sing, and I didn’t care much for chorus, but I think that was probably part of it—because they started that off, right off the bat, in the first couple weeks—and so I think it was a way of trying to get people to know one another and to do something fun. There were some wonderful singing voices—I wasn’t one of them.

**BWS:** So they were thinking about not just the nursing side of your life, as it were, when you were there.

**AWD:** We had so little free time. I mentioned we put in long days. Well, not only did we have long days, but then we also had mandatory study time from 6–8 PM, where we could not leave the dorm. Of course, there were a few of us that snuck out once in a while and once in a while, somebody would get caught. And you were punished. I mean, you would be grounded, just like a parent now would ground a child, we would be grounded. But [there was] mandatory study from 6 to 8 PM, where you had to be studying in your rooms. You couldn’t be out in the hall, lollygagging around or doing your laundry, you had to be studying.

**BWS:** So they were real strict with you?

**AWD:** Yes. They were strict. They were strict in our appearance. Our uniforms had to be a certain way. There were certain people that enforced that.
**BWS:** How did they do that?

**AWD:** The uniforms had to be mid-calf [in length]. I remember, I had a classmate that was kind of tall to begin with, but she had a tendency to want to wear her uniforms a little bit shorter. Not up to her knee, but a little bit shorter. I remember being on a clinical and the director of nurses lined all six of us student nurses up against the wall in the hallway on West 2—the hallway going to West 2, to see if our uniforms were where they were supposed to be.

**BWS:** And what happened—was hers?

**AWD:** Just barely. [Laughter] Just barely.

**BWS:** Did they comment on that?

**AWD:** And [it] wasn’t just while we were at school. While we were young nurses, I think it was probably the late ‘60s, maybe early ‘70s, when it became more lax as far as uniforms and length of uniforms and the white uniforms and the caps. That all started kind of falling by the wayside.

But when I was a young nurse, oh yes, your appearance was very, very important. Your cap—you better take pride in your cap and it better be clean and you better have those ruffles just so.

I think one of my biggest challenges as a new nurse was trying to get that cap starched. When we were students, the hospital did our laundry, our uniforms, and they did a wonderful job of starching these caps. They had to be starched so they were just almost like a board. They were flat—you can see it’s got ruffles in it, but they came out flat and they were so starched and they had these little strings that you had to pull to get the ruffles in.

Well, they would be so starched that sometimes you’d pull and you’d break the string and then you’d swear. It was almost impossible to get that string somehow either tied or sewn back to the other piece that was stuck in there. When I became a new nurse, the challenge of getting that cap starched was unbelievable!

I remember, I lived with another Ancker grad and we’d have cap-washing day. We had several caps, so we’d always make sure we were off for a couple days in case we had any catastrophes. We would wash these caps and then we would starch them. I mean, so they were just like a board.

Then, we washed the refrigerator and we pasted them on the refrigerator to dry. Then we’d press out all the wrinkles because this front part there, you couldn’t have any wrinkles. It had to be nice and smooth. So you’d smooth out all the wrinkles and then you wouldn’t dare touch them until they were all dry. And that was a big challenge.
There were many times I wondered, why couldn’t we have a cap that was like other schools? Hamline University had kind of a more sleek cap and St. Catherine’s did too, and I thought, gee, why couldn’t we have a cap like that? Why do we have to put all these little ruffles in the back?

BWS: Why did you?

AWD: I’m not sure! I never knew! I never knew! But it was tradition. This was our cap.

BWS: And you wore it with pride.

AWD: I believe there was supposed to be—I’m not sure, but I think maybe, like six ruffles—I was trying to visualize last night doing that cap and I was trying to remember if there was six ruffles—well there was seven, it looks like. I thought it was six. I can distinctly remember, as if it happened yesterday, sitting there and doing a cap.

BWS: Well, some of them just buttoned in the back, didn’t they?

AWD: Oh, yes. They were very simple. You just folded them and they had a snap or a button in the back.

BWS: Did each School of Nursing . . .?

AWD: . . . have their own cap, yes. So this was a tradition, this was the Ancker cap. And we were really proud of it. We had a capping ceremony. I can’t remember too much about the ceremony as I can about that anticipation. Again, it was such a big—to me, that was as much anticipation, I think, as I probably felt before my wedding shower. I mean, it was enormous! Just enormous!

BWS: More than graduation or was it a similar feeling?

AWD: No, it was different. Graduation is an end to something and a beginning of something else. It’s a transition. But capping was to me, it was a feeling of being accepted and worthy of being a nurse. That is what it meant to me. That I had come far enough along, that I had proved myself enough, that somebody had faith in me that I could be a nurse.

I remember the church. We had capping in a church. I remember being so excited because my mother didn’t know if she could come and I remember as I walked in, I saw my mother and some of my brothers and sisters. I just was so tickled! They knew this was an important day for me. It really was.

BWS: And they came. They came to the ceremony.

AWD: They probably didn’t understand what the real meaning of capping was to us. For me, it was being accepted that I could, that I had the capability of being a nurse. I had
proved something, that I could do something. And I can do it on my own and it’s something I love.

I have been so fortunate because from the first time I took care of patients, I loved that feeling of satisfaction I got. I always liked people but I was much shyer when I was young. I did like people, and I liked taking care of people. That’s true to this day. It will be forty years in September that I have graduated from nursing and I am still a very active nurse. I still work in the emergency room and I still love taking care of patients. I can’t imagine doing anything else and I have been so privileged to find a profession that I could be happy in for so many years.

Yes, nursing has changed a lot and not always for the good. Medicine has changed a lot and not always for the good. In my opinion, I think we’ve gotten too technical. When we were students, we did not have the monitors, all the lab tests, all the diagnostic tests, the CAT [Computed Tomography Imaging] scans and all the fancy equipment.

