

**Katherine Lillehei, RN**

Narrator

**Dominique A. Tobbell, Ph.D.**

Interviewer

**ACADEMIC HEALTH CENTER  
ORAL HISTORY PROJECT**

**UNIVERSITY OF MINNESOTA**

## **ACADEMIC HEALTH CENTER ORAL HISTORY PROJECT**

In 1970, the University of Minnesota's previously autonomous College of Pharmacy and School of Dentistry were reorganized, together with the Schools of Nursing, Medicine, and Public Health, and the University Hospitals, into a centrally organized and administered Academic Health Center (AHC). The university's College of Veterinary Medicine was also closely aligned with the AHC at this time, becoming formally incorporated into the AHC in 1985.

The development of the AHC made possible the coordination and integration of the education and training of the health care professions and was part of a national trend which saw academic health centers emerge as the dominant institution in American health care in the last third of the 20<sup>th</sup> century. AHCs became not only the primary sites of health care education, but also critical sites of health sciences research and health care delivery.

The University of Minnesota's Academic Health Center Oral History Project preserves the personal stories of key individuals who were involved with the formation of the university's Academic Health Center, served in leadership roles, or have specific insights into the institution's history. By bringing together a representative group of figures in the history of the University of Minnesota's AHC, this project provides compelling documentation of recent developments in the history of American health care education, practice, and policy.

### **Biographical Sketch**

Katherine Lillehei was born in Minneapolis, Minnesota. She received her nursing diploma in 1943 from the University of Minnesota. After graduating, she worked as a stewardess for four years. She then returned to the University of Minnesota and earned her BS in Nursing in 1950. While she was a nursing student, she worked as a nurse at the General Hospital. After graduating from nursing school, she worked at the University Hospital. She married C. Walton Lillehei and soon after stopped working full-time as a nurse in order to raise her children. She continued to work part-time as a private duty nurse. She also remained involved with the School of Nursing, playing a prominent role in its fundraising efforts, and serving on the board of the School of Nursing Foundation.

### **Interview Abstract**

Katherine Lillehei begins by describing her background, including her education and why she went into nursing. She discusses her experiences as a nursing student at the University of Minnesota, working at the General Hospital, working at the University Hospital, and as a private duty nurse. She describes the relationship between nurses and physicians; the heart/lung machine; the Society of Thoracic Surgeons Lillehei lectures; the experiences of wives of surgeons; the elimination of the practical nursing degree program at the University of Minnesota School of Nursing; and commuting back and forth to New York City while her husband worked at the New York Hospital. She discusses her husband, C. Walton Lillehei, touching on topics such as his experiences with cancer and the atmosphere in the Department of Surgery while he was there. She talks about Richard Varco, Owen Wangenstein, Earl Bakken, Maurice Vischer, Katherine Densford, Ellen Fahy, and other School of Nursing Deans.

**Interview with Katherine “Kaye” Lillehei**

**Interviewed by Dominique Tobbell, Oral Historian**

**Interviewed for the Academic Health Center, University of Minnesota  
Oral History Project**

**Interviewed at the Lillehei Home in Saint Paul**

**Interviewed on October 27, 2010**

Katherine Lillehei - KL  
Dominique Tobbell - DT

DT: This is Dominique Tobbell. I’m here with Katherine “Kaye” Lillehei. It is October 27, 2010. We are at Mrs. Lillehei’s home at 73 Otis Lane, Saint Paul [Minnesota]. Thank you.

If you could tell me, again, how it is that you came into nursing...

KL: The reason I came into nursing was because I wanted to be a stewardess, and you had to have a nursing degree. I don’t know why, because it wouldn’t help if the plane went down. But, anyhow, I ended up liking nursing. I was a stewardess for four years and, then, decided it wasn’t a rewarding profession. So I went back into nursing for a while, although, I haven’t used it a lot, other than when I first graduated and did some private duty nursing (actually for friends).

So liking nursing better than being a stewardess in many respects, I’ve sort of stayed in touch with the University [of Minnesota] because that is where I graduated from. I’ve been really happy to promote nursing, and I’m very satisfied with what they’re doing there. I think we have a wonderful school. We’ve had wonderful teachers, professors, and guidance. Right now, with the new dean [Connie Delaney], who is sparky and so much fun. She relates to all of us and gives us inspiration.

In fact, being on the board [of the School of Nursing], we do different things. This is a picture of when we went [to the museum at Hennepin County Medical Center, HCMC]. I worked at General Hospital [what is now, HCMC] for a while, so we were asked to come to their museum. That was absolutely fascinating, because I couldn’t believe that all this *old* equipment was really used and that we had made use of them.

DT: [chuckles]

KL: When I went out to Seattle, where I lived as a stewardess, I worked part time in their hospital. It was a new hospital close by. One evening I went to Doctor [Owen] Wangenstein's suction. I thought "Well, I'll clean this up." [gasp] They came and said, "Don't touch that!" I said, "Look, I'm from Minnesota. I know what I'm doing"

[chuckles]

That was kind of fun.

DT: Who are these other women in these photos?

KL: They are classmates of mine. They are probably the only three that are left in that class. One was a fundraiser for the University Nursing. When I gave the money to the U, she was the one who was the fundraiser, at that time.

DT: I see.

Where were you born and raised?

