

Theresa Sullivan, 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 20th 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

Theresa “Tess” Sullivan received her BS in Nursing Education from the University of Minnesota in 1947. She worked in the University Hospital as a nurse until her marriage to Dr. Albert Sullivan, who was a faculty member in the Department of Surgery at the University of Minnesota from the early 1950s and served as associate dean of student affairs at the Medical School from the 1960s.

Interview Abstract

Theresa Sullivan begins by describing her education and her decision to become a nurse. She discusses her experiences as a student at the University of Minnesota School of Nursing during 1940s, her clinical experience, and working as a nurse at the University Hospital in the 1940s. She discusses World War II; changes in nursing and medical practice since the 1940s; nurses’ relationships with interns; how physicians and surgeons treated nurses; diploma nurses; the atmosphere around the Medical School in the 1950s; the Medical School faculty’s relationship with their students; the position and power of the Medical School within the health sciences and the University more broadly; attitudes of local medical community toward the Medical School; and the relationship between the Medical School and the state legislature. She talks about her husband, Dr. Albert Sullivan; Earl Bakken and the development of the pacemaker; Walton C. and Katherine Lillehei; John Najarian; and Katherine Densford.

Interview with Theresa “Tess” Sullivan

Interviewed by Dominique Tobbell, Oral Historian

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

Interviewed at the Home of Theresa Sullivan

Interviewed on October 7, 2010

Theresa Sullivan - TS
Dominique Tobbell - DT

DT: The following is an interview with Mrs. Theresa Sullivan on the date of October 7, 2010. It was conducted at Mrs. Sullivan’s home at 1978 Portland Avenue, Saint Paul [Minnesota].

TS: It’s wonderful to see men having come up into the field. Nursing has taken just a complete 360-degree turn from what we did. Patient care...one thing then, it means something else now. So I have seen many, many changes in nursing, and I’m not sure that all of them have been to the benefit of the patient, from the patient’s perspective. Now technology has grown so. We had limited technology.

I think I told you I had finished home economics [at the University of Minnesota]. When I graduated from high school, I told my counselor in the school that I wanted to be a chemist. That was in 1940. He said, “Oh, no, no. Oh, no! You must not be a chemist. That is not a profession for a woman. You must be a nurse or a teacher.” I went home to my mother and I said, “Oh, Mother, Mr. [unclear] said I shouldn’t be a chemist.” She said, “Oh, that’s all right. Go into home economics. That’s a *wonderful* preparation for marriage.” Of course, that was the goal, strictly the goal. I had no more idea of a career or anything else. It was to get married and have a family. I was sort of rebellious kid, but I listened to my mother.

So I took home economics, which I did not like at all. I loved the related art. We had some perfectly marvelous teachers in related art by the name of Goldstein [Miss Harriet and Miss Vetta] for whom a gallery is named now on the Saint Paul campus where they collect designer clothes. I don’t know what else they do. Their art department and their textiles department really fascinated me, and I loved the two Goldstein women. They were elderly women by the time I was at the University. They were lovely and gracious.

This is a state school and people came from all over the state and some with more sophistication than others. I made some my best friends then. I grew up in a very small town and I met many, many others who were also at the same level of sophistication. These women were *very* sophisticated, very kind, courteous, generous, and always teaching in a non-pedantic way. I respected them and really loved them very much.

Teaching eighth grade girls how to cook... The spray had come into the kitchen. I don't know if you even notice now, but the sprays are attached to the faucets and you can spray. Well, that came in with a cord and a little spray on the end. The eighth grade girls would be spraying each other.

[chuckles]

DT: I'm sure.

TS: They had several home management homes on the Saint Paul campus where they tried to simulate family life. One even had a baby there for a short time. I was bored with it. It was not exciting.

The war came along in 1941. I was a freshman. I watched my friends go off to war, men...boys going off to war, and lot of them were being killed, which was devastating. It was a war that was very popular in this country. If people were not in uniform, you looked at them askance. There was some wondering, was he a draft dodger? What is he?

However, at the University, at that time, Doctor Ancel Keyes was one of the people who was asked to do the K-Ration. That was before they began to use them for the troops. So I had known about what they were doing over in the stadium. Their offices were in the football stadium. The war was very much on our minds. I decided that I wanted to do something for my country. Everybody was doing it. Women were going into plants becoming factory workers and so on.

So I took my transcript—I had finished early—and went over to see Miss [Katherine] Densford, who was the director of nursing, an *absolutely* beautiful, imperious sort of woman, who, if you didn't know her, you were very much impressed with her and didn't want to make any kind of faux pas. I made an appointment with her and I took my transcript. When I finally went in, I told her who I was and what I had done and gave her my transcript. I said, "I would like to go into nursing, get my degree in nursing." She looked at the transcript, and she said, "This is very good, but why would you want to do that?" I said, "Because I want to do something for my country. I feel very left out." She said, "Wonderful." She took it. There was no question about it.

I went in. I'd already had the equivalent of four years of college, though I had about three, in fact. There was a rule at the University: you could not graduate from any college unless you had forty-five credits every year. It was kind of a ridiculous rule, but it was to keep people in school. I transferred into nursing. Well, I had already left home

ec, finished it. I went into nursing, took some courses, but they were very easy. I'd mostly had them or they were not difficult.

We had clinical experience when we went into the hospitals. Immediately, I was given... Oh, I should say that my class, a very small class, was made up of women who had college degrees. I don't know that any of them were science related. I think there were a lot of them who had to take all of the sciences. They were older, more mature than I was. I was twenty years old. I immediately got into having lots of responsibility. I recognized, well, there are no graduates here, so somebody has to fill in the gap, and it's going to be those of us who are here, the bodies who are here. We had big wards, ten patients in a ward. We had one station that was a private patient station, and that was Doctor [Owen] Wangenstein's. That had single rooms. They shared the station with an eye service that had a ward. They had forty-one patients, which was a big station. We rotated to all of them. By some happenstance, I never rotated through medicine. Every time it was time for me to go to medicine, they would send me to surgery, as if I were *destined* to work in surgery!

But, I liked it, because surgery was exciting. People either died or recovered. In medicine, they lingered for a long time. Those were the days of long hospitalizations, county patients, for the most part. We saw *very* few private patients.

I met women in that class who have remained my friends.

We all sort of grew at the same rate, had similar interests, were *absolutely* devoted to our country. That sounds tacky now, but we were patriots, maybe too nationalist, I don't know. The war was always on our mind.

When I was a junior in nursing, I became the night pediatric supervisor, which, if I were asked to do it now, I would *never* do it, because I would know that I was not qualified.

But they didn't seem to care whether you were qualified or not. You had to have somebody there. My friends were working nights, and I was the night pediatric supervisor. One of the duties was to mix penicillin. Penicillin had come in as a dry product in little bottles, and we had to add sterile water. We had to make a liquid so it could be given by injection. Penicillin was given in 3,000 units and, now, they give enough for a week doing it by released dose, timed released. I would be supervising my friends, and I felt horrible...horrible. It was interesting. Wally [Wallace] Armstrong, who was the chief of Biochemistry, decided to come back. He did not have his medical degree. He had a Ph.D. in bio-chem. He was an intern then and Fritz [Frederic] Kottke, who was the head of Physical Medicine, was also interning then. So we were all comrades.