We had to learn to use our eyes, all of our senses, our touch, our ears. We learned to diagnose and to assess our patients through our senses and you developed gut feelings. You didn’t have monitor alarms going off that triggered, ‘hey—you better check this patient, something might be wrong.’

We had to have that instinctive feeling just by looking at someone—uh oh, think! And you have to be able to do that. We lost a lot of that skill because of the technology. I hopefully haven’t lost the knack.

But I see it now, in the younger physicians and the younger nurses, that they’re so dependent. They can’t make a decision how to treat anything—“well, I don’t have the blood test back, well, I don’t this or I need to get this.” I know the person is having a heart attack. I know by looking at him. I know the signs and symptoms he’s having, let’s get going here. I don’t need a 12-lead EKG [electrocardiogram].

What’s interesting is that my son is now a medical student and so I’m trying to instill just a little bit of that in him, that he doesn’t become so technical, that these skills of diagnosing and listening to patients and looking at them—really looking at your patients—is so important.

I’m so afraid that we’re losing some of that. To me, from a patient standpoint, we’ve become so removed from the bedside. We spent a lot more time at our patient’s bedsides. We knew our patients very well.

From many factors, hospital care has become very costly. They have had to find other personnel to take care of many of the duties that we as nurses had done, thus taking the nurse away from the bedside.
For instance, we used to do the EKGs. When I was a young nurse in Virginia. And in the emergency room in Georgia, I’d run the EKGs. Well now, every hospital has EKG technicians that do all that.

You don’t see many nurses now feeding patients. We fed a lot of patients. We had nurse’s assistants, nursing aides, and they did too. But it was also expected that we did. Again, that was part of the total patient care.

Nursing has been through a lot of changes through the years, and like I said, I don’t think all of them have been good. I’ve been on the receiving end as a patient and I have been a little appalled at times. How little contact the nurses actually had with me as a patient. Now maybe it was because they knew I was a nurse. Or that my friends were nurses. But I really have noticed some definite changes.

BWS: With the increasing specialization, as you said, with the technology and specialization of the physicians. So you are starting to see people that instead of knowing the range of things are only trained to deal with one small part or one type of illness only or something like that. Is that right?

AWD: It has become much, much more specialized, medicine as well as nursing. I’m not knocking technology because technology is wonderful, I’m living because of it. But I think we have to find a happy medium.

Currently there is a shortage of nurses. This has been kind of, through the years, you hear these ups and downs. We have too many nurses and so then the schools of nursing kind of tapered off training and classes were smaller. Then, all of the sudden, there’s a real shortage of nurses, which we’re having right now. There’s a real crunch.

Experienced nurses now have so many other options than just taking care of their patients. There are options in research, specialization, where you have very little patient care, for instance. Teaching—there are so many different health care fields. Just look at the nursing homes in the last forty years. We did not have nursing homes back forty years ago like we do now. So many of our patients then were like patients in nursing homes.

Our medical patients, we didn’t have as many places to send them. There was a Ramsey County Home and there were some, but not near what there is now. Of course, our population is getting elderly now, so there’s a greater requirement for them.

BWS: But there is private health care and public health care, and all sorts of other things that take you away from bedside.

AWD: We were trained, primarily to be the bedside nurses. We were what we called three-year nurses, so we graduated from a three-year professional school of nursing. When we took our boards and passed, and not everyone did the first time, but that’s still true today, regardless of the school. Then we became Registered Nurses.
Some schools had four-year programs and then they would get their bachelor’s [degree] in nursing. In recent years, there has become the two-year program, the Associate Degree of Nursing. So, the three-year nursing program has been pretty much phased out, especially in this state. There are still a few across the country, but they’re pretty much phased out. So it’s either a two-year, four-year or five-year, like the university is, a five-year program.

**BWS:** Right. Why is the three-year program being phased out?

**AWD:** Because degrees became so important. As with everything else, college degrees became important and we did not have college degrees. So, some of our nurses have gone back to school, then, to get their degree so that they could get into more management positions, like head nurses and things that are now requiring degrees. You must have your degree to be in public health or education. So, nurses that graduated from Ancker that wanted to pursue those avenues needed to go back to college.

**BWS:** And I suppose it wasn’t real smooth . . .

**AWD:** It’s much better now than it was. Now they’ve made it much, much easier.

**BWS:** Was it usually a transfer of credits to a four-year college?

**AWD:** Not always. Now they have a lot of different programs. I guess you can even do it through the mail—home study and just take a couple weeks of clinical now. But, I think it took most of them 1½ - 2 years to get their degree.

**BWS:** So that’s two years on top of the three years you’d already put in.

**AWD:** Right.

**BWS:** So that’s a change, isn’t it? I take it course schedules have changed and teaching must have changed a great deal. And the impact of technology started to get—

**AWD:** Oh, absolutely. Also, medicine has also changed so that nursing programs, for instance, today you would have a class in holistic medicine. That was something I think, in the old days, we tried to encompass the care of the whole patient. We didn’t have actual lectures on spirituality and stuff, but they were, I think, kind of included that you as a nurse should meet all the needs of the patient.

Nursing students today—medicine changes so fast—for instance, pharmacology, the drugs. You can’t keep up. I’m sure they have to spend more time on that than we did. The drugs we had forty years ago were very limited. I don’t know that we had 15 antibiotics. How many are there now? Hundreds?

**BWS:** What did you have, you had penicillin and—
AWD: Oh, yes. And then we had some—sure, streptomycin—so we did have some.

BWS: But it was relatively primitive.

AWD: Oh, yes. Right.

BWS: How about the instruments?

AWD: Surgery has changed. Chemotherapy—everything has changed, which has really helped many, many patients. So, educational institutions have had to change as well. But we were certainly trained well for our time, the time where we were at.