KL: In Minneapolis from Swedish parents. [Otto and Ruth Lindberg]

My mother wasn't anxious for me to go into nursing. She said, "That's a dirty job." My father said, "Whatever she wants to do and has made up her mind, leave her alone." So, I first went to work at General Mills. I actually had a very good job there, because it was a new computer business. I told them when they hired me that I wouldn't stay long, that I was going to the University. I can always remember the man who hired me say, "Ahhh, you'll get married. You'll never go anywhere." I sent him an invitation when I graduated. He bet me; that's it. It was five dollars. So I went back to the office when I graduated, gave him my invitation...and asked for my five dollars.

[laughter]

DT: I hope he gave it to you.

KL: Oh, yes, he did.

DT: When you graduated from high school, you went to work for General Mills and, then...

KL: I graduated in January, so I stayed out to that fall but the following fall I enlisted in the nursing class.

DT: I see. Then, you did your nursing degree at the University of Minnesota?

KL: Yes. It was at the time when they were dividing the classes. Half the time, you would go to General Hospital and half the time at the University. I was disappointed I couldn't stay at the University, but, looking back, I think General Hospital is where I had the most worthwhile education. So I was happy—of course, that's where I met my husband [C. Walton Lillehei]. But that isn't the reason, exactly.

[chuckles]

KL: When I graduated from high school, I worked for Northwestern National Life Insurance, which was very boring, so I found a job that I could do on Saturdays. I worked in a dime store on Saturdays and, then, the insurance company through the week. They [National Life Insurance] gave us Saturdays off. Then, I found the job that I liked at General Mills. They were a *wonderful* company to work for, but I still wasn't going to continue. They were a good company.

DT: What led you to think you wanted be a stewardess?

KL: I wonder. I loved the airplane. Although, for the first months of my being a stewardess, I was very ill. I was so air sick. I realized if I flew at night, the horizon changes and I wouldn't get ill. So I took the nightshifts. In fact, I was so ill had I lived here in Minneapolis, my mother would have probably made me quit, but I lived in Seattle and I would not go home defeated.

DT: [chuckles] Which airline did you fly with?

KL: Northwest. Now called Northworst, but don't say that.

[laughter]

DT: We won't tell anyone.

When you looked to do the nursing degree, did you think about going to a diploma school instead of the University?

KL: I wanted to go to the University. In fact, I took my RN [registered nurse] right away, and, then, went back for my BS [Bachelor of Science].

DT: How long was the BS program at that point?

KL: We went for five years.

DT: What kinds of things did you do during those five years? How much class time do you think you spent versus how much clinical time?

KL: In the first three years, we had a lot of clinical time. Remember, the war was on, and we had to replace the nurses that were taken for duty, so we were given such responsibility which, of course, enhanced our degree, really. We were in charge of big wards and probably alone sometimes, because of the war.

DT: You were living in Powell Hall at this time?

KL: Yes. When I was at the University, I was at Powell, right.

DT: What was that like?

KL: It was nice. I always had nice accommodations and nice roommates, so it was a pleasant experience. In fact, I've got the tile upstairs from the building that we were in.

DT: Oh.

KL: During this time, of course, my future husband had left for the war, so it was mostly gals that hung out together.

DT: You met Doctor Lillehei...?

KL: At General Hospital.

DT: Okay, and this was when you were a student, still?

KL: Oh, yes.

I remember I almost quit. I went to help a doctor—it probably shouldn't be on the record—who was trying to get through... He had a patient and I think it was the dressing, and I really meant to help him. But, my supervisor gave me such heat, "Why do you stay after? You shouldn't stay after when your time is up. Also, you should have your haircut," and all this stuff. So I got angry. I thought, well, I'll quit because this is ridiculous. She, obviously, didn't like me. I met her several years later. She didn't remember me and we got along. For thirteen years, she ran for the presidency of the United States. She was always going there to nominate herself as a candidate.

DT: Oh! goodness.

KL: I was working one night. In that day, you took the medicines behind closed doors. You made up what each patient needed. Pretty soon, there was a rap on the door, and there stood an intern and a resident. You could tell because of what they wore [interns and residents wore different white coats—the intern's was short, the resident's was long]. They said, "We don't want you to quit," and they carried a bouquet of flowers, which I *assume* they stole from one of the patients.

[laughter]

KL: That wasn't my future husband. These were two other doctors. That was kind of fun.

So I, obviously, stayed and, then, went over to the University [Hospital], which was quite different in that the patients were so far apart. At General Hospital, we had everybody in one ward. If you got really busy... I remember one time, a redcap was in there. He knew how to do everything, so he helped me make beds.

Another one [patient], I was so mad at him, because... I think they must have been able to smoke, because there were ashes all over. He'd get so dirty and his foot was elevated. Kelly, my roommate and I, always took care of him and scolded him for what he was doing. It ended up at Christmas, when I was working and then—he was drunk—he came with gifts, one for Kelly and one for me. I kept it for a long time. It was a pin and some earrings. I thought that was very sweet.

DT: It is.

KL: He wanted to thank us.

[chuckles]

KL: My first experience the first day I was on duty, I thought, oh, what is this nursing? Somebody had the DTs [delirium tremens] and jumped out the window with his gown floating behind. I thought...ohhhh. I was pretty young.

Another time, one of my patients...his wife came in and thought she'd give him a puff of her cigarette, and he was in oxygen.

