Grace Mary Ederer, MPH
Narrator

Emily Hagens
Interviewer

ACADEMIC HEALTH CENTER
ORAL HISTORY PROJECT

UNIVERSITY OF MINNESOTA

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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

Grace Ederer was born on June 27, 1919 in southwestern, rural Minnesota. She attended the College of St. Catherine in Saint Paul Minnesota, majoring in biology and graduating with a BS in 1941. From 1941 to 1942, Ederer attended the School of Medical Technology in Detroit, Michigan, part of Detroit's Providence Hospital. She then worked in chemistry a chemistry laboratory at the Henry Ford Hospital for two years. As part of the war effort, she returned to the College of St. Catherine to teach chemistry lab courses to cadet nurses. Through a family friend, Ederer heard about an opportunity at Northwestern Hospital, which later merged with Abbott, to build up a microbiology lab. Ederer pursued the job and spent the next twelve years at Northwestern Hospital building a reputable microbiology lab. Tiring of her Bunsen burner, Ederer joined the University of Minnesota in the University Hospital as an administrator of the clinical laboratories, a position she held from 1952 to 1963. During her time at the University, Ederer earned her masters in public health from the School of Public Health in 1962. After spending fifteen years as administrator of clinical laboratories, she took a new position as assistant to the director of clinical laboratories in the microbiology area of the Division of Medical Technology and became an assistant professor. She became an associate professor in 1967, serving in that position until her retirement in 1982.

Interview Abstract

Grace Ederer begins her interview with a description of her upbringing, her education, and her decision to enter the field of medical technology. She then recalls the early stages of her career and her work at the University of Minnesota from 1952 to 1982. Ederer describes the role of women in medical technology, the building of the new medical sciences building, and Dr. Gerald T. Evans' efforts to reorganize the clinical laboratories and medical technology to integrate them into the Medical School. Ederer also discusses her decision to adopt a dog that had been used in experiments conducted C. Walton Lillehei on hypothermia in open-heart surgery. She goes on to describe her changing positions at the University, her teaching, her research, and her pursuit of a master's in public health. She also talks about her interactions with Dr. Evans, Dr. Ellis Benson, and Dr. Lillehei. She then discusses the Medical Technology Program, her work with Barbara Tucker on laboratory safety and ethics, her work with Ruth Hovde and Verna Rausch, the changing curriculum, dealing with the high volume of lab work, working with graduate students, her experiences with Robert Howard, and efforts to establish a school of Allied Health Sciences.

Interview with Grace Mary Ederer

Interviewed by Emily Hagens

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

Interviewed at the home of Grace Ederer at 7500 York Avenue South, Edina, Minnesota

Interviewed on July 30, 2012

Grace Mary Ederer - GE
Emily Hagens - EH

EH: This is Emily Hagens interviewing Grace Mary Ederer at her home on July 30, 2012.

Just to get us started, will you tell me a little bit about your background, where you were born, and your family?

GE: I'm a Minnesotan. I was born on the 27th of June in 1919 on a farm outside of Morton, Minnesota, which is about a hundred miles southwest of here. I had a wonderful life as a child. My mother [Mary Ederer] died when I was eight and my father [John Ederer] when I was eighteen. There was nothing to do with this youngster who was the tenth child in this family. All the rest were grown and already had careers. So they thought it would be a good idea if I went to the College of Saint Catherine [Saint Paul, Minnesota]. My sister had had experience there. So I went to the College of Saint Catherine and loved it. Now, it is the recipient of my worldly means when I die.

I majored in biology. There was no program in medical technology, which was my goal. I needed to get a certificate in that field, so I chose the School of Medical Technology in Detroit, Michigan, in the Providence Hospital there. I went there for a year to become accredited and learn everything about clinical laboratory science. It was a fascinating year. It was the year the war began, 1941. Detroit was an interesting place to be during the war. Lights went out. We had night duty every so often, so I had to walk home in the dark in Detroit.

After I finished I knew the Henry Ford Hospital just down the street from me offered a course in medical technology, but they offered a Master of Science degree following that year of internship. I thought it would be really exciting to work there, so I applied and I got a job. I worked there in chemistry for two years.

The president of the College of Saint Catherine, who had been the chair of the Chemistry Department, wrote to me and asked me to come back and help teach cadet nurses. We were still deep in the war and we had to provide a lot of medical care. I wrote back and said, "Sister Antonius [Kennelly], I can't do that, because I don't know how to teach." I knew you had to take special courses in education. She replied, "You do." Of course, it was the laboratory where she wanted the teaching done…

EH: Sure.

GE: …and I was proficient there. So I went back and taught there for a year, which included two summers. In both of those summers, I was relieving Sister Teresita Judd, who taught the biological sciences when she was away on sabbatical. So I had to teach the courses in, of all things, anatomy and physiology, two courses a summer. The second summer was better because it was microbiology.

My first experience in giving a lecture was quite exciting. I was living with my sister in Minneapolis, so I had to take a streetcar. Cars were just not available to use during the war. I took the streetcar to Saint Paul. Well, by the time I got to Saint Paul, my nervousness had created quite a stir in my innards.

EH: [chuckles]

GE: I needed to see a bathroom in a hurry.

EH: Oh, no.

GE: All went well. I walked into the classroom and there were forty sisters of Saint Joseph [of Carondolet] all in their habits still at that time—a little awesome. But I knew my material well. I chose the style of teaching of my preceptor, Sister Teresita Judd, so it was a joyous occasion and it worked out very well.