As I mentioned, we were a teaching hospital so we had interns and residents and they came from all over the country. Ancker did have a good reputation for training and so it was very, very popular for people to try to get in their training programs and so we had interns and residents and we worked side by side with them. We learned from them and they learned from us and it was definitely a teaching institution and everybody was very geared to trying to mentor and teach. Whether it was in the operating room—no matter where it was, you always felt that if there was some knowledge to be shared, it would be shared with you. And that was wonderful.

BWS: Yes, that does sound good. It sounds as if you had such a firm grounding in medicine and understanding. Plus, you knew what nurses were to do and what you were supposed to be doing. They have said—I think there was a quote somewhere—and it was probably from about your time, and it said—oh, Dr. Ruether, do you remember a Dr. Ruether?

AWD: Yes, I do. I think I was the second class that went to Macalester. I’m not sure—first or second. He was my microbiology teacher (or professor) at Macalester. The students went to Macalester for a couple of years, and then Dr. Ruether and Mr. Miller, who was an anatomy and physiology professor, then taught those classes at Ancker, several years later. So they had their sciences done there.

BWS: Dr. Ruether said that in the 1950s, the nurse was the tool of the physician and functioned dependently. Now we’re looking from the change of training the nurse to educating the nurse.

AWD: At the time I graduated, we were still trained as—oh, not really as the handmaiden of the physician, but you were there to assist the physician. You did not make independent nursing judgments or—however, I think some of it depended on the person. I’d always been a little bit assertive and never afraid to put in my two cents worth. That was during the period that it was going through the change. I came out of school, not as a handmaiden, but with that one step in the water. [Laughter]

I think I wasn’t afraid, if I thought something else needed to be done or were we missing this, I would try to, “oh, what about—” [Laughs]. It was rather interesting when I went to
the south to work, especially in Georgia and Virginia. They were like ten years behind us. There, the nurses were definitely—they would only do what the doctor ordered.

Well, when I went to Virginia, I had been a nurse for over 15 years and here were these nurses, even in the emergency room, who would not put a monitor on a patient. I was there for a couple days and I had this patient, he looked like a classic myocardial infarction to me. So I started hooking him up to the monitor. I started an IV. I drew some blood tests and I came out and asked the clerk to order an EKG and page his doctor.

One of the nurses said, “Well haven’t you talked to his doctor?” I said, “Well, no.” She said, “Well, you can’t do that! You can’t do anything. We have to call the doctor! You can’t do anything.” Oh my, I felt like I was going back twenty, thirty, forty years. So they, I think, were a little behind us.

I think maybe I was kind of in that transition, like Dr. Ruether said, when you went from being a handmaiden to now having some independent skills and being capable of—I mean, a nurse is a separate entity from a doctor, but for so long they were treated like they were side by side.

Now the nurse is a separate entity and has to make her own nursing assessments and judgments, and of course, be accountable and be responsible for those things.

**BWS:** Someone—and I don’t know if you can respond to this—described it as going from more of a hierarchy to more of a teamwork. What do you think? Is that an appropriate way of saying that or not?

**AWD:** I guess that would be a little bit true. The physicians were always held in awe. Some of them were like little demigods, but there was a saying, if this person was a doctor they’re up on a higher pedestal. I think that that has probably—that pedestal has come way down and maybe the nursing one has gone up a little bit. There’s a lot more equality. We’re different; we’re separate professions, but I think there’s maybe a little bit more respect.

**BWS:** For the skills and the knowledge that you bring into the situation.

**AWD:** Right.

**BWS:** Is that the kind of thing?

**AWD:** We have absolutely, totally different skills. Good physicians respect that and respect the nurses, and vice versa. Nurses don’t try to play physicians.

I remember Dr. [Thomas] Broadie, who was the superintendent of the hospital. And I remember him just sitting in his office. You go past the office and it was like, “that man deserves respect.” [Laughter]
BWS: You knew—What about some of the other people? Miss Reynolds, Miss Lubberts?

AWD: Miss Reynolds was not there. Miss Lubberts was my director of nursing and director of the School of Nursing at the time I was there.

BWS: What was she like?

AWD: I had some personal encounters with Miss Lubberts. I was not always the most studious of her students and I had a little fun side to me and occasionally the fun side got the best of me. I therefore had a few encounters with Miss Lubberts.

Unfortunately, Miss Lubberts was the brunt of many, many jokes, from all the nursing classes. She had a terrible job. But at the time I didn’t realize it but in later years I certainly have. But I’ll have to say, I would stand up for Miss Lubberts any day because she was a very fair person. She gave me an opportunity when she could have just as easily closed the door on me.

I would stand up for her any day. And I never appreciated what a good person she was. She was very strict. They had terrible nicknames for her, but she gave me a second chance when she wouldn’t have had to. And I never, ever forgot. And she didn’t either.

The day that we graduated, I remember being on that stage in our white uniforms and Miss Lubberts came to every single student nurse and shook their hands. And she said, “It indeed gives me pleasure . . .!” [Laughter] So she had faith in me. She had grounds that I could have actually been dismissed.

BWS: Do you want to say any more?

AWD: It was so dumb! We weren’t allowed to ever drink. And I was 18 years old, never been away from home, and I probably tasted beer a few times in my life and so when a classmate suggested that—she was dating someone, and he had some friends and they were going to go out to the Navy base. And we could ditch out of study hall.

I’m still a freshman and I ditched out of study hour and went out to the Navy base. Well, they were playing this stupid chug-a-lug game with beer and I hadn’t particularly cared for beer so, of course, the first time they were playing this game, I lost and had to chug-a-lug the beer. Well, after one beer, I kept losing and she brought me back to the nurses’ home—to our dormitory and I was a little intoxicated. And that was grounds for dismissal.