DT: Oh [whispered].

KL: I was the one who had to take care of his burns afterwards. He did live, but not for long. He died of a heart attack later. How stupid. She said, "But I only gave him a puff."

Those were my beginning days. They were quite traumatic, should I say.

DT: It sounds like it.

KL: Where do we go from here?

DT: What kind of responsibilities, then, did you have when you were working on the wards? What type of things were you doing?



KL: Not so much at General; although, you had the whole ward. You would have several patients. But at the University, you probably took over the whole floor, because, as I said [the war was on and doctors and nurses were recruited to serve].

I liked working at night. I liked the split shift where you were rotated. I enjoyed that, and I didn't mind working at night.

What sort of responsibilities? I thought we were given, when I look back, quite a bit. Patient care was...you took care of your patients. Another thing, because of the war our medicine cards were returned and we put wax over them so they could be used again. That's how sparing we were of all materials. I think of that often, those cards, you know, for one patient.

Then, I was extremely afraid of the dark. I'd been afraid of the dark since I was a little girl. One night I was working late, and I could hear this [sounds of gasps, difficult breathing]. I was almost afraid to go in the room. A doctor walked by and I said, "Will you go in that room with me?" Of course, the patient was having a seizure. It did scare me. I was still young.

DT: Based on your story about the intern and the resident who begged you to stay at General, it sounds like the relationships with the physicians were quite positive between nurses and doctors. Is that your recollection?

KL: Oh, yes. Many nurses married doctors. I think we were told not to. I can't remember, but I didn't get married during that time.

The reason I first went out with him [Doctor Lillehei] is because my nursing supervisor heard that the doctors were having a picnic. I had been invited. She gave me the time off. So she was in cahoots with him.

DT: [laughter]

KL: That was fun.

DT: That's great.

In general, the doctors respected what the nurses were doing?

KL: I think probably the other way around. We were the helpmates. I never felt that I was below, but we were. I didn't mind handing instruments. In fact, when I worked in the operating room, we were short doctors, so I was a first assist, just the doctor and I, because I had a very good friend who was the supervisor of the operating room and she took a liking to me. [Mrs. Lillehei asked that the recorder be turned off at this moment in the interview].

[Break in the interview]

So I learned a lot. I was the only girl in my family, so my mother didn't tell me about those kinds of things.

DT: You mentioned that General Hospital was one big ward where all the patients were close together.

KL: Right.

DT: And the University Hospital wasn't like that. Were there other differences between the two hospitals?

KL: Not really; although, we never took blood pressures at General Hospital. At the University Hospital you were sent there to take blood pressures and nobody was telling us how, which was stupid, of course.

In fact, I will tell you a story about one of my friends. She didn't know how [to take a blood pressure]. So she made a guess. Doctor [Richard] Varco came in and said, "Get that patient up in trendelenberg [the Trendelenberg position] right away."

[laughter]

KL: Dr. Varco came back and said, "Oh, it's a good thing..." She was a gal who if she didn't know it, she made it up. She was fun. She would never tell a story like it really was, but it was more fun to listen to hers.

DT: [chuckles]

KL: That was quite a shock for the doctor.

DT: You must have been working very long hours?

KL: Yes, and split shifts, like eleven to three. But when do you sleep, you know? Or three to eleven. If it was eleven to three, they'd take them on twice, seven to three, and seven to eleven. You really couldn't do anything in between except sleep. I can remember when I was on nights and had a class *way* across campus. I'd be in my pajamas, and I'd put my snowsuit on [because it was very cold], a big snowsuit then, and *race* across campus. The professor said, "Well, I guess everybody is here now," as I came in late, of course. It was nice and warm, and I'd immediately fall asleep.

[laughter]

KL: I didn't get very good marks in that class either, but I made it.

DT: That happens to students today, as well.

KL: It was so nice and cozy after running out in the cold.

DT: Do you have any memories of particular teachers that struck you?

KL: Oh, yes. There was one teacher that I didn't like particularly, because she was sort of... I don't know how to explain it. When my husband got ill, I was still in nursing, she came and offered money. It was a time when doctors were getting \$7.50 a month. So she did show compassion after all.

The nursing arts teachers over at General were so nice. I'll speak about one of those. I spent my Sunday afternoon making beds because I hadn't measured where you put on the cover, it had to be six inches. Apparently, I was five and a half or something. So one Sunday afternoon, I had to keep making beds till I got it right.

[laughter]

KL: Oh! That was dumb. You're bringing back some funny memories.

DT: Do I have it correct that you graduated in 1943 with your bachelor's?

KL: No, 1950.

DT: Okay.

KL: In 1943, I got my diploma.

DT: I see. Where did you get your diploma from?

KL: The University. Everything was the University.

DT: I see. I knew I'd seen two dates.

KL: I usually use the 1950 one.

DT: That makes things clearer.

Did you find that there was any difference in the way you were treated as an RN versus as a baccalaureate nurse?

KL: I didn't, because I went on to stewardess-ing after that, so I didn't have that connection. But, I think there is a connection. "Oh, I've have my degree." I think that's the terminology that was used.

DT: You said you were a stewardess for four years and, then, you decided to come back to nursing?

KL: Yes.

DT: You said already that you decided that stewardess-ing wasn't for you. You came back to the University to practice nursing?