That summer one of my older siblings, my brother Jack, had a heart attack. He was a physician, worked too hard during the war. His community called him back to Mahnomen [Minnesota]. When he was at the University Hospital as a patient, I went to see him. Lo and behold, he had a visitor, a friend of his who worked with him during this difficult time of shortages of doctors. His name was Doctor Sheldon Stuurmans, spelled with two u's, S-t-u-u-r… Doctor Stuurmans was doing something very exciting. He had been hired by Northwestern Hospital before it had merged with Abbott. He'd been chosen to update the laboratories, and he had elected, at that time, to tell the administration that he wanted the old staff to go, and he'd bring in all new staff.

EH: Wow!

GE: As I was teaching at Saint Catherine's I realized that the laboratory had a great hold on me and I'd better get back to it. This looked like an opportunity. So I applied and got the job.

We started July 1st. There were five of us. Each one was for a specialty. I was busy ordering new equipment for microbiology. Anything we needed, we could order.

EH: Wow.

GE: It was quite exciting. The laboratory was being remodeled at the same time. They didn't even have an autoclave before, so that was a must for microbiology. I started July 1, 1945, and stayed there for eleven years, and built a reputable microbiology laboratory.

At that point, I realized I was kind of tired of my Bunsen burner and my loop and decided I'd go over to the University [of Minnesota] and see what was in that new, big tall building. Surely, there must be something for me there. I did that, was interviewed by Gerald T. Evans and Ruth Hovde, H-o-v-d-e. She was in charge of the program in, I think it was called, the School of Medical Technology, and he was the medical director of it and, also, the medical director of all the laboratories at the University Hospital.

Well, they didn't have an opening in microbiology, and I was crushed. They had just filled it. Before I left, they offered me a job as the administrator of the clinical laboratories, which I, of course, had no idea what this is all about. The labs had grown extensively, so that each laboratory had a room of its own, but nowhere connected to one another. This was still in the old hospital. So I was the person that was in charge of all these various laboratories [including chemistry, hematology, blood bank, bacteriology, EKG, and EEG]. My responsibility for that was seeing that they had enough personnel and enough materials to work with, including the buying and repairing instruments. Of course, twenty-four hour coverage was another part of it, which was the biggest headache the job gave me. They covered the problem of nights by having the senior students in rotation take four weeks at time. That fell under me, so I was the person in charge of those students as they went on duty. I had to explain about ethics, the personal relationship with the staff and the patients, particularly the staff, by telephone, etcetera. Of course, they came off at seven o'clock in the morning, just as I came on duty, so we always had a conference at the end of the night to know how everything had gone. That began my life at the University. I went there in 1952, and I left in 1982.

EH: Okay.

GE: Fifteen years, I was in that job.

EH: As the administrator?

GE: Yes. Of course, during that time, I had to grow as well. I became friends of the administration, especially the lower levels of the administration—actually, they were assistant to the director and that sort of title. Gene Staples [Associate Director of the University Hospital] was one who really helped me mature to a new level. He was wonderful.

During this time, I also realized it would be good to get another degree. So while working full time, I got a Master in Public Health [MPH] degree. Of course, that paid dividends for me, because after fifteen years of sort of twenty-four-hour worry a day, an opening occurred in the Division of Medical Technology and the area was microbiology, so I took it.

I'll leave that there and come back then to while I was the assistant to the director of the clinical laboratories. That's when all of this change within the organizational pattern occurred.

EH: Before we get into that, I have a couple questions about what we've already talked about, if that's okay.

GE: Yes.

EH: How did you decide to go into medical technology in the first place?

GE: When I was heading for a degree, there were really only two things offered to a woman: teaching or nursing. So I signed up to be a nurse and I, then, changed my approach to biology since that would fit with medical technology, but I didn't really learn about medical technology until I was about a junior. I had never been in a clinical laboratory, didn't know beans about anything. But I didn't want to teach, and I ended up teaching.

EH: [chuckles]

GE: Different than teaching Kindergarten.

EH: Yes. Did you have many other classmates who joined you in medical technology?

GE: Yes, my roommate [Ann Fitzke] became one. She was the one who interned at Henry Ford Hospital and got her master's, which would have been ideal for me…but it wasn't meant to be.

EH: Right. How did you end up at Providence Hospital in Detroit?

GE: There was a list of all the schools in medical technology, so I carefully went over these lists and chose Detroit because most of their programs required that you had a baccalaureate degree of science. I wanted to be in the upper echelon.

EH: So that seemed to be the best program in the Midwest region?

GE: Yes.

This is just an aside. Providence Hospital was run by the Sisters of Charity. I really didn't know much about the hospital, but when I came, they were the sisters that wore the big hats.

EH: Okay. [chuckles]

GE: Was I surprised.

EH: Then, you got called back to help teach at Saint Kate's [College of Saint Catherine], right?

GE: Yes.

EH: I went to a woman's college, too. I went to Smith College. When I saw that you went to Saint Kate's, I thought, oh, I want to hear about… Do you feel like your experience as a woman in a medical field was different because you came from a woman's college?

GE: No. I've never had much of a problem with being a woman in the field. I was me, and I had credentials. Take it or leave it.

EH: Good enough.