They had more knowledge than I did.

One night on peds, I had eight children. We saw a lot of sub-acute endocarditis, which was the inflammation of the valves of the heart following scarlet fever. We had many

young children whose families brought them to the hospital and, then, had to go home. These children were left there without anybody's support. They would cry, and they would try to get out of the cribs, and we would restrain them. We would tie their legs to the crib. I think now what we should have done is pick them up and held them, but we were young and there was a lot of work to do. We weren't worrying about anybody's psyche, I think. Eight children went sour one night. It meant eight oxygen tents. An oxygen tent, in those days, was a big, bulky, cumbersome devise. It was sort of a tent devise. You had chipped ice on one side, in which oxygen was fed, and these children would get cold oxygen. Then, they were completely enclosed with this tent. Eight of them! So I put eight of them in one room with one nurse. Who were the nurses? The students. We had very few, I've mentioned, graduates, except for a few supervisors. You never saw a general duty nurse then.

We had limited supplies for pads. Now, I see them using so many pads, the pads that you put under a patient to keep the bed linen from being soiled. They just toss them. They get wet and they toss them now. We used to sew newspapers together with old sheets over them and stitch them.

That's what nurses did. They were really doing *menial* work.

I remember Station Twenty-One, which was a very large surgical station where all the bad infections went and so on, so it was a station that was not very pleasant to work in. We had nine thermometers for twenty-two people. The idea of requisitioning more thermometers... You could do it, but you wouldn't get them. We had needles that were sharp, but they all had burrs on the end. The interns always drew the bloods. One of the maids, who worked in the treatment room, who would go around with the interns when they would draw blood, would be removing the burrs off the needles...and very few needles. I remember when plastic came in, plastic sheets, wonderful! My gosh! They were sort of unlimited. We were always trying to think how to use plastic. We had rubber sheets on the beds to protect, again, the linen. There were very few supplies, and we took care of them. There was no such thing as tossing a needle. Of course, nowadays, there are many more reasons to toss a needle. But, then, we didn't have HIV [Human Immunodeficiency Virus]. The things we had were things you could see and feel and smell. There were not these esoteric diseases. People weren't traveling. We saw heart disease and gall bladder, people with gallstones and that kind of thing where an operation could cure.

Then, in 1950, Walt [Doctor Walton C.] Lillehei, whose wife is my best friend, one of my best friends... She and I had been friends for many years, and when she married Walt, he was working not the heart, and he did the first open heart surgery. He had worked on cooling the body. It was before they had a machine, a heart/lung machine. He and John Lewis, who did the surgery, worked together, and Doctor [Richard] Varco. Walt was a fellow, as was John. Doctor Varco was staff. Then, Doctor Wangenstein was the chief, and he, again, had the position that Miss Densford did, one of great respect. People were always on their best behavior and you tried never to offend them. Well! it wasn't a question of offending them; you wanted to do whatever they wanted.

Eventually, I was sent up to be the head nurse on Doctor Wangenstein's station. This part I do not want you to record.

DT: Okay.

[break in the interview]

TS: He did a lot of surgery. He was the major surgeon, though Doctor Varco was considered a very fine surgeon. I knew all these young fellows coming up.

Walt Lillehei and my husband [Albert Sullivan] had been roommates at the Phi Chi House one summer, though Walt was quite a bit older than Al. My husband had come here from Tulane [University] when he was a junior. His chief of surgery there had sent him up to Doctor Wangenstein when he was a student, and I met him then. Everybody was saying, "Oh, this southern boy is really cute." He and I sort of fell in together. We were both interested in France, French, going to French films and that sort of thing, and we started dating. He went back to finish his senior year. Doctor Wangenstein asked him to come back here to intern and do a fellowship. But before he left Tulane, he had arranged to go to France, to Paris, for two years with Doctor [René] Leriche, who was the outstanding French surgeon then and was doing arterial grafts. That was *long* before heart surgery. He worked at the American Hospital [of Paris] in Neuilly-[sur-Seine] and that's where a number of American fellows had worked. I would hear how the Americans would get together with the Frenchmen.

I think they learned a lot from those French doctors. That was the celebrity hospital in France. That was after the war in 1949. My husband had interned and had started his residency, and I had finished nursing and had worked for one year. My sister and I planned to do the grand tour of Europe. That was about nine months after Al was gone to Paris.

Al left the University Hospital, but he didn't get to Paris right away, because his father disappeared in the Bermuda Triangle. That was at the time that strange things were happening in the Atlantic. Ships would disappear. Planes would disappear. Of course, there was a lot of mystery about it. My husband's father had gone out on a deep sea fishing trip with several other men. They were to come back in two weeks, and they didn't return. They don't know when they disappeared, but, they thought, they probably had a fire. The wreckage had probably been dispersed in that time. So he spent time just flying up and down the Atlantic Coast looking for remnants.

Well, he finally left several months later and went to Paris and was absolutely captivated, his dream coming true. I met him. My sister and another friend and I were going to do a three-month tour. He met us at the boat train, and he wanted to get married. I'm not so sure this is pertinent; it's not pertinent to our nursing life. He was not Catholic and I am, and that was a serious problem in those days. That was 1949, almost sixty-two years ago now. I thought, well, I've come here to see Europe. I didn't come to get married. I was

very frank with him—as I said, I’m very direct. He wanted to get married in the Pro-Cathedral, which is the big one in Paris. I knew that it was Episcopalian and I said, “Albert, I know myself better than you know me. When I go into something, if I’m not convinced of it when I do it, it never gets better. Your life would be miserable, ‘cause I’d make it miserable.”

I would. Well, he wanted to be married in that church or any Episcopalian Church, not in a Catholic Church. So we went, my sister and I, and traveled for three months. Not a “Today is the third day and we’re going to spend two days in Brussels” or... It was a little more leisurely trip. We were limited where we could go. After three months, I went back to Paris and he said, “I will get married any where, anytime, any place, under any condition you would like. I thought, ooh! That’s wonderful but you don’t ask that from somebody you love. But I wasn’t so scrupulous that I didn’t.

DT: [laughter]

TS: So we got married in Paris.

When we came back to the States, we came back to the University, and he filled in immediately in surgery, and I worked a short time in the [Student] Health Service doing freshman physicals for the whole student body, not limited to any one college.

Then, I got pregnant, and I had eclampsia. It was a *very* serious disease at that time. There was not much one could do, and I was allergic to barbiturates, which was the only thing they really had. So I was in the hospital in a darkened room on bed rest for a month before the delivery. Then, we had a child, and, after that, I never worked for any remuneration, but I was very close to the school.

Miss Densford...I’m not sure what year she finished, when she resigned.

