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Gladys Peterson: This is an interview with Lillian LaCroix. The date is June 2, 1993. Main focus is going to be on Lillian’s very lengthy and interesting career as a Registered Nurse.

Lillian, I’ve never really heard you say that you’re a native Montanan. I know you’ve lived in Montana a long time.

Lillian LaCroix: I was born in Montana. I was born on a ranch south of Chinook, Montana on my grandparents’ ranch and my mother was also born in Chinook, around south of and she was born when Blaine County was part of Choteau County. All that was one big county up in the north central part of Montana, so in the early 1900’s I was born there, in 1920. My dad had come to the United States from Scotland around 1910 and he worked on ranches around there and came and worked on my grandfather’s ranch.

GP: Now LaCroix sounds like a French name.

LL: LaCroix is a French name. My maiden name was McLver. My father was Angus McLver and came from the island of Lewis, Scotland. My mother’s parents were from Norway and my grandfather was born in Ringsaker, Norway and my grandmother was born in Bergen and they both came and met when they got to Chinook and were married and then they both homesteaded out south of Chinook on this ranch.

GP: Was that a Norwegian community by any chance?

LL: Well, there were quite a few Norwegians around, but I wouldn't say it was really a Norwegian community but, you know, families draw other members of the family and they also draw people from around. When I was very, very small, my dad went to school in Minneapolis, but otherwise I lived out south and my grandparents’ ranch was like a small city. They had a lot of men working there; they had people coming and going all the time.

GP: Now, did they buy the land or did they homestead?

LL: They homesteaded the ranch and then they [inaudible] up on what they called deserts and different ways of getting land. My cousin still has that ranch. It’s [inaudible] because my grandfather, although he only had a third or fourth-grade education, he put in a reservoir which covered somewhere along 80 acres and ditches, he put in ditches to irrigate the land...four
inches a mile so that the water just barely ran and (was) the only irrigated place out in that section of the country. And we lived out in the ranch. I went to a country school.

GP: What was your grandfather raising?

LL: Well, in those days, whatever happened to be. He always raised a lot of hay. At times he had sheep and at times he had cattle but those were the two main things that he had, was sheep and cattle. The ranches in those times used to be pretty efficient, that is, you raised gardens, you raised your own milk, you had your own beef, you had your own chickens, where nobody does that anymore.

GP: You had a lot of family to work on the ranch. Did you have brothers and sisters at all?

LL: I'm the oldest grandchild and then I have a brother that's three years younger who is retired now, of course, but he was an engineer with IBM for 22 years - graduate of Bozeman - and then during that time he was in their 100 Club. The hundred top people of IBM belonged to the 100 Club and so he was in that for a couple of years before he retired, or left there. And then he went with another company until he retired.

Then I have a brother that's eight years younger than I and he is a graduate of the University of Texas. He worked in the hotel-motel business down in the Denver area and various places. And I have a sister and she's 14 years younger than I am. And she has been handicapped. She has always had to wear a hearing aid and when she was little she was sickly all the time, but she's married and she did get through the eighth grade.

She's got a memory like an elephant. Once she gets anything, she gets it. She's very anything she can see, she can do, and she and her husband are up at Flathead Lake right now [inaudible] summer camp.

GP: You said your dad went to school in Minnesota. Was that common?

LL: Well, after WWI - he's a 100 percent disabled veteran. He was wounded on the battlefield and Mother met him after he had come back home. Anyway, he went to electrical school in Minneapolis and then he came back and he worked up at Thompson Falls for a while and they wanted to send him to South America or something. Mom wasn't very well, and so they didn't go. They went ranching then and they were farming during the Depression. You put seed into the ground and it blew into the next field and it was hard times.

GP: So they gave up ranching?

LL: My mother's father stayed on the ranch and then it was passed on down to the oldest son. When I started high school, then, we moved into town. My dad worked as a mechanic, you know, in a farm implement store.

Lillian LaCroix Interview, OH 259-025, 026, Archives and Special Collections, Mansfield Library, University of Montana-Missoula.
GP: Do you want to talk a little bit about your childhood, Lillian? You said there were a lot of people.

LL: Well, there were a lot of people, not on the ranch where we were, but there were a lot of people coming and going, it seemed like, at my grandfather's place. And every Sunday we went over there for dinner. That was great to go to Gram and Grampa's every Sunday. Then, of course the little town of Chinook was only about 1500 and I often say that there were 1500 people and 1499 of them were related to me. I don't know if that's true or not but Mother had a lot of cousins that stayed around there, and they had big families. So there's still quite a few of them over there. I always have to laugh because two of us girls that I ran around in high school with, we sat down and figured out how we were related and we were related through a whole tribe of Indians and neither one of us were Indian. Her relatives had married in and some of my cousins or something had married in to this thing, so—

GP: That's interesting. Now you must have some memories of the Depression. How did that effect your childhood? What was it like?