[pause]

I have here that you were first, as you were saying, the administrative laboratory technologist and an instructor. Were you hired as an instructor or did that just become part of what you did?

GE: I don't know. I think they probably got the instructor because they knew I had taught at Saint Catherine's.

EH: Did you enjoy teaching those students?

GE: I think I enjoyed teaching the nuns better than I did the students.

EH: [chuckles]

GE: But I liked the courses I taught. I didn't teach many lecture courses during the year, because my mentor, Sister Teresita was back. She was a wonderful teacher.

EH: Now, we're back to the division when you got your MPH and, then, your microbiology position.

GE: We should go back to 1952 when I came we were in the old hospital, and the labs were scattered and so were the offices. I had shared an office that was probably no bigger than that space with another person.

When we moved into the new building, Medical Technology got an office. I got an office. The director of clinical laboratories got an office…Doctor Evans. The laboratories were still not all together. Microbiology was on the ninth or tenth floor. Chemistry, hematology, and the blood bank were all on the second floor, so that helped a lot.

Doctor Evans was a very visionary man. He was thinking all the time. I'm sure as he thought about his role and his title. He thought about what was happening, and how strong the clinical laboratories were as a unit. So important. The budget was always a problem, budget time. He had to go and fight for whatever we needed with the hospital administrator. They became friends.

He probably—a lot of this is probable—talked about this to Ray Amberg, the administrator of the University Hospital. Ray Amberg was a feisty kind of a person, lots of good sense, lots of good experience. I'm sure that Doctor Evans talked about the fact that, really, there should be a department under which the clinical laboratories fit. He went further. The School of Medical Technology should become a division of Laboratory Medicine and Pathology and so, likewise, would be a Division of Anatomical Pathology and a Division of Clinical Pathology. So we ended up with three divisions.

EH: Sure.

GE: The first one was, of course, to start, he had to get to be a department. Of course, he had to go back through the Medical School as well as going through the hospital. The dean at that time [Robert Howard] was a very good dean, used to thinking big, and he, obviously backed this whole idea.

EH: The dean of the Medical School?

GE: Yes. I imagine there was a meeting of the hospital and the Medical School dean to talk about this further. I can remember when I sat at my desk talking to somebody across the desk from me about what this was like now. I would describe it just as I have for you: three divisions under one head.

EH: What kind of difference did that make in your work and other people's work to have that restructuring?

GE: I suppose it didn't make a lot of difference because we'd really been doing it, but not with having the organizational structure in place. Of course, Anatomical Path[ology]

was quite separate. I think it was a stroke of genius that Gerald T. Evans was able to talk them into merging.

EH: I would imagine that it would help build community among the people who were working in Medical Technology and in Lab.

GE: I think so.

EH: Was there more collaboration among the different groups after this point?

GE: I wouldn't say so because their jobs were so busy. To begin with, there were no residents. When residents got into the program under Clinical Pathology, then they, of course, had assignments in different areas, because they had to learn what was going on. Then they could think of ideas.

EH: So this is all taking place in…?

GE: The mid 1950s.

EH: This is also when the expansion of cardiac and transplant surgery is happening. Do you remember any particular interactions with people like [C. Walton] Lillehei or Richard Varco?

GE: Well, this is a real good one.

[chuckles]

GE: One of the areas I was responsible for was EEG [electroencephalogram], and I knew absolutely nothing about EEG because it didn't fit in the Medical Technology program. That meant the service that was provided by EEG. I went on my route to visit all the laboratories one morning and walked in, and there was a dog. Ooooh! A beautiful, big, black Doberman. She was a trained dog, so the effect of the slowing of blood flow to the brain could be evaluated. Whoever was responsible from the position standpoint explained that the dog was a trained dog that had been used to test out whether the refrigerator blankets slowing the heart flow had any effect on the brain.

EH: Oh.

GE: So this dog had done a job of research, a very good one. I listened with ecstasy because I thought how wonderful, how wonderful. I said, "If you're ever done with that dog, let me know." Well, I never thought more about it. About three months later, I had a telephone call. "You can have your dog now." I said, "What? I'm not prepared. I don't have a leash or anything." "We'll fix you up." So that day, when I went home, she came home with me. The dog's name was Lena, not a very wonderful name, but I became very fond of Lena. So she came home with me. The research was done in Millard Hall, and Millard Hall was full of cockroaches. I walked up the steps to get

Lena, and I looked carefully around. Well, when I got Lena home, I decided I better wash Lena. Here is this big dog, and I lived in a little house on the back of the lot. My bathroom was minute, and she'd never fit in my tub, and I didn't want to have her in my house until I washed her. I had an old-fashioned tub, and I brought it out and filled it will water. I had a big brush, and I bathed her very carefully, as you can imagine. She put up with that; imagine that. Obviously, she had to like me and believe in me.

[chuckles]

GE: I got her cleaned up, and then, I took her over to introduce her to my sister who lived in Edina. I lived in Saint Louis Park. I'll encapsulate that so you know the ending of Lena. Lena lived with me for two years. There were no rules on…you had to walk your dog. I could let her out in the morning, and she could run. I would try to follow behind with a scoop and so forth and take care of anything. Well, a nice next-door neighbor said, "There are some people who are going to report her." I said, "Well, thank you for telling me." This was probably at the end of the two years. I found another place to take her. It was a widow of the former owner of a store downtown called Boutelle's. They sold furniture. Boy, you're getting a lot of history.