ST: Nineteen fifty-nine.

TS: Yes. She was gone already by then. Was it Edna?

DT: Edna Fritz.

TS: Edna Fritz was her successor.

DT: Sometime in the late 1950s.

TS: I’m not sure if Edna Fritz started the foundation [School of Nursing Foundation]. I know that Elvera Walker was the founding town person. I think my husband was one of the first people on the foundation board. He always liked the nurses. He always considered them coworkers, and they liked him. I went on the board later.

Kaye [Katherine] Lillehei and I always kept very close to the Med School and the School of Nursing. Was it in 1951 that Walt did the open heart [surgery]?

DT: I can't remember the date. [Correctly, 1954.]

TS: Of course, then, he began taking all these foreign students. It was a *very* exciting time. People wanted to come to Minnesota.

I think Edna Fritz had some ideas, but she didn't stay very long. She was succeeded by...

DT: Isabel Harris.

TS: Oh, yes. Is had been on the staff, and she had a feel for the school. Then, they began to do graduate programs, attracting nurses, three-year nurses, getting them to come back. I think that was kind of a chaotic process going from RN [registered nurse] to a B.S. degree. It was five years when I went and, now, they don't have a five-year program at all. They don't have a four-year program. What is the basic program?

DT: It is a four-year degree.

TS: Four years. Then, they encourage people to go on and get a Ph.D. We always had a little arch in our back about Ph.D.s because the more education you get, the farther away you get from the patient. If you have these humanitarian ideals—young people frequently have a lot of them—and you want to do something for a patient, if you go to an academic environment, you're encouraged to go on. I think everybody should go on, but not necessarily in nursing. I think a Ph.D. in nursing would be wonderful, but I think it should be with music or humanities or archaeology or something that would benefit the patient, but, also, educate the individual.

DT: Yes.

TS: It was an exciting time. I'm very glad I did it. I made friends and I met people who have remained models for me.

My husband, of course, then went into the Med School and became... Well, first of all, he was the head of the Cancer Detection Center. They were seeing outstate patients, so many people who did not live in the Cities. The University was a mecca. People wanted to come here because they were doing things. They were innovating. Other schools were doing the same thing. For this area, and particularly throughout Minnesota, the University was highly regarded, as was the School of Nursing and the School of Medicine.

I don't know what else to tell you. I think medicine and how it's delivered and how people are medically treated is different now. There is far less interest in the more menial aspects.

However, I was a patient recently, and I had been put in hypothermia, so I was not aware of what went on. But, when I came to, I felt as if I were in Nirvana. The people were *so* attuned to my needs. There were times that I was so uncomfortable. I was black and blue from neck to my waist. I'd had three cardiac arrests, so they had pummeled me. The night nurse said to me one night—I was very uncomfortable—“You’re going to sleep tonight. You’re not going to have anything to sleep.” She gave me a bed bath and a back rub. Well, those things are not considered...but, I’ll tell you, they’re pretty therapeutic.

DT: Yes. That’s funny you say that because another nurse that I interviewed—I think it may have been Flossie Marks who said this or maybe it was Ida Martinson, one of the two—said that that’s what they had done when they were practicing in the 1960s, and that it had done the trick. I think it was Doctor Martinson who said it, said that it was the way to get people to sleep.

TS: It was relaxing. You become very egocentric when you become a patient.

You somehow that’s taken away from you. Somebody else is looking out for you. It was a wonderful reaffirming feeling I felt. I thought the art of nursing has not left. The people in ICU [Intensive Care Unit] are *highly* skilled people. They have to become *very* knowledgeable about dosing and keeping track of monitors and responding to the monitors. So the skills are different. They’re more highly honed. Observation was always important, but this is something that they have a machine that will tip them off. So I’m impressed with how the needs are technically answered but enhanced by a human.

DT: It’s interesting that you say that. I know that during...I suppose it was more in the 1950s when you weren’t practicing anymore, there were a lot of new technologies being introduced after the war.

TS: Oh, yes. Well, that’s one thing the war does. It’s a terrible, terrible thing having lived through a war and actually experienced friends that I knew very well having terrible deaths and so on. They do make medical advances... My husband was in the Korean War, and he was in a mobile hospital, a MASH, they operated in tents, and they did things like triage, and had to decide who would get the treatment, because there were only so many available aides. They hone skills that are in people but are not developed.

That’s what I think nursing has done. I love the idea of nurse practitioners now. I think nurse practitioners, the ones I’ve encountered, have been excellent. They read a chart. They do not feel they know everything. They’re willing to go to resources. They pay attention to what the patient says, and you don’t feel like you’re in a mill. So what I’ve seen of nurse practitioners, I like very much. And I also think that nurses are going to be the ones to deliver mental health care, and I think it would be good.

DT: You're talking about how great nurse practitioners are, and, particularly, about being responsive to the patient. Do you see that contrasting some with physicians, that they don't keep the patient focused or...?

TS: You know, I'm not going to knock physicians. I think they are limited by insurance companies. I think they have to produce so much, and lot of work has been delegated. I don't know if my internist nurse is a nurse practitioner but he [my physician] has somebody who does all of the rec [record] recording, the bloods and so on. Doctors used to do those things. They don't do that anymore; so, their work has changed, too. I don't know about doctors keeping up with the literature, but I think the nurses do. I'm very partial to nurses. I think in the academic environment, we have to expect that that's going to be the trajectory. They're going to be training people to be teachers, to be educators, whatever, and they're not going to be doing nursing in a primary hospital.

I think Connie Delaney [Dean of the School of Nursing] is superb. I'm very impressed with her. I think she's very empathetic to her staff and I, also, think she's a futurist. That's what you have to be now.

DT: I have some follow up questions from this excellent information that you've given me. So I hope I can quiz you a little more.

TS: Sure.

DT: You mentioned that the reason you went into nursing was this sense of patriot duty. Did you consider doing other things toward the war effort, because nursing wasn't...?

TS: There was the Red Cross. I just felt, oh, they're not skilled. These are people who are good natured people, who are generous and wanting to serve. Many social workers went into the Red Cross. I wanted to be a hands-on nurse. I had two aunts who were in the war. They were on a hospital ship. The one is still alive; she's going to be ninety-five next month.

She made twenty-five trips across the Atlantic picking up patients, spending, sometimes, a month... well, they used to be in convoy. Then, when the hospital ships were fired upon by the Germans, they no longer went in convoy. She said, "Frequently, it took a long time to come back with these troops." They didn't have helicopters and things to evacuate people, so there was a lot of medical care that was going on on the ships. She said that they took the *Queen Mary* and absolutely stripped that ship and, then, put in layers of bunks, three layers of bunks. The nurses always wore pants, because they were crawling up the bunks. The sickest people were always kept on the bottom and the people they felt needed less care were on the top two tiers.