LL: I can't really say that I remember much about the Depression. We lived on a ranch. Our meat came from the cattle that we had; we grew potatoes. We may have gone without a certain amount, but I didn't remember going without anything. We just didn't have it. If you don't have it, you don't see it. I always had a horse; we always had animals around to play with or whatever, and we didn't go to movies; we didn't have that sort of thing. And I always said that I always figured that I never missed anything by not being in town. If somebody says, "Well, you definitely missed it; you didn't go to movies."

I said, "You see one, you seen 'em all." You know, when it comes right down to it, I never really - I guess maybe I didn't know there were things we couldn't have.

GP: Did you do much work on that ranch?

LL: Other than the fact that I was the oldest, so I did a lot of horseback riding and rounded up the cattle and whatnot around, that sort of thing. But I never considered that something that I had to do. I had to do it because, see, my brother that was younger than I, he also was sickly when he was a child, but I was the older and the healthier one and so as a result I did a lot of riding, and that was just one of the things.

GP: Was there a lot of canning going on; did your mother-

LL: Oh, Mother canned; she always did can.

GP: You didn't get too much involved in that, it sounds like.
LL: Well, I helped some. People canned; they didn’t have freezers in those days. They had iceboxes. My grandparents had an icebox; we didn’t. We had, I guess you’d call it, it was a spring; it was not a well, where we used to have a place where we’d set the milk down in so that it was nice and cold.

GP: I want to get into what made you become a nurse. Was there something in your childhood that made you think that you wanted to become a nurse? I should ask you what do you remember about medicine and nursing in those days.

LL: I guess, when it comes right down to it, I went through a period when I went to high school. My mother sewed beautifully and although maybe the material we got was not the best of material, but she could make something out of nothing. My grandmother could lay a piece of material on the table, no pattern, no nothing, and figure it out and make beautiful things, and mother took that up. She was the only one in the family that really did. She was really very, very good at it. So I always had, I thought cute clothes.

It was not handed down to me, however, in that line. During high school there was a time I would have liked to have become a model. I even wrote to [inaudible] to find out about these different ones, you know, the modeling schools and sewing and clothes and stuff like that. And heavens, I didn’t have enough money to get to the edge of town, so there was no way I was going to go. And I had my very, very best friend, she wanted to be a nurse. But in those days there were never any scholarships for nursing and by the time we graduated from high school she was going to get married.

And I had an uncle that was in the hospital in Havre, Montana, and it was a nursing school. We went up to visit him and I had applied to [inaudible] Great Falls but they told me that their "courses were full." And I also applied to the University of Minnesota because of being in Northern Montana and the Great Northern Railroad; that was where the transportation was, the High Line.

But I didn’t have enough English. I needed another English course. So I went down and I applied, and I think I applied on Saturday, sent the thing in on Monday. Went to have a physical exam on Monday afternoon, and I think I had my acceptance on Wednesday.

GP: This is for Havre.

LL: This is for Havre, and so it took $75.00 to get into nurses training.

GP: Now, would this have been, let me think—

LL: This was 1939, and it took $75.00 to get in there, and after we’d been there
3 months, we earned ten cents a day.

GP: You’re kidding.

LL: I’m not kidding.

GP: Ten cents a day.

LL: Sister had a little store down there where we could buy stockings, we could get toothpaste, we could get soap, at ten cents a day in this little store. We never got the money, but she even had candy bars so she kept track of everybody’s amount that they had, but that was for our soap and our toothpaste and so on. Most of us came off of little towns. We didn’t have any money for that kind of stuff. And so that was one way to make sure that we were clean.

GP: The $75.00 was for the entire year?

LL: That was for the three years.

GP: For three years!

LL: That’s what you needed to enter and then from then on we didn’t have to pay any more money or anything like that. There was a certain amount for uniforms, and we had to buy our uniforms after that, so then, you know, as they say, we were poor and about that time they were getting ready for war, so they didn’t have a lot of nurses to staff the hospitals, so the students did all the work. We did all the work. We were there three months and we were doing things that seniors are doing now.

GP: About how big were those classes?

LL: We started out with 26 in our group and we graduated 20. The class before us was something like 14 and the seniors when we came in were something like 7.

GP: So it was becoming a more popular idea because it was a place for the girls to go? Why was it increasing?