EH: That's what I'm here for.

GE: I took Lena and a friend of mine with me, and we went over to visit Mrs. Boutelle who lived just outside of Excelsior. Mrs. Boutelle was very kind, very sweet, very gracious. Lena was wonderful. She went out for a moment and came back. She had a big basketful of hair equipment for a dog. So, obviously, she loved dogs.

EH: Yes.

GE: It was agreed that she could stay, so I had to leave her there…

EH: Ohhh.

GE: …with tears.

EH: Yes.

GE: She had a wonderful life there. I did go to visit her, which she received wonderfully.

She was unlucky. They lived off the highway coming into Excelsior. At that time, the road divided, and it went up to avoid going through Excelsior on two side streets. Well, a car got her.

EH: Mmmm.

GE: So that was the end of Lena. Okay, enough now.

Back to this *fabulous* idea… He sold it and, of course, once he sold it here, it boomeranged. It went on to other universities.

EH: That's great. Did you have a lot of people from other universities coming in to visit and experience what it was like at the University of Minnesota?

GE: I remember that the pathologist from Providence Hospital came. That was quite exciting for me.

EH: Sure.

GE: His name was Donald Kaump, K-a-u-m-p. He has since died. Obviously, the medical schools in Detroit were thinking to change.

[pause]

EH: I have here that you became the assistant to the director of Clinical Laboratories in 1963. Is that right?

GE: In 1963, I would have moved on to the academic position.

EH: Okay. What was that?

GE: In the Division of Medical Technology. I guess it wasn't in the Division of Medical Technology, but…

EH: What were your responsibilities? What was your experience in that job?

GE: Then, I became an educator. I taught, did research, and provided some service for the hospital.

EH: What kind of research were you working on?

GE: Actually, when I started, of course, I had no research. I was busy being an administrator. So this was a whole new ball of wax to me. The students came through the clinical laboratories and we saw them. At that time, I had an associate colleague, Donna [J.] Blazevic. She had some really good ideas on education. She had an MPH, also. We did a lot of individual teaching as the students came through so they would get the most out of their clinical experience in the laboratory. Between the two of us, we designed an audio tutorial program in clinical microbiology. We actually patented it.

EH: Wow. That's neat.

GE: It worked wonderfully, because that was also a good way to educate the residents coming through the clinical laboratories.

EH: Were these graduate students or undergraduate students?

GE: These were undergraduates. They were heading for their bachelor's degree. [The others were graduate students and medical resident students.] But they were getting their clinical experience while in the program rather than getting it after graduation, as I did.

EH: Sure. How many students did you usually have?

GE: They came through by ones, so you just had at one at a time. It was why it was so good to develop this audio tutorial program.

EH: They would use that later on their own after having the clinical experience?

GE: No. They'd do that as they were going through the clinical.

EH: I see.

When you were doing your MPH what were you focusing on?

GE: That was interesting. Doctor Willie [V. W.] Green was in the Department of Microbiology. As somebody guiding students through to this clinical experience I always worried about, did we cause any problem with infection? So that's what I focused on. He was my advisor. We designed a system whereby we could actually determine whether or not we caused a problem. We came out well to simplify the answer.

EH: Okay. That was your first research experience was doing your MPH. Then, when you got into the academic position…?

GE: That was an interesting thing, too. Again, my colleague, Donna Blazevic, had started this before I joined her. As the students came for an additional period of time—I don't remember if that was three or more weeks—we, the faculty, had to pick up ideas of what they could do for a research experience. Ohhh, I spent a lot of time on that. [chuckles] They had to define exactly what they were going to do and actually say what they thought the outcome would be. So it was a good experience for them and, of course, it was a good experience for me, because I was not that acquainted with research, but I fell into it happily.

In the clinical lab, we would always want to get an answer faster than we could. So my primary focus was on rapid methods.

The national organization gave me that award up there, that one with the circle.

EH: Ohhh.

GE: The Kimball Award for rapid methods in microbiology.

I developed a multitask medium, and one of the students worked on that. I did a lot with florescent microscopy. I liked that. One way of getting an answer fast would be to scoop up a lot of the organism and see what test might tell you the answer. One we were particularly good with was pneumococcus. That gives you sort of an idea what was in my mind, what was going on. How can I do this faster? Of course, now, thirty years away, I'm sure *many* things are automated. Blood cultures, for example, are automated.

EH: Yes.

GE: This saves a lot of time.

EH: Was there increased usage of the labs at the University, so you really needed to have faster methods?

GE: I don't think they knew they needed it.

[chuckles]

GE: We, in the clinical lab, *knew* that they needed to speed things up.

EH: You guys felt the push for moving along faster?

GE: Nobody was pushing us.

EH: You were pushing yourselves.

GE: It's wonderful to have a good colleague.

EH: Yes. Donna, you're speaking of?

GE: Donna Blazevic.

EH: Was she the person you worked with primarily or were there other people that you also worked closely with?

GE: In this new organizational pattern, each laboratory had a medical head. Micro did, also. She, without an MD, held it for a number of years. And do you know what she did? She wanted to go to medical school, and she was turned down. It was a bad mistake. She decided she'd go into law while working full time. She took the course at… Oh, what's the name?

EH: In town?

GE: Yes.

EH: William Mitchell [College of Law]?

GE: Yes, William Mitchell. She graduated and got a job in a big firm.