KL: I was married then. I got married and, then, I did private duty after that. My children came along. It was difficult, because my husband was diagnosed with lymphosarcoma. I remember looking it up in the medical dictionary. It said that it was the most fatal type of cancer. He'd been given, at the most, five years to live, so there was no point in resuming nursing.

I was going to work for my master's. I had all the credits, but I never did the oral, because of his disease. I thought, later on, I can't go back now, because they're only taking about thirteen [students] for a M.S. degree course. I'm not going to use it, so I never went back to graduate with my master's.

DT: That's too bad.

KL: Well, not really, because I needed to be home. He wasn't going to live that much longer, they told me. Lymphosarcoma.

DT: Okay. But he did survive it, didn't he?

KL: Oh, yes. He survived to be eighty years old. But we always lived with that threat. If you buy a house, now, should you do this? Well, maybe. I remember the first house that we bought... He said, "Ahhh, maybe I spent too much money. I've got to leave something for you." That was the threat always—not a threat, but it was something that you were aware of.

DT: How did they treat his cancer?

KL: They did drastic surgery. They took out the sterno-cleido mastoid, the big muscle in the back of the neck, and, then, down into the chest until there were no more cancer cells. He ended up with a wry neck, you know. That didn't show at the beginning. As he got older, he couldn't hold his head upright anymore. He even exercised all the time to make sure his neck stayed up. He was a very proud person so... But he went on to do what he did.

DT: I was going to say, it didn't interfere with his work.

KL: I think that may have been why he worked so hard. You never know. He was not very vocal. He was *very* vocal with somebody in the profession, but not otherwise.

DT: What was your experience of private duty nursing like?

KL: Actually, they were so short of nurses that I didn't like it because they would say, "Can't you take another patient or two more?" You went to the critical one and what happens to the others who are paying you? More than once I said, "I don't feel I'm doing my duty. Please, I don't want to..." But I did, but, nevertheless, I thought it was very difficult.

DT: Did you work for a particular agency? Was there an organization that...?

KL: No, the University had their own.

DT: Okay.

KL: What was her name? She was a wonderful, wonderful woman, and she tried so hard to please everybody. She would just plead with you, "Can't you take another patient?" Well, you'd say, "Yes." But you knew you shouldn't.

DT: When you were doing the private duty nursing, would you see several patients in one day or was it...?

KL: That's what I'm getting at. I didn't want to take more than one patient. Private duty was private duty. Of course, it ended up it was semi-private duty

DT: Because, ideally, you would spend say eight hours with a patient?

KL: Yes. And you got eight dollars.

[chuckles]

DT: Was that quite a lot of money in that time...?

KL: I was married then and I had a little child.

DT: So how did you balance working as a private duty nurse with raising the children?

KL: I didn't do it very long just till I started raising a family. My daughter [Kimberle] was two years old when he got the news about his cancer. So that was when I just sort of gave up. Then, it turned out fine. We had a happy life, and everything has been fine.

I still enjoy the medical profession. My boys are in it. When I talk to them long distance, we'll talk about a patient and I enjoy that.

DT: Yes.

KL: One is in Boston. He's [Craig W. Lillehei] a pediatric transplant surgeon. The one [Kevin O. Lillehei] in Colorado is the head of the neurosurgery department at the University of Colorado.

DT: That's great.

What was it like when your husband was in the Surgery Department at the University? Can you talk a little bit about what the atmosphere was like in the department at the time?

KL: They worked well together. He worked with Doctor Varco when they did their first open heart surgery. He was very close to his patients. He didn't trust anybody else, so he stayed with them. We got acquainted with some of them and their families.

One time, I heard that this little boy had to sit around while his sister was in the operating room. I said, "I'll take the little boy." His father said he was a handful, and asked, "Are you sure?" I said, "Oh, I had three boys [Craig, Kevin, and Clark Lillehei]." I said, "No, problem." I made a mistake. I think he hung from the chandeliers! He was *really* tough. We ended up in the emergency [room] because he slammed one of my boys into a chair and he got cut. I said, "That's the last time I'll be so willing."

[I volunteered for the Red Cross for thirty years—while raising my family.]

[laughter]

KL: Walt was very close to his patients and made sure that they had good care. He would feel very badly when something went wrong.

DT: It seems like those were exciting and...

KL: They were very exciting days. After surgery, they would often meet here and do a post mortem, so to speak... They weren't dead, but they would go downstairs and talk it over how it went in a more relaxed atmosphere. They did that a lot, because we're so close to the hospital.

DT: Yes, sure.

KL: That helped. We moved to be close to the hospital. There was one thing that my husband told the boys, "When you're looking for a house, be close to the hospital if you're a surgeon."

When we went to New York, we looked at houses out a long ways. I had just been in a very bad accident, so I really wasn't with it and I didn't want to go. We went out and each house we looked at was beautiful. My comment was, "This will never do. He will be killed on the freeway. His driving isn't that great. Going back and forth, he'll never make it," so I sort of shunned that. We ended up in an apartment across from the hospital, connected to the hospital.

DT: Which hospital was this?

KL: New York. The idea was that he would commute from here, but I ended up being the commuter...

[chuckles]

KL: ...because he always was busy.

Before that, while he was still here [at the University of Minnesota], these were exciting years, and we traveled a lot. I usually went with him. That's the only time I saw him. I was lucky, because I had parents who would come over and take care of the children.