She's never talked about the war until two years ago—never. One of the children in the family was interviewing her, and she was telling this story. She said she climbed up to the third bunk to give medicine or something to that fellow up there, and the young boy—she said he was seventeen—who was on the lowest bunk kept pulling her trousers,

and saying, “Mom, help me. Help me.” She said when she got down, he was dead. She wept. She cried. She’d *never* had that catharsis, *never* till them. She said, “We always treated our casualties with great respect. Nobody got off that ship till those bodies left.” So, for many years, she carried those stories. She also made six trips across the Pacific picking up casualties.

ST: Wow [whispered].

So many people died because they didn’t have good medical...didn’t have field stations. Well, now, I think we’ve made enough medical advances through war. I think we’re due for some other way.

DT: Yes. But, really, having your family members serve the war in that way, that was...

TS: Oh, yes. You’re young. You see people carrying posters for everything, reacting to everything. Well, this is one time when the country was really together. The conscientious objectors went into Ancel Keyes’ program and starved, starved! So, even they were saying, “I’m a pacifist. I don’t believe in war.” Well, I believed that we had to defend. Then, when we heard what happened... I have a friend who is French, and she grew up in a little town in the Massif Central and her parents were the spirit of pacifism but rebellion. Her father said, “There are weapons of the spirit. We do not have to carry a gun. We can fight these people.” And they got 5,000 Jews out of this little town of Chambeau. It was a world war. It really was. That was evil, and there’s still lots of evil going on. I don’t know if you can experience a feeling... I suppose if you lost a child or your mate...I mean that’s pretty bad. That’s very bad. But, when your country is threatened like that, and you see children separated from parents and parents going in one crematorium and the child in another, you know, we shouldn’t stand for that. So my effort was to be hands-on with those persons who were willing to give their lives. I don’t think we get enough of that now.

Well, I don’t want to be critical. I’ve had a very traumatic event in the last three months, and I don’t want to be critical. I would like to be more proactive than inactive or destructive. But, we’ve got to do something to change people’s minds. This country is so divided and angry. I just feel that that could be part of nursing, medicine. I think there’s a lot of mental disease—maybe not disease but dysfunction.

It’s interesting... I had home health care here. I had a nurse. I had the PT [physical therapist], an OT [occupational therapist], and a home health aide. I was *absolutely* forbidden to go out to any social event. If I did that, they would drop me. I said, “That seems so punitive. Why?” “Because Medicare said they’re trying to get you to the point of being able to do those things without their assistance, and they do not want to pay for a social life.” I think it’s therapeutic to get out.

DT: Right.

TS: I think that Medicare has to assume, not assume, has to *know* that it is paid for by the patient. I wrote that in my evaluation. I said, “I liked the nurse. I thought these people were empathetic, served me well, did what needed done, but, I was concerned about how punitive Medicare is.”

I think it would all be easier if we were nicer.

DT: I guess when you were going through nursing school and working with patients, you didn't have those kinds of pressures?

TS: No, never. Medicine had very little to offer then, very little. Doctor Wangenstein did some very radical things. The most technical instrument I ever saw was a Stedman pump, which is what they put on drains. We had lots of subphrenic abscesses, abscesses under the diaphragm. Well, nowadays, you don't see subphrenic abscesses because they get rid of them before they become...

Of course hospitals are just absolutely infested with everything, so you don't want to stay in a hospital very long. I was very fearful. I had a bout of gout, and they wanted to put a needle in my toe to diagnose it. I said, “Absolutely not.” I was afraid the whole time I was there that I would get MRSA [Methicillin-resistance Staphylococcus aureus].

I had kept up pretty well, because of my husband, I think. Our friends mostly were medical, so I knew what was going on, the waves of whatever is happening in medicine.

I'm hoping for more success from the School of Nursing and more recognition.

DT: Yes, indeed.

When you were a student, can you talk a little bit more about what your experiences were like being a nursing student here? Obviously, you talked about the clinical side of things. But, I'm wondering, aside from K.J. Densford, were any other notable faculty that you remember?

TS: There were a few old faculty, but we were pretty much integrated into the University, so you took your chemistry, your biology, your pharmacology in those departments. I don't know what they do now, if they still get pharmacology from the pharmacologists or is the pharmacologist a part of the School of Nursing? Then, of course, because of the five-year requirement, I had many of the non-nursing courses. You were encouraged to take other things, so I took humanities. We had a wonderful Humanities Department then. Alburey Castell was one of the leaders. There were a few graduates who kept on as nursing arts teachers. A couple of them wrote a nursing arts book that we used. The people were pretty transient, I would say. There were, as I say, a few graduates around, just mainly students. They relied on the students.

We would work. Maybe you'd go to work at seven a.m., and you'd have a class at ten. You'd go back on the station from eleven to, supposedly, twelve. You would skip your

lunch hour, because there was so much work to do. You would not go to lunch, but you'd go to your next class. Then, you'd go back for evening care. So our time was taken up totally. You became a cog. It was like going into a convent. You just did whatever the order was.

We did have fun. We had lots of fun. We all lived together in Powell Hall. Now, they don't do that anymore. That was a very uniting thing. We got to know each other from different classes. I had about ten friends who left... I was one of the few who lived in the city. The rest lived in other parts of the country. Well, they always would come here, and I would have lunch or I would take them out to lunch. So I always knew what everybody else was doing. We all grew at the same rate. We were matched in ability and interests, but our nursing interest remained.

One of my nurse friends, who lives in Albuquerque, was just honored as one of the outstanding... She was Margo Dowd; she is Margo Davis now. She lives in Albuquerque. It was interesting speaking to her recently. Her daughter is young, perhaps fifty, and she's thinking about getting a master's in nursing here because of her mother.

I don't know what the geographic spread is in the school now. I wish it would develop a reputation that would make it a mecca.

DT: What kinds of things did you do for fun in Powell Hall?

TS: Well, we talked about men. [chuckles] We did a lot of that. Every Friday, we had a tea. What was she called...the woman who was the headmistress of Powell Hall? I don't remember what her title was. Mrs. [Dorothy] Kurtzman. She was quite stern. She was also going to teach the women their social graces. Is Powell Hall gone?

DT: Yes, it's gone.

TS: That's right. It had a very lovely meeting room where they had a very nice tea set and two tables. She wanted to encourage graciousness and so on. We would chat. Some of the teachers would be there.

Myrtle Coe was outstanding. She was married to John Coe, who had been a medical student at the U and, then, was a very excellent forensic pathologist. Myrtle taught physiology and became a great friend to all of us. That was one friendship that went on. Miss Heyse was one of the nursing arts... Our lectures were mainly from... If you had a surgical lecture, you had a surgeon or neurology, a neurologist and so on. I don't know what the curriculum is now or how they deliver it.

DT: If you take, say, one day when you're working in the hospital, what was that day like? What kinds of things were you doing on the wards?

TS: You did whatever you were asked to do and, then, you looked for things to do when you had free time. You never stayed idle. I remember when I was a head nurse, when I

would write evaluations on people, I would always write about what they did as a non-requirement. Those were the people that, I think, were going to be the leaders.