EH: Oh, my goodness.

GE: So I lost her.

EH: Ohhh.

GE: It was interesting, because the last year I was at the U, they asked me if I would take that job of being the—in quotes—Medical Director of Clinical Microbiology. I took it.

[chuckles]

EH: After Donna left, who became the medical director?

GE: I did. Doctor Patricia Ferrieri followed me. She was a pediatrician who specialized in clinical microbiology.

EH: It was usually a physician that held the position?

GE: Yes.

EH: So it really was unique that Donna had it, and then you had it.

GE: It really was. I had to sort of giggle inside because this was full circle. I became another administrator because of budgets, personnel…

[chuckles]

GE: …as well as the scientific end of it.

EH: Right.

We spoke earlier about Ellis Benson and, of course, Evans. What were your interactions like with them as directors? Do you have any memories of working with them, specifically?

GE: Doctor Evans really had so little to do with the clinical laboratory. I had not much contact with him in reference to my job. As a friend, he was wonderful. He had a wonderful wife. They had a marvelous sense of the importance of people in advanced positions. If you get to know each other, you can be friends. They always had wonderful parties.

Doctor Benson was a little different. I would say he used me in any kind of way he wanted to.

[chuckles]

GE: He was moving, and I remember I had to help him do a lot of things with reference to that. He was visionary also, but not in the same way that Doctor Evans was. Of course, he went on, and I'm sure had a lot to do with the founding of that organization.

EH: Yes.

GE: I can't remember when Doctor Evans retired and when he actually took over. He was a little more interested in the laboratories per se and their function. He wasn't dreaming to create something. He was dreaming to make it solid, that it worked.

EH: He was a little bit more involved with the labs?

GE: Yes. I would talk to him about laboratory problems.

EH: Maybe this is a simple question. How did you see his responsibility for the division? Mostly communicating with directors of other divisions? Dealing with the Hospital and with Medicine?

GE: He was very involved with the Hospital. That would, of course, be the money. I think as the department began getting these divisions and the residents rotating in these divisions, he became more involved with the laboratories themselves because of the rotations.

EH: I see.

GE: But, on the whole, on a day-to-day basis, we didn't need him, didn't see him much. That's not what you put down.

EH: [chuckles]

I'm interested just on an essential level what was the service function of your lab? Which departments did you work with mostly, and what were the responsibilities?

GE: When I became a faculty member?

EH: Yes. When we were talking with Doctor Benson, he mentioned something about… Were the laboratories responsible just for the University Hospital or were they responsible for helping in the community in general?

GE: How did he respond?

EH: He said something about…there was one instance in which they did some tests for one of the local hospitals just because it was a special thing that the hospital didn't have the capability to do.

GE: I imagine that would be true.

EH: Do you remember any particular interactions you had with specific departments in Medicine?

GE: [pause] A problem was often created by stat orders. They'd require somebody to go up and talk to the person in charge to explain the limitations of what we could do. By limiting judiciously, we actually could do better stat service.

EH: Okay. Were there any particular departments that were more forceful with those than others?

GE: Surgery was bad. Lillihei was very bad.

EH: I've heard of the surgical temperament. What was he like?

GE: He'd want it yesterday.

EH: Get it yesterday. Okay.

[pause]

EH: Can you describe a little bit, the Medical Technology Program?

GE: It begins in their junior year, and they'd have to take the basic courses to prepare them for what they will be doing clinically. So microbiology would be one of them, chemistry, of course, and hematology, and a course in blood bank. In the junior courses, the laboratory is where I simulated as much as possible to the real thing. That was quite a trick, because to make bacteriology specimens was an art, to make them seem a little real. Chemistry introduced them to all the types of electronic equipment that they'd learn to use so that they weren't just novices when they walked in for their rotation. During their rotation, they spent, I think, six weeks in each of the major laboratories and, then, some time in some of the minor ones…a synopsis.

EH: Was it still a very prominent thing for women to do at that point?

GE: Yes. It still didn't attract men highly because the money wasn't that good. For what they could do it was… How to get that pushed up… Eventually, it has improved. The salaries are a little more equitable so that there are more men in it now.

EH: Yes, I heard someone compare it a little bit with nursing, that they were both the primary roles for women in medicine in the middle of the century.

I was looking through your list of publications earlier today. I noticed that, I think it was in the 1960s, you focused a lot on safety in laboratories and ethics.

GE: That was when I was still in administration. I had a wonderful friend, Barbara Tucker, who was the chief tech at Northwestern Hospital [Minneapolis, Minnesota]. She was very safety conscious and eventually became the safety director of Northwestern. There's a lot to be safe about in the field of medical technology. It was fun to have another hospital involved. We did some writing together.

EH: Which hospital was she at again?

GE: Northwestern Hospital, where I worked for eleven years.

EH: Right. Were there any other hospitals in the Twin Cities that the University collaborated with like that? Did you have experiences with other hospitals as much?

GE: No. We weren't drawn into a group. What happens to start something like that is a bad accident. We had one at the U.

EH: Ohhh.

GE: We had a death from hepatitis. We had been terribly careful, but somehow we weren't careful enough. I think, at that point, we forbade anybody to mouth pipette. You no longer see people in the lab pipetting by mouth.

EH: Mmmm.

GE: …in medicine.

EH: Yes.

GE: Now, it wouldn't be done. It would be done automatically.