DT: Doctor Richard Varco, he was younger than your husband?

KL: No. He was older.

DT: Oh, he was older. I never quite understood who was the more senior.

KL: He was senior. Varco was sort of hard to get along with, but he and Walt were good partners. Varco made our Thanksgiving turkey—I mean, that's how close we were—or else Christmas turkey. And he'd come over here and the two of them would sit in the living room. I was trying to get things done and I suppose his wife was trying to get things done, too. There they sat and shared this experience for hours.

DT: [chuckles]

KL: Anyhow, they were very, very good friends.

DT: What about Doctor Wangenstein? How much interaction did you have with him?

KL: Oh, a lot. I think he was his [Walton Lillehei's] mentor. Doctor Wangenstein felt like his father. I remember that we were in Colorado when Doctor Wangenstein died. It was 1981 and Walt was giving a lecture. It was the most distracted lecture he had ever given. His thoughts weren't there. It wasn't that bad a lecture, but he usually gave really good ones. He was a good speaker. He really took it hard when Doctor Wangenstein died. Doctor Wangenstein was always very supportive of him. He wanted him to be his successor, but it didn't turn out that way.

DT: Can I ask why it didn't turn out that way?

KL: University politics.

DT: Do you care to elaborate on those politics?

KL: No. No. Neither do I care to elaborate on the new person.

DT: That's absolutely fine.

You and Doctor Lillehei moved to New York in the late 1960s?

KL: 1967 was a bad year. It was the year I had my accident—it's hard to remember—and our house burned. It's funny. Somebody gave me a Christmas plate that year. I think I dropped it, but I keep it. It's chipped. It's one that's got the date on it...a Christmas plate, 1967, so it is a reminder.

DT: You were always commuting on the weekends or...?

KL: I would stay there and we'd come back. It was not a pleasant time.

DT: How long was he out at the New York Hospital?

KL: Almost ten years.

DT: Oh. That's a long time.

KL: Yes. I say ten; it could have been seven and a half.

DT: Ball park, yes.

During that time, you maintained close contact with the Nursing School?

KL: Not quite during that time, because I was traveling too much. I took some courses at the University. It wasn't until later that we were settled that I got more involved with the Nursing School again.

When we were distributing some money, my son Kevin said, "But Mom, you've always liked the Nursing School. Why are you giving it all to the Medical School?" "Thanks. That's a good idea, Kevin." That was, of course, when we gave the money to the Nursing School.

DT: I was reading about that contribution and it just seems like such a magnificent contribution, and it has done a lot for the school.

KL: Of course, I said the Lillehei Heart Institute isn't even up yet and it was supposed to be up in two years. This was 1999. Doctor Frank Cerra said, "Oh, we'll have it built." Well, I will be ninety before it goes up. Maybe ninety-two...

[laughter]

KL: ...if it takes them that long to build it. Don't you tell your boss all this stuff. I think he knows it.



When he [Doctor Cerra] made a speech one time, one of the Regents stood up and said, “Kaye just said that she needs a parking space over there.” I said, “Oh, good suggestion!”

[laughter]

DT: Back to your experiences when you were a nursing student and when your husband was working at Minnesota. What was your interaction with Katherine Densford?

KL: Oh, she was great. Yes, we were in awe of her. In fact, Tess [Theresa Sullivan] has probably told you about that. We were still scared of her this time. Did she tell you that?

DT: I’m not sure, so go ahead and tell me.

KL: We thought we were someone. She [Katherine Densford] came out and she said, “What would you like?” We were there for a celebration for her and that’s why we were sitting just like we were students and something might happen.

[chuckles]

Yes, we did get close to Katie Densford. She was sort of an aloof person. Her personality was aloof. I don’t think anybody ever got *really* close to her. She was a wonderful administrator. She was followed by wonderful deans, also.

DT: Did you have much experience with Edna Fritz?

KL: Not so much with Edna. Who were the others?

DT: Isabel Harris.

KL: Yes, but, again, not as much with her either. Who are the others?

DT: Irene Ramey.

KL: Irene is the one who died [while she was dean].

DT: Yes.

KL: I think I’ve got some of her stuff up here, some of her Christmas things. I wasn’t quite as active then. Then who else followed?

DT: Ellen Fahy. [Did you like her?]

KL: Oh, yes, very much. That’s when I sort of got started on the board [of the School of Nursing]. Ellen lived right up here near me.

DT: Oh, really?

KL: Do you know much about her?

DT: I don't know too much, yet. No.

KL: She was an actress.

DT: Oh, she was?

KL: Yes. So, of course, she'd go to New York. Her husband was an artist. She was *very* interesting. She was followed by Sandra.

DT: Edwardson, yes.

KL: She is very capable, a very capable person.

Somebody was going to be the interim [Joanne Disch]. They were trying to get her as dean, but as interim, she didn't want it. She holds a chair under the Lillehei name.

DT: Oh, Joanne Disch?

KL: Yes, Joanne Disch. Thank you. Of course, as I told you, the new dean [Connie Delaney]... In fact, I just got a film of her jumping from a parachute. She gave me the film and I just happened to run it again last weekend.

DT: There were a number of things that struck me about your husband's work. In the 1950s, for example, was his involvement with the development of the heart/lung machine. Do you remember much about that?