We had so little free time. We had foreign films at Northrop. We had lectures. We had convocation every Thursday. So if you were free, you could go over to those things. We dated, of course. They were the interns. Most of the women had either husbands or boyfriends in the war. Oh, I played bridge. I played *lots* of bridge. I used to play bridge till three o'clock in the morning. I loved it. I haven't played bridge very much since. There were four of us. There were two fellows who were in meteorology—the meteorologists were also on campus—and another woman and I who played bridge. We had picnics down on the flats. There was no showboat then. We used to play baseball with the interns. It was pretty unsophisticated. Every now and then, we'd go downtown, but rarely. I think the streetcar was ten cents. I think a beer was twenty-five cents. I didn't drink beer. My husband would spend fifty cents on a date. He'd buy two beers and he drank both of them, because I didn't drink beer.

[laughter]

TS: It was totally unsophisticated. I always subscribed to a newspaper when I was a student at the U and followed the war. We didn't get information like you get it now, instantaneously. We didn't expect much. I grew up through the Depression. I didn't know that we were poor, but we had a family who lived with us. It was a one income community. It was a small town. Everybody was poor.

DT: Which town was this?

TS: In northern Minnesota up on the Range. Buhl was the town.

DT: It sounds like the nurses seemed to have very close relationships with the interns.

TS: Oh, yes. Yes, we were friends. We helped each other. Now, my husband was not a very big man. He was five [foot] seven [inches].

One of the fellows with whom he interned was Sam Hunter, whose wife is Thelma Hunter. She was a concert pianist. Sam and Thel had six boys. Sam was the intern and the surgical fellow. He was the one who would get the help, so Thelma could teach at the U, teach at Saint Olaf [College], and have those babies and would be concertizing. He would get the housekeeper, all the help. Well, most of us who were married didn't have help until we had children. Well, they did. They had six boys, four of whom became doctors.

Sam was about six [foot] five [inches]. He had been a basketball player at Cornell [University]. I think he even played some professional basketball. They were like Mutt and Jeff. They were good friends. I was the head nurse up on [Station] 40. They would come up, and when a patient came back from the OR [operating room]—there was no such thing as a recovery room or intensive care room—they came right to the station.

We did not have Trendelenburg frames and we didn't have beds that rolled up. We had metal beds that in order to tip, you had to tip the foot. The foot had to be higher. When a patient came back from surgery, their blood pressure was often low. I remember *many, many* times Sam and Al would lift the bed while I shoved a chair under there so the patient's head could be lower. We were good friends. We helped each other all the time.

Now, so many medical students marry medical students, because there are so many more women. But, then, it was... The chief of OB [obstetrics] was Doctor [John] McKelvy. He said, "Nursing School is nothing but a marriage mill. Nurses just come in to marry doctors." Well, a lot of them did.

You felt as if you were in kind of a treasured environment. We belonged to the hospital, but we were part of the University.

DT: Did you feel like the most senior physicians and surgeons treated you with respect, also?

TS: Oh, yes, absolutely. Doctor Wangenstein, I will say, he set the path for that. He was *very* respectful. People were *absolutely* terrified of him. The chief of Urology, Doctor [C. Donald] Creevy, had a stern façade, but he, also, had a great sense of humor. They were all afraid of him, too, especially the fellows. We knew who to look out for...

[chuckles]

TS: ...and how to make them pleased, too, if you knew what was going on with the patients.

There were a few private duty nurses who had some trouble with drugs, but that was minimal. So if they'd start wearing dark glasses at night, you worried about them. It was wonderful, wonderful. I spent my youth working very hard, very, very hard. Never regretting a minute of it, never saying I was tired.

[telephone rings - break in the interview]

[extraneous conversation].

DT: Were there many diploma nurses on the wards with you?

TS: In our class, there were some three-year nurses. You didn't know who was who, except when you were taking other classes. If you were taking a literature course, they were always some nurses there with whom you talked. We were always in love with Saul Bellow. He was one of the people in literature. You know, we were unsophisticated kids...

...just being exposed to the stuff that was sort of nebulous for us. Would we achieve that?

DT: What was the atmosphere like during that time? I realize in the 1950s you were raising your family, but what was the energy like with all the other heart surgeries that were taking place?

TS: Oh! it was exciting. It was very exciting, because we knew Walt and Kaye [Lillehei] very well. They had all these foreign doctors here. Walt and Kaye loved parties and they had lots of parties, so we knew these people socially.

Chris [Christiaan] Barnard, who did the first heart [transplant]... Actually, we all were very sad about that, because Norm Shumway had done all the work on that, and Norm should have been the first one to have done it, but Chris Barnard did it.

It was a fever. You felt like this is where things are happening, and, then, Medical Alley started. The doctors and the techs [technicians], everybody worked together.

Earl Bakken was hanging around—Walt told me this—the operating room all the time when Walt was doing heart surgery. He was using losing these children because he needed a pacemaker. So he said to Earl—Earl was an electrical engineer—one day, “Could you do a pacemaker? We’re losing these kids, and I need something to keep the rhythm of the heart.” I said to Walt, “Walt, why did you ask Earl?” He said, “Because he was the only one there.” He did, indeed, make the pacemaker *in his garage* in Fridley. He called Walt and said, “I’m running out of money. I need \$25,000. Will you *lend* me \$25,000? I will give you 25,000 shares of stock, and I will pay you back.” Walt said, “Yes.” That’s how they kept it going. So he became immensely wealthy when Medtronic succeeded.

DT: Yes.

TS: There were some little personal stories there. I have a granddaughter, who is a biomed engineer, working at Medtronic. They recruited her, paid her \$10,000 and said, “Come and work in three different areas, and you decide where you want to work, and we’ll send you to get your Ph.D.

DT: Oh, wow.

TS: She has gone on a number of troubleshooting trips abroad, and she’s going to Switzerland for three weeks to troubleshoot something. I don’t know if it’s a defibrillator or what. I said to Earl, “I am appalled how well you treat women.” He said, “The head of our research is a woman.”

DT: That’s great.

TS: So I’m very happy that women are being recognized and strengthened. I want women to succeed.

DT: Yes.

Would you be willing to share some of those personal stories that were going on in the 1950s?

TS: Sure—I mean if you don't think they're too... I don't want to invade anybody's privacy. Is that too private for Walt to say that Earl gave him \$25,000?

DT: No, I'd love to hear more. I think that's the stuff that's really interesting that you can't get access to otherwise.

TS: Yes. When my husband died twenty years ago, I had dinner with them practically every night of the week, and Walt and I would chat about books, but we, also, talked about the history. I kept saying to him, "Walt it's so important that the history be written." Well, he had somebody write his biography, which I didn't think was very good.

Kaye is quite proud of it, but I think it's a hurtful book, because he was a flawed man, like all people. She had a difficult life. When she would weep and cry about this, I'd say, "If you can't keep your dignity, divorce him. Leave him." No, she didn't want to leave him. So there's a price that one pays. You know you don't have a splendid accomplishment by staying home and nursing a wife or children. Your life becomes your laboratory.