[chuckles]

GE: We were called upon to talk at various places because of our interest in this.

EH: What kind of places did you go to give talks?

GE: This was while I was an administrator. Barbara Tucker and I went down to someplace in Iowa. I don't remember the place. We talked about a number of things related to administration in laboratories. Part of it included even buying. We proposed that hospital laboratories connect with each other and buy, do a big buy for a grand total. It would cut the cost a lot.

EH: Okay. Do you mean equipment and things like that?

GE: And materials that you use.

EH: That seems very similar to when hospitals started buying drugs in groups. Did that happen at about the same time?

GE: I don't know.

EH: I don't really remember either, but it seems like, theoretically, they would go hand in hand. Is that something that started in Minnesota?

GE: We were at a Catholic hospital, and I'm sure that that went from their Catholic hospital to others.

EH: I see.

[pause]

EH: Sorry, we're jumping around a lot. Back to when you became assistant professor… Do you remember any other faculty members that you interacted with a lot other than Donna, I suppose?

GE: There were faculty people in many of the major areas. One in chemistry yes, one in hematology yes. We had meetings, faculty meetings, so, at that point, it might be a focus on one area, or it might be general. Now, those meetings would be conducted by Ruth Hovde, who became the division head.

EH: Do you remember when she became director of the Division of Medical Technology?

GE: When we reorganized. She had been the director of the School of Medical Technology. I think that's what it was called. Doctor Evans was the medical director of the school. You see, that was another thing he had to take into account, probably had to convince Ruth Hovde that it was okay to do, because, in a sense, she lost a higher title.

EH: I see.

What was she like, Ruth Hovde?

GE: She was visionary. She and her colleague, Verna Rausch, started a much-needed program at that time called the Medical Laboratory Assistant Program.

EH: Okay.

[pause]

GE: It was offered at the University of Minnesota. It was interesting. They were taught the basics, the simple tests, in each of the four major areas.

Here at 7500 York [Avenue South], we have a turnover as people die or move away. A new person came in by the name of Bob Chapman. Everybody loses their title when they come here, so you don't know if somebody is an M.D. or not. So I didn't know chatting with him that he was an M.D. It turned out he was married and going to medical school about the same time I was in the job of being an administrator. His wife, already, he got her to take this course, because they both wanted to be missionaries, and he thought if he was out in the boondocks someplace, if he could have a few simple tests done, that would help him. So I was just *thrilled*. I wanted to tell Miss Hovde, but she was in heaven, so I couldn't tell her. Verna Rausch, I must tell her. Anyhow, I saw him again near the post office, so we continued our chat. He said, "Oh, I should tell you, by the way. She never did any tests. She ended up in an office job.

EH: Oh.

GE: It was way down in some mission. He was there for thirty years, the two of them.

EH: Wow.

GE: She was prepared anyhow. [chuckles] The course was there.

EH: When did that course start?

GE: I would say mid 1950s.

EH: Okay.

GE: There must be something in records.

EH: Yes. Maybe [Professor] Dominique [Tobbell] has read about that, but I haven't.

What's the difference between this program and the students we've been talking about before?

GE: They had none of the basics behind them. They didn't take a basic course in micro, chemistry, hematology, etcetera.

EH: Okay.

GE: They were just taught what you do day-to-day. Hemoglobin, white and red counts, urinalysis, chemistry, some of the simpler tests. Microbiology…they did learn how to streak a plate. They did know how to stain the organisms and do a minimal amount of microbiology.

EH: How long was that course of study?

GE: I can't remember if it was one or two years.

EH: Okay. It was short, nonetheless.

GE: It was short.

EH: It would have been more of an associate's degree?

GE: Yes.

EH: If that program started in the 1950s, do you remember any difference that it really made to have those people come in and assist you in the laboratory?

GE: It did, because they would be at a lower pay scale, so we could afford them.

EH: Okay.

GE: They could do a lot. On the job, they could learn a lot that they didn't learn in class.

EH: Did that free up a lot of time for you and for other people to do more complicated tests or research?

GE: It helped with the volume. The volume was always a problem. It grew, grew, grew.

EH: Sure. How many people did you usually have working in the lab?

GE: It would depend upon the laboratory but in micro, I think there were usually about twelve, twelve to fifteen.

EH: And then a couple assistants?

GE: Of course, there were students rotating.

EH: Sure. You said they were in each of the labs for about six weeks?

GE: Yes.

EH: They would go through the rotations. Did you ever have graduate students come in and work with you?

GE: Oh, yes. Under the new program, the new organizational pattern, it was a good thing to have graduate students. That then fell under the Division of Medical Technology. The applicants would be screened by Ruth Hovde.

EH: I see. And they would be getting master's degrees or Ph.D.s?

GE: Yes.

They started another program—I can't remember what it was called—it was to educate medical technologists to be in charge of schools of medical technology.

EH: Hmmm. Like an administrative program?

GE: Yes. Some of the graduate students who came into that program might not have chosen a specialty.

EH: That started in the late 1950s, the grad program?

GE: It must have.

EH: Did many other schools start graduate programs at that point, too, or was the University of Minnesota…?

GE: We were a leader. I don't know. We hoped the graduates from that particular program would go forth and actually start medical technology programs.

EH: Sure, and they probably did.

GE: Yes.

EH: Do you remember any students in particular who did do that?