I’ll never forget—this was such a vivid memory. My mother’s never heard this story. [Laughter] My mother is 88; I don’t want her to have a heart attack now! [Laughter] I don’t remember going back to the nurses’ dorm. But my friend took me to my room, apparently. But I remember about 12:30–1:00 in the morning, the door to my room
opened and there was Miss Lubberts in her turquoise bathrobe. I’ve never forgotten that turquoise bathrobe. [Laughter].

She said, “Miss Wagner, where were you tonight?” And I sat up and oh, my head was just spinning. I thought, “Oh dear, I’m out.”

So the next day, I didn’t go to class. I knew I was going to be kicked out. So I didn’t go to class at all. And all I kept thinking was, “What am I going to tell my mother?” The next day, I didn’t go to class again and I didn’t hear anything. So finally, the second day, one of the instructors came and found me and said, “Why aren’t you in class?” So I told her, “Well, I’m going to get kicked out anyway, so why go to class?” She said, “I think you better go to class.” And I said, “Why doesn’t she just call me up to her office and tell me?” Then, on the third day, she finally called me up to her office. I hadn’t eaten for three days. I had half of my stuff packed. I was going to be going home and what was I going to do then? I’d be a disgrace to everybody.

So she called me up to her office and she started in by saying, “Do you have any idea what a disappointment you have been to me?” She had me up there for an hour. And during that whole hour, I still thought I was being kicked out. At the end, she stood up and she said, “Well, I’ve got this all written down in my reports.” She said, “The day you graduate you come to my office and we’ll tear them up.” That’s why I say Miss Lubberts was very fair. And I’ve been thankful to her ever since.

**BWS:** What do you think about that! She must have had a real good sense of her students. She had to, to be able to do that.

**AWD:** She had faith in me and for some reason, I don’t know why, but she gave me that second chance, thank goodness! So I owed her a lot. So regardless of all the stories you hear about Miss Lubberts, I have to always defend her—because I don’t care what. She was one of the most fair people I’ve ever met in my life.

**BWS:** That’s a fascinating story though. And kids do that. Kids will always do that. They have to find out. And boy, the consequences—oh, my goodness. But they were strict too, weren’t they?

**AWD:** Oh, yes. Very strict. And the housemother, oh, we had a housemother—

**BWS:** What was she like?

**AWD:** Well, I think she was just the enforcer. I don’t think she was a bad person by any means, but she had these awful regulations to enforce and if you can imagine trying to keep sanity and keep people in when they’re supposed to be in and checked out when they’re going out.
I mean, how many women lived in this dorm? There were four floors and if each one of them—if there were three classes of 50 or 60 people, plus all the affiliates, I mean, that’s a lot of people to keep track of.

But we always, we always gave the housemother a hard time. You had to check out, you had to sign out when you left and you had to sign in when you came back. We had to be in at 10:00 o’clock every night when I was a freshman and I think that we had one midnight and one overnight a month, or something, for that first year. Then, as you progressed in the hierarchy, as we got to be seniors, then you could stay more nights late and overnight more.

**BWS:** Were you able to get home? You lived in St. Paul.

**AWD:** I lived in St. Paul. So I’d have to take the bus when I went home. I’d only go home like once a month because I worked most of my days off. And so, I wasn’t home much. I was at the dorm.

**BWS:** But that gave you a sense of belonging to this institution too, didn’t it?

**AWD:** Oh yes. Because your whole time was at the hospital. It really was. You lived, you breathed, you slept—everything at the hospital. And you ate there, and their food was wonderful!

**BWS:** What was the food like?

**AWD:** I can’t believe how well they treated us. I mean, we worked hard. We took care of a lot of their patients, but we had a dining room and you always had to be dressed to go to the dining room. You couldn’t wear, like now people would wear jeans and shorts, and we had to wear skirts or our uniforms.

White tablecloths we always had! And these wonderful, old round tables, most of them were round. We had women who worked in the kitchen and to this day, I still see several of them occasionally, when I’m shopping at Rainbow [Foods]. And we reminisce about the wonderful, old Ancker kitchen. Their food—everything was homemade. They had their own baker. They made the most wonderful soups. They served great, three meals a day! It was wonderful!

**BWS:** Their hours? Certain hours for mealtime?

**AWD:** Yes. I don’t remember exactly what they were. The kitchen ladies kind of spoiled us. They took care of the students. They were so cute. They were so good to us.

**BWS:** Full meals and desserts?
AWD: Yes. Oh yes. It wasn’t a little cafeteria thing. You would get your plate and you would go up and they would have these hot dishes that they would serve to you. And always nice silverware and glasses of water on the table—

BWS: You were expected to be on your best behavior?

AWD: Oh, yes. When I see the pictures of our student uniforms, the thing that I recall when you went to the dining room (of course, we were always kind of in a hurry, because you had ½ hour—½ hour to eat! Well, you always tried to make it over to the dorm during that half-hour to, you know, go to the bathroom, brush your hair or your teeth, whatever. So you kind of were in a hurry.)

But I remember, when you sat down, you had to make sure—because our uniforms then, were the stripes and we had the white pinafores, which were very starched, and I think they buttoned right here at the waist, and then it was open in the back—so when you sat down you had to be careful that your tails didn’t touch the floor or they would get soiled. And so you always took your apron and folded it in your lap—you folded over like this in your lap, so then it wouldn’t touch the floor. That’s what I remember about the dining room.

But I thought their food was good. I really did. I thought that they really always treated the student nurses as something special.

BWS: You really had a lot of pride in your uniform, too, I take it. And pride in everything.

AWD: I think that we all kind of did. It had such meaning, yes. By the time that we got to be seniors, we were so sick of those uniforms. I mean, we were really glad when Rip Day came and they could tear it off of you. [Laughter]

BWS: What is Rip Day?