DT: I certainly heard that from other people who were in the Medical School in the 1950s, and even a couple of the nurses that I spoke to, that Doctor Lillehei and Doctor Varco had a reputation for being quite brusque and stern, as well.

TS: Well, I think Walt was very generous. When he published, he might have been the originator of the thing but he always credited other people. Doctor Varco, I didn't know him as well. I knew his wife better and I know his children *much* better. One of his children is a very good friend, both he and his wife. Those people pay a terrible price in their personal life. You know Chris Barnard, how many times was he married? Four times? Yes, it's destructive to personal relationships, I think. You can't really serve two masters.

I knew when my husband was in medicine... He was not interested in the lab. He was interested in sending people to the lab. His interest was in teaching. So we had students *all* the time here, and, actually, I had that table made because we would have so many students, and I couldn't get them all around the dining room table. So we'd pull up the leaves and they could sit on the floor. They were made to feel that they could come anytime, any question, access to anybody they wanted... He could do that, so it was a different end. It wasn't such a glamorous life, because most of the time, the students are the lowest people on the totem pole.

DT: [laughter]

TS: But he was dearly loved in the Med School. He received *thousands* of letters when he was ill. The last three weeks of his life, one of the med students—I kept my husband at home—came to me and said, “Thank you.” I said, “For what?” He said, “For not turning your home into a hospital.” He had his bedroom upstairs, and I’d put a belt on him and walked him down the steps. The last three weeks of his life, the medical students came and spent the night, so I could sleep. And Kaye Lillehei arranged that I never was alone for one whole year.

DT: That’s incredible.

TS: That is incredible. People were bringing dinners. Kaye was arranging when people would come. Some would come for three hours, some for eight, some for more. Somebody would drive. Somebody would bring dinner. She did that. You can’t buy that kind of service. Those come from old friendships.

DT: I remember hearing that not just your husband but, also, several of the people in the Medical School’s dean’s office were so open, and that it was a warm place for students to come.

TS: That’s right. George Williams, a psychiatrist my husband hired to be an in-house psychiatrist. Yes, it was a very open place. When you were taken into the Medical School, the supposition was that you would graduate. So if you don’t graduate, it is not the Medical School. A lot of people said, “Oh, we were fed so much of that. We thought they were just putting a lot of milk and honey out.” But they said, “It’s true. They are here for us.”

Then that relationship kept on. A lot of the students went abroad for part of their free time. After they graduated, they still would come back. A number of them were gay who were in the service and found they were in a terrible situation. He [referring to her husband, Al Sullivan] would take up for them and deal with the Secretary of the Army. There were a lot of people who were alcoholics. He would deal with Hazelden [Treatment Center, Center City, Minnesota] and so on. If they ever got in jail, he always kept cash at home, because you had to pay cash to get people out of jail. So he was a supporter, enabler in a good way.

DT: That’s amazing.

TS: It was, but that was his interest. He was interested in the parotid tumor, because seven nerves go through there. To dissect a tumor out of that area would be difficult and tedious. He liked that kind of thing. He, also, was interested in melanoma. He had a big series of people on whom he’d operated, and he always told them, “Here’s my number. You call me at home, especially when you’re frantic, when you’re in a panic. If it’s so bad, I’ll come to you.” So he would do that or people would come here. But, that’s gone. That no longer exists. It just happened that he was that kind of a person. That isn’t generally... You know medical schools don’t deliver that kind of thing. They give

the curriculum and what they expect of them. Usually, they're pretty tough on these people.

DT: Do you think that your husband was particularly distinctive or do you feel like there were other physicians and surgeons like him who had an open door policy to students and the patients?

TS: I don't think there were many, not at all. No. Now, the psychiatrist in the office, George Williams, was very open, also. There was a woman, Pearl Rosenberg who was a psychologist... They worked together closely, everybody in the dean's office who were dealing with students. No, I would say that the people who were most caught up in their own research, Al had access to. The students didn't. It had to be a really strong student who would get access. He was not taking their time needlessly. Everybody worked in the dean's office to make access more available and to strengthen the students.

DT: Did you and your husband have much involvement with Dick [Richard] Magraw?

TS: Oh, yes. Dick Magraw was a psychiatrist also, a very lovely person. Dick was a psychiatrist, but I think he had another specific job in the Med School. I think he was certainly available. Dick was a different kind of a person.

My husband was a storyteller, some of them a little risqué.

He recognized the flaws in everybody and accepted them. There were no black and white rules, a lot of gray area. They all got along very well.

DT: That sounds wonderful.

When Bob [Robert] Howard became dean...

TS: Bob Howard was dean, yes. Oh, he sort of set the tenor. Then, Neal Gault was wonderful. They had different jobs. They had to coordinate everything. Meade Cavert was another one. Now, some of these people were more spiritual, more introverted, more proper. But I think they liked each other and supported each other. Bob McCollister was another one. And Bob, the internist at Ramsey Hospital... His wife Marcia is a PT.

DT: Mulhausen?

TS: Yes, Mulhausen. They had a son who was in Medical School. He had a very, very bad cancer. My husband devoted much of his life to... What was that place's name? Anyway, he wrote a letter, this boy, Mulhausen's son, that was the most tear-jerking, the most appreciative. I don't think he would have survived if he didn't have the full support of the Medical School, and he did. He had the full support of the Surgery Department. Every department that had anything to do with that kid's health just gave themselves a hundred percent.

DT: So he survived?

TS: He survived! Yes, indeed he did.

DT: That's incredible.

TS: You know we all kind of suffered together. We had a son who had a cancer. He had a cancer of the testicle. The pathologist in OR—they had done a lot of node dissection; he'd had a lymphatic node dissection—Paul [surname], did a dissection of at least forty nodes, and he found two that were positive, because these were friends.

DT: Yes [spoken very softly].

Do you remember any of the discussion that was happening around in the 1960s about reorganizing the Health Sciences?

TS: That's when they had a senior vice president

DT: Yes, Lyle French.

TS: Lyle French, right. Are they going to still have that? There's a question about that.

DT: They're reorganizing it.

TS: The Medical School was *very* powerful, at one time. I think they were sort of the envy of other people. They always equated how many hours they lectured with the doctors. The doctors always were considered rich. They never considered the doctors are on duty twenty-four hours a day. If you're not giving a lecture, it doesn't mean you're not working. In the History Department, they might give five lectures a week, three lectures a week, and they don't like the doctors. So there was always this antagonism between the Medical School... This is my own. This is really not for publication. I think there was an antipathy toward the Medical School, because there were some *very* powerful people in the Medical School who could get things from the University that other colleges couldn't get. Then, when they reorganized, then they had their own spokesman. Lyle and I think Frank Cerra...

DT: Yes.

TS: They only had two.

DT: There have been a few in the middle.

TS: Who were they?

DT: I should know this. Dave Brown...I'm not sure if he was...