KL: Oh, yes. In fact, the heart/lung machine, lots of the parts of it, were stored in the kids' garages. They moved stuff around and, finally, somebody over at the University decided they'd build it again for the museum.

DT: Yes.

KL: So it's in the museum. That was parts left over.

I also remember, I think when we were in Norway once when he was showing the machine, but somebody didn't connect it up right, and blood was flowing all over his shoe, and I'm trying to tell him this. Well he was so busy doing what he's doing he wasn't paying me any attention and I got soaked in blood.

DT: What about your experience with Earl Bakken, because, obviously, he was very important.

KL: Very close. I think Tess probably explained all that.

DT: No. I don't think she did.

KL: Yes, she did.

DT: Oh, that's right. But would you like to share it for the record, too, to have your perspective?

KL: Yes. That's the way it happened, just exactly as she tells it.

DT: Oh, I remember her telling the story now. Yes.

KL: Of course, he struggles to give Walt credit when he's talking. He's got a wonderful company [Medtronic] and his place in Hawaii sleeps thirty.

DT: Oh, goodness.

KL: I've been there once. When you go, you get your own little apartment with the food and everything, because they don't see you until dinner time. That's the way Mrs. Bakken wants it. She struck gold. She was a dance instructor.

DT: You mentioned that your husband and Doctor Varco and the others of his team would come here afterwards to discuss the surgeries. Did Earl Bakken ever come?

KL: No. He didn't come. It was just the surgeons. Earl Bakken will be in town pretty soon. Are you going to interview him?

DT: I would like to at some point. He's been interviewed before by a number of individuals.

KL: Yes.

DT: I would like to.

KL: He's a walking example of all the things that have been done. It's remarkable that he's alive. He's always accompanied by one or two nurses and his chauffeur. I had lunch with him one Christmas... maybe its three years now, and two tables, one for all his help and, then, he and I sat with his secretary. He's well taken care of but he can afford it. Thanks for being in the operating room at the right time.

[laughter]

KL: He's a brilliant man. Tess tells it very well, because she read it to me.

DT: That's true. I do remember her telling it. I've heard that story before, but it's wonderful to hear it from people who were there and experienced it.

KL: Yes. I think they were the highlights of the years at the University, because nothing has been quite as dramatic since.

DT: It really seems, from everything I've read, that the University, the Medical School, was the center of national and international attention.

KL: Exactly. It was like a hall of nations. It was fun to meet everybody.

You know what? Maybe you'd like to borrow a book that I've got. One of the doctors [Doctor John], he's an Indian...he doesn't speak a lot about Walt but he does as a surgeon. He's going to visit here now. In fact, he may be in town now. I don't know. He's combining his theology with his expertise. The book is done very well. You might want to borrow it.

DT: I'd certainly be interested, yes.

KL: It's just small. You can read it in an afternoon.

DT: That sounds good.

KL: Are you a reader?

DT: I am. I definitely am.

KL: I was glad they gave me the book because I really enjoyed it. I realized what a sacrifice he made, because that's what it was. So I feel Walt made a sacrifice, too, actually. He gave himself wholly. That's why I want the institute to remember him—not me. I'm enjoying it, but I want it for him. He deserves it.

DT: It strikes me that given that you were so important to his success because you were here taking care of the family.

KL: Oh, yes, and the family turned out very well. I'm proud of them and I love being with them. In fact, I have a friend who I go out with sometimes, and he said, "You get so excited when one of your kids are coming." I said, "I know! They're my kids!" When one of my kids is coming, I plan to be home.

DT: Your husband, did he grow up in the Twin Cities?

KL: Oh, yes.

DT: So that's why he went to the University Medical School?

KL: There was no other place that the boys were going to go. There were three boys and that's what they were going to do [said their father]. One's an internist [James P Lillehei]. Richard [C.] Lillehei, had he lived, would have been...well, he was really great. He did the first pancreatic transplant.

DT: Oh, I didn't realize that.

KL: In fact, they're doing a seminar in Germany now to honor him. I'm trying to find out more about it. I thought we would add some money to it. We haven't gotten word for what they want it for, but we'd like to do something, as I've done for Walt with the STS [Society of Thoracic Surgeons].

We've given money to the STS for a speaker. That in itself is kind of interesting. It's sort of an offshoot of this, but when STS told them we'd provide the money for a lecture, the person in charge called me. I said, "I'm fully aware that you choose the person. We're giving you the money, but it's out of our hands, but I have a suggestion: Doris Taylor with the stem cell."

DT: Ahh.

KL: The next thing I knew, they called back. She's accepted and it was wonderful. So she gave the first Lillehei lecture.

DT: That's great.

KL: We've gotten to be good friends. Of course, I'm really interested in stem cells. That's my first love right now, first whatever you want to call it. I saw her recently. We see each other every so often. She was so great and she said she was so nervous. They said it was one of the better lectures they've ever had.

We go each year. Actually, the one last year was good, too. They're all good. They work on getting somebody that's good.

DT: What does STS stand for?

KL: Surgical Thoracic Society.

DT: I had it Society of Thoracic Surgery [correctly, Society of Thoracic Surgeons].

Was Maurice Vischer also involved?

KL: Yes. Walt did his physiology studies with him. Walt got a degree in physiology. Doctor Visscher was, again, a hard worker. We went to dinner with them, maybe, but personally, I didn't really have anything to do with him.