AWD: Rip Day was a celebration that you had made it! That was your final day! It was your final day of training. You had done it!

I don’t know how it got started, I don’t know when it got started, but it had been in progress before I was there. You never knew where it was going to hit. It might be on the ward where you currently working or on your way back to the dorm, or wherever and somebody would grab on, bring you back here and give a pull and somebody else would give a pull.

I remember there was more than one student nurse that ended up like in the linen closet, you know, praying someone would bring her some scrubs [surgical gown] or something, so she could get back to the dorm. [Laughter] But it was called Senior Rip Day and so your last day that you were on the wards, that was kind of tradition. That was your coming out. [Laughter] In more ways than one!
BWS: They ripped the uniforms off you?

AWD: Right! And sometimes you’d see these people, having shreds of uniform as they’re trying to make it down to the tunnel, back to the nurses’ dorm.

BWS: Oh, what an interesting tradition.

AWD: Yes, it was. Yes, it was a very interesting tradition.

BWS: And then what—that’s when you went to the white?

AWD: And then, you graduated and you had your white uniform for the graduation.

BWS: Where did you get that?

AWD: I think, if I remember right, I think we were measured for them at the school. I’m not a hundred percent positive.

BWS: So by the time you were graduating, you had the white uniforms?

AWD: Yes.

BWS: And your shoes?

AWD: We always wore white shoes and socks and we always had to buy our own shoes and socks. The other uniform was all supplied. Then we had our white uniform. We also got a new pin. See, when we were capped, we had a little pin. See, the actual school pin is like this (illustrates) and like this charm that I have (illustrates)—it’s a charm of the school pin. But, I also found that I had it [the capping pin] at home. But this was my school pin and this was the pin that I got at capping.

BWS: I’d like to take a picture of that too, could we?

AWD: Sure.

BWS: Because it’s different from anything here, isn’t it?

AWD: Right. This was my school pin.

BWS: Okay.

AWD: So, at capping, this was the pin that I was given.

BWS: Was it put on your cap?
**AWD:** So that was my student pin. And then when we graduated, then we got the Ancker School of Nursing Pin.

**BWS:** The one with the red cross on it?

**AWD:** Right.

**BWS:** Do you know what the symbolism is for that at all? The red cross is obviously the medical or the health profession—

**AWD:** Yes, right. I don’t know anything more about it.

**BWS:** Was this the original—there were changes in pins—I spoke with Katie Fandrey yesterday. She had received a pin sent to her from someone who had been, as she said, in 1917 and it looked like this. (illustrates) A little one. But then there was the Ancker pin for a long time and this, which looks like a building, and then yours is really different again.

**AWD:** Right. And it has my initials on the back of it.

**BWS:** That’s a really pretty pin. Very nice. Leave it out and we’ll take a picture. That’s really nice. Thank you.

**AWD:** It’s got the initials—A H S N—Ancker Hospital School of Nursing.

**BWS:** So that was what the students—

**AWD:** Yes, that is what I got in—well, it was either—I think it was probably early ’58. I started in September ’57 and I’m not sure when the capping was. I know it was in the wintertime, like I want to think February or somewhere in there. That’s when I got this pin. We also got the little lantern—had you seen that?

**BWS:** Well, I wanted to ask you about that.

**AWD:** I’ve got one at home.

**BWS:** Okay.

**AWD:** I do have one, I got the little lamp. It was just like in the picture that you see —

**BWS:** With the little candle on it—

**AWD:** Yes. And that’s when we carried the little lamp with the candle. It was a very touching—

**BWS:** Was it called the Nightingale Lamp or something?
AWD: Yes.

BWS: That had the candle in it?

AWD: It was lit.

BWS: You had the Nightingale pledge?

AWD: Yes.

BWS: So that was all part of it?

AWD: Part of the tradition of capping.

BWS: It was a nice ceremony.

AWD: It was. It was a very touching ceremony. For me, like I said, it was almost overwhelming and I think all my classmates pretty much felt the same way. It was such a stepping stone. That feeling of being accepted, that you could do it.

BWS: Was Birgit Tofte still at the Contagion Ward?

AWD: Yes, Miss Tofte, as we all called her, was still there.

BWS: Tell me what she was like.

AWD: There was no one like Miss Tofte. With her accents [Laughter]. I wonder how many peoples’ lives Miss Tofte touched. Through all the years that she was teaching communicable disease—all the affiliate students and Ancker students. But I don’t think you’ll find anybody who had anything but good to say about Miss Tofte. She was just a jewel. [Laughter] She was a jewel. She also had high expectations of people. I mean, she was the old nurse and you did things her way. But, she had a tremendous sense of humor and she was a very, very unique person. I can’t even describe her, she was so unique. Red hair.

BWS: Accent because she came from Norway.

AWD: Yes.

BWS: So she still had that Norwegian accent.

AWD: Was that what she was?

BWS: She was Norwegian.
AWD: Well, she had this accent and it was so cute. She had it all of her life. But, she was priceless. I can’t remember specific stories about her. I just always thought of her fondly. She loved what she did and she had a tremendous wealth of knowledge and tried to share that with everybody who would listen to her.

BWS: Plus, she must have been good at contagion work.

AWD: Oh, yes. She did. She probably knew a lot more about communicable diseases than most of the physicians that were up there at that time. [Laughter]

BWS: Well, one of the things that we wanted to get to, and I know I’m going talk to you about is that, is the importance of the Alumni Association and then some of the—you were president of the Alumni Association—is this a good time to talk about that?

AWD: Sure.