TS: He was the dean.

DT: I'm blanking on names, and I should know this.

TS: I'm not sure that the Medical School holds that kind of a position right now. I know they don't; I know they don't. Surgery was the strongest. Within the Medical School, there were people who didn't like the surgeons. You would hear remarks, "If I wanted to make a lot of money, I'd a gone into surgery. I wouldn't have gone into medicine," that kind of thing, which I think was not a fair reaction. But, you know, everybody's entitled to their own opinion.

DT: Did you have much experience with John Najarian when he arrived?

TS: Oh, yes, very much. Actually, my son is the head of his foundation.

DT: Oh!

TS: He is executive vice president.

John and Mignette... John did an awful lot. John is big. He is an excellent surgeon. I think he caused a lot of animosity. I think there were people who were very happy to see him not supported by the president of the University, and, then, to be vindicated and never to be reinstated to the position. I think he was humbled...unfairly. Who was the president then with the Swedish name [Nils Hasselmo]?

DT: It wasn't Vanselow, was it?

TS: No, not Neal Vanselow. Neal succeeded Lyle French.

DT: That's right, yes.

TS: Whoever the president was said he didn't know this was going on. Well, they had a very good drug; they knew what was going on. They built a building. Now, you do not build a building on University property unless the University president knows about it. The judge just said, "No. This is not..." John always had an office there. I think he's probably emeritus.

DT: He is still around?

TS: Yes, he is. He's eighty. He's written a book.

DT: I mean, he's still at Surgery faculty meetings, sometimes?

TS: Oh, yes. Yes.

I don't like it when people achieve and people don't respect them for it or can find fault. I know that when [John F.] Kennedy was president, they said, "Oh, he's just goes to church. He doesn't believe that stuff." I thought, well, whether he believes it or not, maybe he just wants to be with people around him. Somebody is always willing to shoot you down if you succeed. That makes me sad. It makes me sadder now, because I think, gosh, basically, it's getting along. If the Med School and the School of Nursing does anything, it should be teaching that, or somehow inculcating it in their staff to mentor these people coming up, that we listen to all sides. Maybe she's got something to say even if she talks all the time.

I've talked too long.

I still have a couple more questions if you still have...

TS: Oh, yes.

DT: You mentioned the antipathy that some in the University felt toward the Medical School. My sense was there was also antipathy from the medical community outside.

TS: Oh, well, one thing... People absolutely adore being clinicians. They won't put that on their résumé or their curriculum vitae: Clinical professors at the University of Minnesota. But some of them were truly good friends of University, but there were a lot of them that would be angered because they weren't asked to stay on the staff or upset with someone personally because they felt they had it in for them, just very petty stuff. It always surprised me that men could be like that—and they can.

My husband didn't get involved with that kind of stuff. He didn't want to be.

DT: I know that there were efforts in the 1960s to try and get a second medical school in Saint Paul.

TS: Yes. That was by the private clinicians. Yes, I know some of those people. They were good technicians and they were smart people. To start another medical school is a *very* expensive venture. You have to have lots of support from a lot of places, and they just never flew with this thing. Now, Mayo started their med school. They get support from the state, more support even than the University does.

DT: And it's not a state school.

TS: It's not a state school.

DT: I'm curious... I've gotten the sense that there was so much frustration, maybe, with the State Legislature, that they just weren't giving the Medical School or the University very much support.

TS: My brother was a legislator for eighteen years.

DT: Oh.

TS: At the time that he was there, twenty years ago—he was in a plane crash, so he left the Legislature—the University was looked up to, very, very *highly* regarded. They also gave medical care to any of the legislators. Maybe you have to do that; I don't know. But, at least, the legislators should know people in the various schools. It's up to the school to make themselves known. Now, Mr. [Ray] Amberg used to be the director of the hospital. He was *excellent* at that. He knew all the legislators and the legislators got the best care. They got access to anybody they wanted, and they supported the University. Now that money is tight, that everybody wants money, they have become less generous. I think it's a crime that they don't support the University better than they do. I just can't understand...the University has been one of the greatest generators of jobs. I can't understand. There are a few people, like Elmer [L.] Andersen. He was fantastic. Win Wallin. Who else? Carl Platou. Those are people who were very supportive of the University.

DT: You've been very close to the Nursing School, also. I'm wondering... Do you have a sense of how the Nursing School... Were they one of the ones that had some antipathy toward the Medical School?

TS: I don't think so. No, I don't. Kaye Lillehei has done a lot for the Nursing School. Her contribution, which really wasn't that much, \$3 million... Before Walt died, he said to her, "Be generous with the University." I think he had talked to them before he died. He probably talked to Jerry [Gerald] Fischer. They decided...I think it was a total of, maybe, \$19,000...\$16,000 for the Med School. One of her children said, "Mother, do something for your own school." She did that. I think that was a major gift for the School of Nursing.

DT: I think so, yes.

TS: I think they've been very grateful. I think they do a lot of stroking there. She likes being treated well. Who doesn't? Connie [Delaney] is good at that. Joanne Disch [School of Nursing clinical professor]. But the deans are going to have to be the money getters. They're going to have to be their development officers. I've been on several boards. I sort of know how development goes, you know. You have to be available, make your desires, your aims known, and you have to have people on your board who can do that and who can, also, make a contribution and so on. That's a job in itself.

DT: Yes.

You mentioned Edna Fritz earlier. I wonder if you remember any of the stuff that was going on with her and her leaving.

TS: She became ill, didn't she?

DT: That was Irene Ramey.

TS: Oh, Ramey. She had breast cancer.

DT: Yes.

TS: I only knew Edna Fritz as feeling very sorry her succeeding Katherine Densford. Katherine was a *dynamo*. She was beautiful. She was insistent. She was persevering. She was a tough act to follow. I think she's the one who really decided we're going to have a five-year program. We're going to do a Ph.D. program. We're going to do this; we're going to do that. She didn't see any limits. I think Connie is like that, but Connie is not so overt. She's much more...what should I say? She's not plebian by any means, but she has a feel for the common touch. I think she has as many plans, and I think she will get money from the government.

DT: Let's hope so.

TS: I think she will.

DT: Do you have any other insights that you'd like to share with me? This has been wonderful.

TS: I think nursing made a big difference in my life. I'm very glad I did it for whatever reason. It made me really see people as people. I think we sometimes just look at person and make a conclusion. I think you have to see people under all kinds of conditions, especially when it's tough [unclear]. How do they react? How can I make them feel better or get a better reaction from them? Maybe that comes with age. I'm old. I'm very old. I'm going to be eighty-seven next month. I've lived a long time. These are probably things I would have...but I think nursing made me much more alert to it. I always, *always* had the milk of human kindness. I grew up in an environment that we always said before we ate dinner, "Remember the needs of others."

DT: After you raised your family, did you ever think about going back to nursing to work?