DT: But he had a positive influence on your husband's development?

KL: Oh, yes.

DT: Sure.

KL: He and Doctor Wangenstein were very close. Since Walt was Doctor Wangenstein's boy, he made sure...

[laughter]

KL: I think some people were jealous of that. They thought that Doctor Wangenstein really gave him privileges. Maybe that was because he didn't think he would be around long. You never know.

DT: As you say, you can never know that.

KL: He certainly took care of him.

Then, his wife, his second wife, [Sarah A. Davidson Wangenstein] was a marvelous woman. In fact, my daughter said, "Mom, when I grow older, I would like to be like her,"—and she sort of is. She's quiet and reserved and smart. In fact, the boys even say their sister is the smartest one in the family. She didn't go on, except to raise a family, and, actually, she's done a good job of that. She was in computer science when she graduated. In fact, applying statistics to medicine was the course...

DT: Oh.

KL: ...which has gone by the wayside.

DT: I can imagine at the time, it was very important.

KL: Yes, that was when it all started. When I worked for the Northwestern National Life Insurance, that was the beginning of the computer age. We had big machines.

DT: You were working with those computers?

KL: Well, they weren't computers. They were big machines...well, they were called computers. They were machines with all the data. We had cards about the size of a check that we pushed through.

DT: Oh, yes. Were these Hollerith cards? Do you remember the name of the data cards?

KL: No. They were punch cards. I was a punch key operator, and that was boring.

DT: [laughter]

KL: I can still remember that Pittsburg, Massachusetts was 2526 or something like that. That number every so often comes to mind.

[laughter]

DT: You mentioned a little while ago about Doctor Varco—I can't remember what phrase you used, and I certainly heard from others—that he was sometimes a difficult personality to deal with.

KL: Yes.

DT: Do you know why that was?

KL: I really don't. I don't know. I knew him so well.

But I'll tell you when I was a student nurse, I was taking care of this woman who was very nice. She had elephantiasis. There were a bunch of sandbags in the room. Trying to be very neat, I thought, oh, I'll carry these out and put them on a chair. He came in there, "What are those sandbags doing...?" He just screamed. It made the patient so nervous that she reported him. She said, "My nurse was just trying to clean up the room." I didn't know him then. [laughter] Oh! When he was on the floor, his voice came over and you could hear him all over. Then, when I got to know him, he was quite a puppy dog.

[laughter]

KL: We were together a lot. They had eight children.

DT: Goodness.

KL: His wife was a very devout Catholic.

There was a suit at one time that was against Walt, because he was the main surgeon, but it also included Varco. The person who really did the damage was the anesthesiologist, and he was deleted from being sued. Walt *never saw* the patient, nor did Varco, but they were the ones being sued.

Anyhow, during that time, they quit operating for about a week or so, and it was the best time we had, because I would go over to the Varco's, and we'd all go out to dinner. I remember going over there while she was trying to get the kids fed before she went. Mine were being taken care of by my mother and father. One looked up at me and said, "Don't you like children?" I said, "Oh, yes." He said, "But you've only got four."

[laughter]

KL: So he assumed I didn't like children. That was kind of funny.

DT: It sounds like the wives of these surgeons were an important support system to one another? Is that fair to say...

KL: Oh, yes.

DT: ...that you spent a lot of time together?

KL: Well, there was the Faculty Women's Club, so in that respect we did. Yes, we did; we spent as much time as we could together.

DT: It seems like you would have similar experiences with your husbands working long hours and having to take care of the kids yourself.

KL: Oh, yes, definitely.

Doctor [Albert] Sullivan, Tess' husband, had a very good rapport with students.

DT: Where did your son go to [medical school]?

KL: He went to Harvard then. He said, "I'd rather go to Harvard." However, my next son went to the University of Minnesota.

DT: Was it difficult for your son to be here under your husband's...? Was he under your husband's shadow? Did people treat him as his own person?

KL: As his own person. I think that's why they didn't go into heart surgery. I don't know. They are in what they like. They're independent. I don't think they were overshadowed...

Kevin is Kevin Owen [named after Owen H. Wangensteen]. And do you know what? They didn't even send him a present when he was born.

DT: Ohhh.

KL: I thought, well, gee. A namesake. I always remember that. I don't suppose it had anything to do with him. It probably was his wife. It wasn't Sally Wangensteen. It was his first wife, who would have been around then. She was difficult. I remember her saying things at a party when somebody commented on her nice black dress. "Doesn't every woman have one when your husband's got gray hair"—just like that "have to have a black dress ready?" Well, I was young enough to think that was horrible. [chuckles] Walt was sort of the younger of the group, so these ladies were older than I was. I felt intimidated.

DT: I can imagine.



KL: But that's okay.

[chuckles]

DT: Are there any other recollections that you want to share with me either about your husband's experience or about the Nursing School or things that you've seen at the University?

KL: [pause] As I say, I read Tess' comments and I thought they covered everything that I can think of.

DT: I know in the late 1960s, 1970s, the Health Sciences were all reorganized so that the School of Nursing became autonomous and the vice president position was created.

KL: Right.

DT: Do you have any sense of how that changed things at the University?