GE: Yes. [pause] Paul Schreckenberger. He did a good job at several schools. We can just say there were several who did do that very thing. Some who did it and in the doing found they didn't really like to do that. David Bobey went back to microbiology in industry.

EH: It happens.

[chuckles]

EH: I have here that in 1973, the Department of Laboratory Medicine and Pathology merged.

GE: That was 1973?

EH: Is that right?

GE: It took that long? That's interesting.

EH: Yes. Do you remember that merger or leading up to the merger, perhaps?

GE: It began when I was back in the administrative position. That had to happen in order for it to be really effective.

EH: I wonder why it took that long. Do you know?

GE: Anatomical pathology was so substantial. It had been in existence so long all by itself. I don't think they wanted to be…

EH: I see.

GE: …scooped up and part of another unit to make a whole. But it was ideal to do so.

EH: Do you remember working with any of those people in particular or any of those conflicts of trying to get everyone meshed together?

GE: I would only have been seeing it at the worker level. There wasn't any problem there.

EH: Okay. Did you feel any impact on the Medical Technology Program from that merger?

GE: I don't think so.

EH: On the departmental level, it just made sense to have everyone together just for pooled resources or…? Why was that so advantageous to have them all together?

GE: They were laboratories, and laboratories go together.

EH: Okay.

Do you have any memories of Robert Howard as dean?

GE: Oh, yes. That's the dean I couldn't think of.

EH: Okay.

GE: Oh, he was wonderful.

EH: Was he? What were your experiences with him like?

GE: His son delivered papers to my house on Xenwood [Avenue, Saint Louis Park].

EH: Okay. [chuckles]

GE: So I knew him well. I remember he was a very friendly person and made you feel like you could speak to him as Bob Howard. I remember when I got my degree, he was in the lineup of people to shake your hand. He was there, and I shook his hand.

[pause]

EH: That would have been when you got your MPH?

GE: Right.

EH: What was the support like for that appointment when he became dean? Do you remember?

GE: No, that was beyond my capacity.

EH: Okay.

In the late 1960s and into the 1970s, there was the big expansion and reorganization of the health sciences at the University. Did that have any real impact or influence on the Department of Laboratory Medicine?

GE: I don't have any recollection of that.

EH: Okay.

Once that was reorganized, Lyle French was the v.p. [vice president] for the Academic Health Center and Neal Gault was the dean of the Medical School. Do you remember any attitudes of the faculty or…?

GE: Neal Gault was well liked. He didn't create any problems.

EH: Okay.

I read in the Archives a little bit about discussions about establishing the school for Allied Health Sciences.

GE: That I have *bitter* feelings about.

EH: Okay.

GE: I was gone, of course. Throughout the nation, allied health schools became kind of popular. I guess I never looked at it very favorably because we were back with the same old problem: budget. And you've got no support. So I had no idea this was going to happen at the University of Minnesota. The departments similar to us, like Physical Medicine and OT [occupational therapy] and PT [physical therapy], they let one go and

kept the other, and then they let all of us [the Division of Medical Technology] go. I didn't know why the department didn't intervene. It was awful!

Just to point out the simple things of what they created. We had spent all the years I was there fighting for space, and we had finally gotten space. But what did they do? They put the space requirements for Medical Technology under the school, to the director of the Allied Health Program, who was an occupational therapist. That's what moved. He took the conference room that we had loved. We had pictures of the leaders in Medical Technology on the wall. I got $1,000 in the 34th Kimble Methodology award at the Conference of Public Health Laboratories, and I put it into a glass case across the whole front of the room. I had acquired through my efforts, a collection of laboratory equipment, antiques. For example, I had instruments showing the development of calorimetry.

EH: Ohhh.

GE: …and, then, showed the progression…

EH: Neat.

GE: …of how science moved on. He took that for an office. He didn't need that big an office. That was a big room.

EH: Yes.

GE: But he wanted his secretary with him.

So the things I had collected got put in storage boxes. After they finally settled down, some boxes got moved out in some kind of a small case that didn't fit. I was so disheartened after I saw it. I never went back. I'm thinking about just… Does the Department of Nursing have any space?

EH: For the artifacts?

GE: Yes.

EH: The Wangensteen Historical Library… Have you ever been there? Wangensteen, like Doctor [Owen] Wangensteen?

GE: Oh, yes. No, I guess I've never been there.

EH: It's a really, really nice library. It's on the same floor where our offices are. It's basically a rare book and artifact library for biology and medicine. They have quite a lot of instruments. So they might be interested to hear what you have if you want things to go back to the University.

GE: I'm going to think about that. I was so disheartened…

EH: Yes.

GE: I thought life is not fair.

EH: No.

GE: Anyway, along with that, the old budget problem: cut the salaries, cut the jobs. We were encouraged to go to online courses. So that's been done. The "Teaching Laboratories" there ran short of time and space and people to run them. It's not easy to run those teaching labs.

EH: No. When did this all happen?

GE: I think it started about five years ago.

EH: Ohhh, okay.

GE: When did health sciences get created?

EH: I'm not sure. In the 1970s, there was talk about establishing a school for it. I don't think it worked. So this is a different change that I'm not sure about. I'll have to look in the Archives.

GE: Look it up. My comment was, "Are they trying to kill Medical Technology?"

EH: I will definitely look it up.

GE: Well, you've been a nice person to listen to my tale.

EH: I'm happy to listen to it. I have a couple more questions if that's okay, if you have time still.