BWS: Is there anything else you’d like to cover that you thought of in terms of people, or some of your experiences at the school—

AWD: Well, I remember, as a student, the Alumni Association was…I had absolutely no interest in the Alumni Association. When I was a student, I wasn’t—that was so far removed from me that I just never thought about it. I was really stunned when I started looking through some things in preparation for this. That I was actually president of the alumni in 1964 to ’66. And I just graduated in 1960, so there was a tremendous change around there in a couple of years [Laughter]. I decided what must have done it, I was working in the emergency room, called the receiving room at that time, with nurses that were all after—

BWS: And you were just pulled right into the hospital after graduation?

AWD: Right. Many of us stayed.

BWS: Was it an automatic thing?

AWD: Oh, you had to apply and interview with Miss Lubberts but if you made the mustard in training there, then you could probably make the mustard.

But, as I was saying, I was working in receiving room, and so many of the nurses there were Ancker grads, and actually, one of my favorite people, to remember as far as the old Ancker, was Ella Olson, who was a supervisor of the emergency room for years and years and years. Along with her, Millie Kludt Brown was the head nurse and Carol Stiegauf worked there, Maryann Kelly Logan, Sis Hein; there were a lot of Ancker nurses. A little bit older than me, but not too much.

Well, I guess it was kind of spread out. Ella was quite a bit older than me. They were also active in the Alumni and I guess that’s how I got pulled into it. I’m sure that must be.
Because they were always doing things for the Alumni and they were always so keen on the projects and things, and so, that’s how I started in the Alumni and I just started, actually, must have been in 1963, when I moved back from Georgia.

Of course, I was probably so naive and innocent that I didn’t realize what I was getting myself into. But they were a wonderful group of people. They carried on the Ancker tradition, their pride—the pride in the school. I think one of the things that they always liked doing was their scholarship program for the student nurses. That was a big deal.

Also, keeping in contact with all of your friends and acquaintances from the school and hospital. So the newsletter of the Alumni Association, for many, many years, served as that link, as people spread their wings and we became a much more mobile society. People spread across the country and elsewhere, and we could keep in touch. And to hear what people were doing with their families and their profession, and going back to school, who you might want to extend sympathy to. It was a wonderful avenue and that’s probably one of the things with the closing of the school, and now the closure of the Alumni Association, that many of us will miss the most is that newsletter.

Well, my initial involvement in the Alumni was with the newsletter. I think it wasn’t so much for me that I would have access to all this news, as it was that they knew my husband could get everything printed. [Laughter] He had a wonderful secretary who would type things up for me and that’s kind of how I got started in the Alumni.

**BWS:** A practical approach.

**AWD:** Yes. Another very important activity of the Alumni at that time—we had annual banquets. They were so much fun. We had them at nice places. One year it would be the St. Paul Hotel, and next year it would be another hotel, or the Athletic Club, or different places and we’d have our husbands and we’d have a program and we would have dancing and a wonderful meal. We all looked forward to that. It was such fun.

Then, every five years, we did what was called homecoming. So we made an extra-special effort to get people from out of town to come and to have also the class reunions, so like if it had been twenty years since that class graduated, then hopefully, they’d get in touch with some of their other classmates and say, well, okay, let’s try to be there. And those were wonderful, wonderful times of reminiscing, and seeing old friends and making new ones sometimes. That’s part of what I miss about the Alumni, were those wonderful occasions. We laughed! But we did them annually up until probably maybe 15-20 years ago and then they went to every five-year homecoming.

**BWS:** But you were president when the hospital closed, in the sixties, in what, 1965?

**AWD:** Yes. It was 1965 when we moved to the new building.

**BWS:** And that year was your presidency?
AWD: That was, and that’s how I was involved in trying to keep the name of the hospital Ancker—not just the School of Nursing, which they did keep, kind of, I think, maybe to shut me up or shut us up. But I was so young then. I can’t believe I was such a young nurse and it kind of surprised me when I found these articles, because I do remember going in front of the commission a couple of times.

BWS: What commission was that?

AWD: The Hospital Facility Building Commission. But I also went to the Ramsey County Commissioners—this was a letter that somehow got in there. But, the thing that I was pleased about with our fight to save the name of Ancker, was that the St. Paul paper actually kind of endorsed us. As far as they wrote kind of an editorial on keeping the name of Ancker Hospital.

BWS: Excellent.

AWD: There’s a couple of other articles here explaining who I went to, in leading this kind of this protest.

BWS: Why did you want that to be done?

AWD: Because we felt, for one thing, I mean, we were all very proud of not just our School of Nursing, but the hospital and Dr. Ancker. I mean, Dr. Ancker was a pillar, not only in the community, but of medicine here. What he started served St. Paul so well, for so many years and he worked so hard to bring up the level of medical care that we felt like it was kind of a slap in the face to Dr. Ancker.

We fought very vigorously. I forgot how vigorously until when I was going through the same box of goodies from my garage, I apparently was making a speech at one of our Alumni get-togethers, in which I was welcoming the new graduates to the Alumni. I was introducing people such as my husband and others at the head table, and I had made a couple comments about all his [my husband’s] work for the Alumni and what he put up with, with me as president.

But when I ended it, I said, but what I think what has really tried his endurance was a recent incident at the university in a political science class. Seems they were having a discussion of the St. Paul-Ramsey Hospital with Mr. Tomlin, the executive secretary of the Building Commission for the new hospital. He was pointing out some of the problems encountered during construction. Imagine my husband’s embarrassment when Mr. Tomlin emphasized a certain determined and persistent young nurse who attended every council meeting in an attempt to dissuade us from changing the name of Ancker. [Laughter]

BWS: So you really were involved.
AWD: I was! We really felt very, very strongly. Like I said, we were so proud of Ancker and what it stood for. We didn’t want to lose that.

BWS: St. Paul-Ramsey is generic. It is a place name. St. Paul and Ramsey County, I take it.

AWD: Right. We were advocating that Ancker City-County Hospital would do the same thing. It would still be to serve the city and whole county. But they apparently had made their decision long before.