KL: Well, Chip [R. Morton] Bolman was a professor and he was the head of the Lillehei Institute. Of course, Frank Cerra was the reason he left. Chip was a *wonderful* person, very passionate and wonderful with people. His wife was *very* supportive and very smart. She had a place over there. In fact, she looked up a lot of patients for Walt when he was doing some research. So it was a couple that was hard to lose. Now, when I say this, I'm not belittling Doctor [Daniel] Garry. It's hard for me, because I liked them both. But Chip was the reason that we gave the money to the University. He wanted to see it through. It is too bad that he will never see it through. But, as I say, Frank was part of the downfall

DT: Given your strong involvement with the School of Nursing, I'm wondering, did you have any experience with the State Legislature?

KL: No, I didn't.

DT: You stayed out of politics?

KL: I know that the School of Nursing went over there and did all this and I hope they got their way. I knew about it, but that's as far as I was involved.

DT: Yes, the politics is another issue.

KL: Right.

DT: Can you comment on any changes that you've witnessed in nursing practice and nursing education over the years?

KL: I'll bet Tess said something about that. Yes. I agree with her to a certain extent, except that it's all changed. We've got to flow with the change. The bedside nursing isn't anymore, and that's too bad. That's what we enjoyed and that's what we knew. Now, they use manikins and they aren't with the patients. So it's kind of nice when you see a nurse who is still a nurse. I agree with her in that respect.

DT: Do you think that the increasing emphasis, then, on science education within nursing has...? It sounds like you think that's changed nursing.

KL: It helps, but I think we have to have a different degree of nursing where they don't have to spend so much time in those sciences and probably get on the floor. I think probably you have to have different categories, which I think they're trying to do, the nurse educators, and then you have a practical nurse.

DT: It's interesting. In the mid 1960s, the School of Nursing's practical nursing degree was cancelled.

KL: Eliminated.

DT: Yes, eliminated, and it was left to the other schools in the area to take over.

KL: Right.

DT: Did you think that was a particular loss at the time?

KL: Well, I think it had something to do with the times. Yes. The University now is getting where the higher education is more important, the masters and Ph.D.s and whatever.

DT: Did you have much experience using different technologies in the wards when you were a student and, then, when you were doing private duty nursing?

KL: No. It was pretty much the same. I remember when I went back from being a stewardess to taking my first patient. It was a friend, and she said, "Oh, please, come back and take care of my father," which I did. Fortunately, on the floor was somebody that was in my class who was in charge of the ward, because there were some things that I had forgotten. She could help me start things and that helped. That's sort of looking back in the history of things.

DT: Of course, now, so much of nursing involves working with machines. The technology is...

KL: Absolutely. I go to the hospital a lot for myself and for my friend; in fact, so much so that the valet parker recognized him and called him by his name.

DT: [laughter]

KL: We were there yesterday, and we'll go there tomorrow. Everything is on the computer, so, in a way, it's helpful unless the computer breaks down. I talked to someone yesterday that's a friend of mine, and I was sort of wondering about my friend's appointment. "Oh, I can look him up for you." She's not even a nurse. She said, "It's on here." I said, "Oh, good." That's how things have changed. Everybody has access to everything. Is that good or bad?

DT: [chuckles] Yes, that's the question. As you say, it definitely changes things.

Do you have anything else that you'd like to share with me?

KL: I don't know. I sort of told you all the things I probably shouldn't.

[laughter]

KL: Have you talked to [Laurel] Mallon, over at the University? She's a fundraiser.

DT: Oh, yes, Laurel Mallon. Yes, we've been in contact a lot. She's helping me locate people to speak with.

In fact, do you have any suggestions for whom I might interview?

KL: Have you interviewed any of the deans?

DT: I'm going to be certainly interviewing like Sandra Edwardson and Dean Delaney. Is Ellen Fahy still...?

KL: No.

DT: They're definitely on my list.

KL: Okay. I think you'll get all the information you want in that respect then. They're very knowledgeable and they're very nice.

DT: Yes. I'm definitely looking forward to speaking with them.

KL: I'm just a peon in the whole works, but I enjoy it.

[chuckles]

DT: It sounds like you've played a very important role in the school's development.

KL: Not really, but I support them.

DT: Yes, and that's always important.

KL: I don't mean money-wise. I mean support them in what's going on.

DT: That's always been important for the school, I think, to have people supporting them, to have alumni showing their support, and the public more generally...

KL: I think so.

DT: ...especially given how important the State Legislature is in funding them. You need that kind of support, and, then, when there is financial support involved in that, it's always going to be very important. It's interesting... A number of people I've spoken with who were nurses have made the point to say that they are leaving money for the School of Nursing because everyone leaves money for the Medical School because it's kind of the obvious thing to do, but it's important to watch out for the nurses.

KL: I think there are many people who feel that way.

In fact, this picture I've got... I think both of them will leave money, because they're both interested. They were sort of tops in our class.

DT: Do you remember their names?

KL: Ruth Groves Roth is one. Ronnie Rolf Winsor is the other.

DT: When was that photo taken?

KL: About two months ago.

DT: Oh, wow. That's great.

KL: Here we are standing by all this old equipment.

DT: Yes. That's fantastic.

Well, thank you, Mrs. Lillehei. This has been really wonderful.

KL: I hope it's been helpful.

DT: Oh, it has! It has. It's been a real pleasure to speak with you and to hear about so many of your experiences.

KL: It's been a good life.

DT: Good.

KL: You've been very patient.

DT: Thank you.

[End of the Interview]

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