TS: I always took courses, always, but not nursing necessarily. I'm very interested in politics. I do not want to die before the Afghanistan thing is settled. The Middle East worries me a lot. So I've become much more an historian as far as the age of our country and what our country has done. I've lived abroad, so I know those countries. You know, we're all people. We all have our flaws, I guess. I'm very grateful to be alive. I am.

I must say that the young cardiologist who took care of me is thirty-one years old, and I think, he's just a kid! He's younger than my children.

I thanked him, and he was very generous, and he thanked me and told me he actually had written an article about me. He said, "When it's published, I will send it." I'm sure it has

something to do with my age. It's nice to have that...though, he's quite remote. I haven't seen him again. I've seen him once. He has a nurse, the gatekeeper.

I don't like that idea. I don't like people to be so utterly [unclear].

DT: That's probably one of the big changes.

TS: Yes. That's been a big change.

DT: And you think that's largely due to the increasing role of insurance companies and Medicare and Medicaid? You alluded to that earlier.

TS: Maybe. I don't really know. I think their workloads are... If you go into cardiology, you are tied up all the time. I have a cousin now who is an internist and her husband is in a cardiovascular program at Johns Hopkins. He's never home—never. They have three boys. She just gave up practicing. She's a mother now. It's the woman who usually does that.

DT: Yes [whispered].

TS: They're still expected to. They wanted the children, but somebody has to take care of them. They don't grow up like weeds. You don't want them to.

I wish there was more accessibility. I'm going to tell my young cardiologist that. I don't want it to be a social visit, though I would learn about [unclear]. I want to know what makes him think that an eighty-six-year-old woman is worthy of saving, because I think, maybe, someday, we're going to be an aberration in medical care.

DT: Hmmm. That's a lot to think about.

TS: Well, we're living a very long time.

My mother had a stroke at eighty-seven. She lost everything. After two years of *intense* therapy, she recovered everything, except her hearing. She made me promise that if she had another stroke, we would do nothing, because she had worked so hard to recover. She said, "I'm not productive now." But she was, you know. I had nieces and nephews that had divorced and my mother babysat those kids and would get them on a bus and so on.

DT: It's always, I guess, the question, "Whose measure of productivity?"

TS: That's right. Absolutely. But I'm sure that thinking of population control in the world... In the United States, apparently, we're now down to two kids per family, but there are an awful lot of people who are productive who are not in families. I think population control should be...I hate to say mandatory, but I think we have to demonstrate you can be a parent before you do.

I think once the population becomes so out of control, heart surgery, those things that take a lot of education, a lot of technology will not be available to people who will not... Oof. I have a ninety-five-year-old aunt. Do you think they're going to put much... or even an eighty-seven-year-old? We're a death denying society. I think maybe that should be worked on, too. Instead of doctors and nurses devoting their lives to saving lives, they should somehow include in their training helping people accept these changes in one's life and that life is finite.

DT: I think a small number of people are trying to push for the emphasis on palliative care.

TS: Well, yes.

DT: Some people.

TS: Right, but I think it should be palatable. It shouldn't be what you're afraid of. Well, who wants to be vegetated? I said, "You know, all the time I was in the hospital, I don't think I saw my children." They said, "What do you mean? They were there every day from early morning till late at night. We felt so sorry..." Sue Payne and Bill Payne... I don't know if you know them? He's in liver transplant. Sue said, "We felt so sorry for them. We didn't know what to do, so I just went and sat at the hospital with them. They were weeping and crying." They were only concerned about whether I would be vegetative or not when I was in hyperthermia, because I have a living will and I had told them if I *ever* were in a vegetative state, they were to withhold food and water, and they didn't want to make that decision. But I had made it.

DT: Yes, you made it.

TS: I think people are going to have to get to that realization: we're going to die. I said, "I don't want to die until the Middle East is settled and Israel has security and Palestine has a state. But maybe it's not going to be settled before I go.

DT: It would be nice to think it would be.

TS: Yes. Well, there are lots of things... Africa is such a disaster, Rwanda, Sudan, Ethiopia, Somalia, those. I'm glad that I have developed a world outlook, but it's worrisome.

I don't think old people should sit around and do nothing. I think they should take classes. I take them all the time. This is the first I haven't taken a class, I'll bet, in twenty years.

DT: Probably next semester, you...

TS: Oh, yes, I will. They have J-term [January term] when they don't have classes. It won't be till spring.

DT: Do you take them at...?

TS: I take them at Saint Thomas [University] and I take them at the University. I take them wherever. If they offer them at the Science Museum, I take them. I've been interested in water for a long time. I've taken some courses at the Science Museum. They've done some pretty good things on water. Wherever. We had lots of resources. People should learn to use the resources. When I was a child, we had a Carnegie Library. We went to the library *every* single Saturday. We had to withdraw three books. Before you could return them, you had to give your *mother* a report. So I'm in that mode. Playing bridge? I think that's a waste of time.

DT: [laughter]

TS: I do.

DT: That's great.

Can you suggest anyone else I might speak to? I wonder if Kaye Lillehei would be...

TS: Kaye would be. I think she's done a lot for the Nursing School.

DT: Absolutely.

TS: Materially, economically. Her politics are different from mine. I'm much more liberal, and her husband was much more conservative. I used to *love* to argue politics with him. I said, "You're the one who's gifted, born in a family who could support your good education, who supported you in every way. Don't you think you owe society more than somebody who has nothing?" He said, "I've heard that argument before."

Yes, I think you should sock it to these people. Gifted people owe more. They have more to give.

DT: I grew up in Britain, so that's a lot what our ethos is.

TS: The continent is much more nationalistic, of course, now with the EU [European Union] and the euro and so on. But, I'm afraid the euro has not been doing too well. Well, you all never joined the euro.

DT: No.

TS: I remember talking to the medical students who came from Britain who would say if they joined the euro.

DT: Hmm.

TS: They did not want...and they didn't do it.

DT: They were pretty nationalistic on some things, on economic matters.

TS: Yes. I think I was very nationalistic when I wanted to be a nurse. I wanted to do something for my country. I think we should all feel that we want to do for whatever we have been beneficiaries of.

DT: That's a good philosophy.

TS: I teach my children all the time and when I give my grandchildren anything, I say, "Part of this has to go to savings, part of it for education, but the rest has to go for the needs of others." I don't think that's a bad philosophy to live by. My life has not been a struggle. I feel that if you teach your children and your grandchildren then you've made a contribution. After all, that's your immortality.

DT: Yes.

Great. Thank you so much, Mrs. Sullivan. This has been wonderful.

TS: You're welcome. I said I've gone on a lot.

DT: No, this is perfect. This is what I want, as much information as you're willing to share.

TS: Well, I think Kaye could talk about the glory days. She has a very successful family. She has *lovely*, lovely children, and she was responsible for holding that family together. She has a deep religious faith...I think sort of conservative—but that's okay. Her kids are really a credit... Walt said, "Kaye did it." I'm glad he recognized it. He knew he didn't.

Anyway, this has been very pleasant. I enjoyed chatting with you.

[End of the interview]

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