BWS: Why was Ancker closed in the first place?

AWD: Well, the facility was so old and the cost to renovate it would have been just phenomenal. Just phenomenal. I mean, the buildings were very, very old, outdated. I mean, everything from the operating rooms—everything really needed work. And so we did need facilities. We needed space and medicine had changed so that the needs were much different than they had been in the 1880s.

BWS: And there wasn’t room to expand? Sometimes hospitals just kind of keep growing out ...

AWD: Well, no. We were on very limited grounds then.

BWS: I see. And where was the old hospital in comparison to the new site?

AWD: The old hospital was out West 7th Street. I don’t know what’s built on the site now—I’m sure somebody else does. I don’t go out to that area. But it’s not too far from the old brewery out West 7th Street. I think it was Schmitz Brewery. Hamm’s was over on the east side, but Schmitz Brewery was on the west side of the street. It wasn’t too far from there.

BWS: Okay.

AWD: Right by the railroad tracks. There were railroad tracks but they’re not there any more.

BWS: They did go by, huh?

AWD: There were railroad tracks, just right at, actually, right close to there. I’m trying to think of what the intersection would be and I’m blanking. I remember a bar, Parrish’s, there on the corner, that’s where you got off the bus.

BWS: Here’s the old site (referring to a drawing of the Ancker campus).

AWD: This was our nurses’ dorm and this was the main entrance to the hospital, the building I thought felt kind of cold. And then, this was the West Wing and this was the
East Wing, and this was Pavilion, where the TB patients were and then Contagion Building was over there.

BWS: Okay. So it was quite a complex, wasn’t it?

AWD: It was. It had been added on as needs required, like for the Pavilion and things.

BWS: When did you first realize that there was going to be change, and a new city-county hospital to be built? Is that while you were still—because it would take awhile, I would think, to build a huge new building and everything.

AWD: I’m not sure when I first heard about it. In fact, I was kind of excited about a new hospital. We were excited from the standpoint of facilities we needed so bad, but on the other hand, we were very upset about losing the name. But I think we were also a little bit concerned about losing some of that familiarity, the familyness, the togetherness, that we had at Ancker.

Suddenly there’s this huge, new nine-story building that’s very sterile and all very separate. It was mixed emotions, very mixed emotions, I would say, when we moved. I did not actually help move patients. I was in the emergency room and I was actually at the new facility setting up the medication rooms and getting ready for the new patients as they came in there when the doors opened. So, there were two of us there that were doing the final preparations, getting ready for the new patients to start coming in.

BWS: So actually St. Paul-Ramsey just replaced Ancker—it remained the city-county hospital—there were not any other hospitals that come together?

AWD: No.

BWS: Like United Hospital, where several came together

AWD: A replacement for our Ancker.

BWS: It was a direct transfer—a replacement for the one city county facility to another. The thing that changed was the site and the name.

AWD: Yes. I think, also, you’d have to check on this, but I think maybe some of the funding from city-county and those kinds of things may have changed a little bit too.

BWS: Did Medicare have an impact on this at all?

AWD: I don’t think so.

BWS: Because that was coming into use as you were a young nurse. As far as the change is concerned—
AWD: I remember how the new hospital was—it was such an ultimate contrast to the old. It had so much warmth because of all the old wood then and everything. Now, suddenly, we’re in this real sterile looking environment. But everything was so new that it was also kind of exciting. For instance, to have a monitor in the emergency room, oh my gosh! Or a defibrillator—it was state of the art when it was built.

BWS: Now, the School of Nursing went along with it?

AWD: Yes. And they had a separate building called the East Building, which is on the east end of what is now Regions Hospital. But it was the East Building, which was then the dorm.

BWS: That would have been interesting. Did you sense, once the changes started coming, that the school might be next to close?

AWD: No, actually I think we all started sensing when there seemed to be this drift across the country that three-year nursing programs were dwindling out. I think that’s probably what did it more than anything. The need for the three-year program was kind of being phased out. There were some states that were already looking at requiring a degree in order for you to get a license. So the writing was on the wall even though our state hadn’t gone that far, that it was going to come.

BWS: You said that Minnesota might have been more that way, or not? The state leaned more toward four-year degrees than other states? Or, you think this was a national thing?

AWD: Yes. It was kind of happening nationally, that there were some states that were requiring a degree.

BWS: What about going from an eleven month to a nine-month program?

AWD: I don’t know when that happened. That was much after me.

BWS: Because that was another change.

AWD: And that was definitely after my time.

BWS: Yes, I gathered that because that was closer to the time of the school being closed.

AWD: I just thought of something else that was kind of interesting. Did we talk about what the tuition was at the time?

BWS: You said $500.

AWD: Okay.
BWS: Because that is interesting, that it had been $300 for a long time and it was $500 when you were there.

AWD: And I think by the end—did you know what it was towards the end?

BWS: I’m going to find out. What about Minna Moehring? Was she the director of nursing then? She was an Ancker grad.

AWD: Minna Moehring was the supervisor and instructor in the operating room when I was a student nurse. She eventually became the Director of Nurses after Etta Lubberts. And she was always an active alumni. She again, she was a wonderful mentor when I was a student—a very good instructor. She had high standards, too. You know, I think they all did but we respected them. We really did. They served like role models. Then she was director of nurses at the hospital.

BWS: She had a long career.

AWD: Yes, she did. Is she on your list to interview?

BWS: Yes.

AWD: Good.

BWS: This afternoon. When you came back, you worked at St. Paul-Ramsey, or what is it, Regions?

AWD: Regions, now, yes. I’ve kind of come and gone a few times, but it’s always like coming home.

BWS: It still feels that way, even now.

AWD: Not quite like Ancker. But I’ve been there a long, long time.

BWS: Is there still a lot of people from Ancker at Regions?