GE: Yes.

EH: Since you mentioned the artifacts and thinking about the progression of medical technology, were there any really big changes in medical technology in your career …

GE: Oh, my!

EH: …and what were those really important ones?

GE: Remember, I started sixty years ago. It's fantastic.

EH: Yes. That's why it's fun to ask you about it. Which ones stand out?

GE: Microbiology has not had as much advancement in automation as the rest of them, but I gather it's well beyond what I would have any idea how to do. In chemistry, there's a *lot* of automation, but you'd never guess it could be so in hematology. Now, instead of doing differentials looking in a microscope and counting kinds of cells, it's done on a machine. Of course, all these advancements mean that the person has to know a lot to keep everything in "quality control." To get an answer is one thing, but to get the *right* answer is very important.

EH: Sure.

GE: Actually, the first article on quality control came out of Laboratory Medicine, published in *The American Journal of Medical Technology*.

EH: Hmmm.

GE: Esther [F.] Freier and Verna Rausch wrote this first article and never has it been acclaimed. It should have been, because there hadn't been anybody that had done it.

EH: When did they write that article?

GE: Oh, probably about 1952 or 1954. See if it's in *The American Journal of Medical Technology*.

EH: Yes. Verna Rausch?

GE: R-a-u-s-c-h and Esther Freier. Esther was the primary author. There was Doctor Evans. He really urged them to do this.

EH: Oh, they were at the University of Minnesota?

GE: Oh, yes. Verna was Ruth Hovde's assistant, and Esther was in the Clinical Laboratories, and I think Doctor Evans found some money to support her while she got her master's in chemistry.

EH: Okay.

GE: It was while doing that they wrote this article on quality control.

EH: Interesting.

GE: I'm glad to have that brought to somebody's attention.

EH: Yes, I'm going to look it up.

GE: Good.

EH: That sounds really interesting. It's so neat when we find out these really innovative things were happening at the University of Minnesota. Was it exciting to be there during all this?

GE: Oh! It was. I was excited.

Donna Blazevic and I wrote a book, not a *textbook*. It was really a reference book. [Donna J. Blazevic and Grace Mary Ederer, *Principles of Biochemical Tests in Diagnostic Microbiology* (New York: Wiley, 1975)]. It had a lot about biochemistry, of what's going on with these bacteria to help identify them.

EH: Okay.

GE: When we got that box of books, that was the most exciting thing yet.

EH: I believe it. [chuckles]

How did you decided to do master's in public health instead of, say, microbiology?

GE: I was an administrator, and I was dealing with the hospital administrators, and they all were coming out of a course offered in the School of Public Health. I thought, well, I should learn a lot about administration if I did that. Of course, Public Health has lots of microbiology.

EH: That's true. I was thinking because you'd said originally you wanted to be in microbiology, so did you just put that aside and say, "I'm happy in administration, so I'm going to take this administrative path?" even though you did end up back in microbiology.

GE: I guess I sort of did that.

EH: Okay.

GE: It was a good path. Even as a path, per se, missing in microbiology, it really didn't.

EH: Right. You seem to have done okay with it. [laughter] Were there many other people who ended up in the Department of Laboratory Medicine who had public health degrees or was it mostly hard science?

GE: Donna Blazevic had one, too.

EH: Oh, she did?

GE: She came from the Detroit area.

EH: You guys had a lot in common.

GE: Yes. I felt sorry for her, though, when I took the job, because she knew my role as an administrator, and she knew I had not much going in microbiology. I'm sure she thought, what did they ever take her for?

EH: [chuckles]

GE: But she was nice.

EH: That's good.

GE: So I grew up.

EH: Was it hard to make the change from being an administrator to…?

GE: Well, it was hard, because I was behind in micro, and I had to really work hard to catch up.

EH: Sure.

GE: I was always rushing around to learn something new, whatever I did.

EH: Good to have that.

I'm always interested to think about the role of women in what was medical…a man's world. Did you see any changes in the way that administrators or the Medical School, for example, viewed women in your position or women in general in the medical sciences?

GE: I answered that originally with you. I'm all for women, but I never have felt that I missed something because I was a woman. I sometimes felt my stature was more limiting than the fact that I was a woman, because I wasn't too big.

EH: I'm short, too. I know what it's like.

[laughter]

EH: We've pretty much gone through my list of questions. Do you have any final thoughts on the University, or your time there, or the Academic Health Center?

GE: I think I was *so* lucky. I loved it, in spite of its troubles and so forth.

EH: Do you have any ideas about who else we should speak with?

GE: Well, Verna Rausch wasn't on your list?

EH: I'm not sure if she's been interviewed, but I'll write her down.

GE: She might have a little more insight into the organizational plan that Doctor Evans conceived, because it was involving Medical Technology and she was assistant to Ruth Hovde. They may have talked together about what was going on.

EH: Okay. We'll try to track her down.

GE: She's alive.

EH: Okay. Is she in the Cities still, do you know?

GE: Yes, in her own home yet.

EH: Okay. We'll definitely contact her. Anyone else?

GE: I'm always amazed to find out I'm still living, and all these people are dead.

EH: [laughter]

GE: I can't call them up and say, "Isn't this interesting?"

EH: Thank you for taking the time.

GE: You're welcome. I told you I didn't have much to say. I didn't dream that you'd have all these questions.

[End of the Interview]

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