AWD: There still are some, but as the years go on, it gets less and less. I can remember back when probably 80% of the nurses were Ancker grads and that’s not true anymore. I would guess in the emergency department, we’re lucky if maybe 40% of them are Ancker grads now. So it’s really dwindled.

BWS: That’s changing. That’s changing a lot. Is there anything else you would like to say about this school that I haven’t covered? Is there anything you’re really proud of that you want to mention?

AWD: I think that as you talk to other people associated with the school, that we were a very dedicated lot. We were loyal, hard working. We had bad days and we complained
and we had gripe sessions, especially in the smoking lounge. Those darn care plans we had to do. If I didn’t see another one —

BWS: What’s a care plan?

AWD: Well, a care plan you were assigned when you were on different areas, like pediatrics or medicine, that you did a special case study or care plan for a particular patient, to entail all the problems and how you would address these and what we could do for that patient.

BWS: I forgot to ask you about rotations. Was that part of yours?

AWD: Yes, we were required to spend three months in Fergus Falls. That was our psychiatric rotation. Six of us would go at a time and there were student nurses from six other schools across the Dakotas and northern Minnesota that went there. We went for three months, lived in a dorm there, and that was a very interesting experience.

It was another old facility with many different tunnels. Some of the students hated it up there. I enjoyed it for the time I was there. I learned a lot, I did enjoy it. I had some interesting experiences, but the social life was a little different up there. There was this place, that I’m sure if you ask an Ancker nurse that ever went to Fergus Falls about Buster’s, she’d just burst out laughing because [Laughter] it was the one source of pleasure for all the student nurses to go to Buster’s. [Laughter] But I enjoyed it up there. A lot of people didn’t. I thought it was an interesting experience.

BWS: Did you choose an area that you wanted to specialize in as a nurse?

AWD: Actually, as I spent time in all the different—I liked everything—I kind of did. But then when I got to pediatrics, I really liked pediatrics. So I thought, oh, I think I’ll maybe go into pediatrics.

So I took my senior elective—we had a period of time where we could ask for a specialty and spend extra time there. Like mine, I think, was 12 weeks, I think I had in my senior elective. I spent mine in pediatrics. Forty-six days of clinical—so that’s a lot—that I spent in pediatrics. And I love pediatrics! That’s where I started working as a new grad.

But then, at that time, working in the emergency room was like a—it had a waiting list, almost. That was, to me, that was way up here (illustrates). Oh, if you could work in the ER, that was really pretty special. Well, about six months after I worked in pediatrics, and I liked pediatrics, Ella Olson told Miss Lubberts that she’d like to have me down in the emergency room for some reason.

So Miss Lubberts again called me up to her office, although this time it was on much better footing. And she said, “I have an unusual request for you.” So she told me this and I really had to think hard. I really loved the emergency room, but gee, I hadn’t worked on pediatrics very long and now some of my friends were working over there.
And she, “Well, you know, I know you don’t have the required year’s of experience to apply there, but if Miss Olson asked for you, I will send you.” So I went to the emergency room.

**BWS:** And that’s where you stayed?

**AWD:** And that’s how I got started in the ER.

**BWS:** And were you happy with it?

**AWD:** Oh, yes, I always come back to the ER. Always.

**BWS:** Well, it’s a little different – it’s pretty fast paced compared.

**AWD:** It had been finding some niche. I would never have made a tremendous floor nurse. I did go back after I came from Georgia, I did go back and Miss Lubberts again, talked me into working on West 2, which was the female medicine floor, with about 50 beds, to take on the position of head nurse. I did that for a year and a half. I liked it but I missed the ER. And so I asked to go back to the ER.

**BWS:** What were some of your best memories or some of the most important? You’ve talked an awful lot about some of the really critical, crucial, important things that you learned at the school and the hospital. You have some wonderful memories, it sounds like.

**AWD:** I hope, and I think that the school taught us to be empathetic, not just sympathetic to patients, but empathetic. I think that that’s always kind of stayed with me because that’s such a part of being that nurse communicator. We were never afraid to touch our patients. And to giving that reassuring touch or letting them know we really cared.

Many things were real important then, I mean, boy, those beds, they better be made to the T, but you thought a lot about patient comfort. That’s one of the little things that I know is the difference in me and some of the younger nurses today. For me, when I put a patient in a room in the emergency room, as soon as I ask them a few questions and I decide whether I need to give them a gown, and I give them a gown, the next thing I automatically say is, “Could I get you a blanket,” or “Would you like a blanket?” I’m forever going around taking blankets to the other people’s patients, because it’s so cold down there.

But I think we were kind of instilled with a different—a different kind of nursing. It wasn’t just the thinking about, “well, I wonder what we’re going to have to do about this breathing,” and all this. There was still some comfort in there. That’s still very important to me, making patients feel comfortable.

**BWS:** It’s the humanity.
AWD: Yes. But I have been, like I said, been blessed with so many wonderful years. I had a patient ask me not too long ago, when I was starting her IV, she said, “Well, now how long have you been a nurse?” And I stopped and thought a minute and said, “Oh, my gosh, it’s going to be forty years in September.” I looked at her and I laughed, and I said, “Obviously I’m not in this for the money.” [Laughter]

BWS: Yes. Salary issues were important.

AWD: A little. Nursing certainly has served me well, but I like what I do. Everybody makes a joke, they say, “Yeah, you’ll still be here when you’re eighty, with your walker.”

The one disappointment I really, really felt personally was that I was not able to convince them to keep the name of Ancker. I took that as a real personal kind of defeat, that we weren’t able to do that. I still regret it, because Dr. Ancker should be remembered for what he did for this community and for all the people that he served. He was a great man. So I’m glad that this project maybe will help preserve that memory and what he meant.

BWS: Thank you very much.

AWD: You’re welcome!