LL: Well, I think the whole feeling of looking for something besides living on the ranch. See, most of us were ranchers or very, very small-town people. In the first place, there were only three different professions for girls. There was secretary (and you didn’t really need anything but a high school diploma to be a secretary and you could get work, usually in the courthouse or someplace like that); the other profession was teaching and you had to go probably to Dillon to school for a quarter or two, and then there’s transportation, and then there’s nursing.
GP: You know one thing I’ve thought of, Lillian, with our age group, and this question I just asked reminded me of that, in a certain sense, we were baby boomers. There were more of us following WWI –

LL: The thing was, that you heard from the very beginning, was that if you got to be a nurse, you would always have a job. You could always have a job. Whereas teaching, I think you could get the basics and then you could teach in the country with one quarter or whatever and then you could go back to school. With nursing you can’t do anything unless you had the three years. See, they didn’t have aides; they didn’t have LPN’s; there were just the RN’s. So you have to —

GP: You have to be a Registered Nurse. That’s an interesting point; I hadn’t thought of that before. Well, we’ve overlooked quite a few things under this education of your young life. Did you have any contact at all with medicine prior to nurse’s training? How was it handled on the ranch?

LL: I think, well, it was close enough to home, and being I could only go 20 miles away to Havre, at Northern Montana College too, I guess maybe other than the fact that I did like the sciences. I always had not very good eyesight. Once I got my glasses, which in those days were very, very thick and I was very nearsighted and I think probably when it came to reading, I’m not a fast reader. But when I came to reading, I could memorize things much better than I could read. I’m not sure that I’d have done that well if I’d just stay and pore in the books.

GP: It’s interesting that you were orienting yourself toward employment, though. Not all the girls did that, even at that time, at least where I was.

LL: I didn’t want to work in a restaurant and one summer I did kind of sort of look after a lady that had broken her hip. She made me scrub her kitchen floor on my hands and knees and I didn’t want to do that. So you know you have to start looking whether you want to stay in the community or what? At that time transportation was getting a little bit better and people were moving out and as they say, war was coming. Many of the young fellows were already - let’s see, the big war actually started in ’41, so I was a junior in nursing then, I believe, or a senior, I don’t know which and of course, you know, that made a lot of difference. Made a difference in the community and everything else.

GP: Let’s talk a little bit about your training. I’ve interviewed nurses who - a lot older than you, too. (One that I’m sure you knew, Irene Callahan, who’s no longer with us. She graduated in Butte in 1931 and the stories that are on her tape about her training and how hard she worked and what she did, are pretty remarkable.) I have a feeling that by 1939, things had changed a great deal.

LL: Well, (laughs) what we did was we had to be on the floor. The big excellence of the thing was the work that you did. And then your classes came in between there and of course we worked the eight hours and then we had classes in the evening.
GP: I see.

LL: But we had one day off a week which we thought was wonderful to have a day off a week.

GP: In other words, you worked six days.

LL: Yes. And we were the staff of the hospital.

GP: Were the nuns the teachers?

LL: The nuns were RN’s and they were the teachers, and let me tell you something, they kept an eye on everything we did because we had long-sleeved uniforms and you try to give a patient a bath with your long sleeves, well, we used to have to roll them up and we came outside the door, you had to have your sleeves down. That was not professional. It all depends, I guess, how you view something, whether you think it’s hard work or not. I think that there was a certain amount of driving to it. "You have to do this."

The thing that I remember was that Sister told us that when we went into a patient’s room, while you’re at that patient’s bedside, that patient is the most important person in the world. You don’t think about everything else that’s coming. Right at that moment, that patient is the most important person in the world.

And I’ve thought about that many, many times, because I think we’ve lost some of that. She always told us that nursing was a poor girl’s profession - that anybody who had money didn’t belong there, because if money was their goal, they would never be able to take care of the patient like the patient should be taken care of.

GP: That’s interesting. Of course, I think you could say the same thing for schoolteachers.

LL: Well, that’s true. That’s true. But those are just some of the things that she stressed. Another thing she said, "If you make a mistake and you see that mistake, you report it immediately. You are honest enough to know, no matter what the consequences are, you report it if you make a mistake." And I’ve thought about it several times.

GP: I’ve had a nurse tell me (I won’t reveal any identities on this) she had made a mistake --I really don’t remember all the details on this -- and she was about to tell the patient that she had made a mistake and the supervising doctor of this patient caught her at this and this nurse said the doctor told her, "Not in the presence of the patient, but later." You never do a thing like that.

LL: You don’t tell the patient.
GP: Don’t tell the patient.

LL: The thing that she did, where her mistake was, the doctors are the first contact for the patient. The doctor is the person that everything from that point on goes through the doctor. So as long as the doctor is the first contact, anything that you do for the patient has to go through the doctor. And, you know, I don’t know. Nursing, there’s no profession in the world that has more supervisors than nursing.

GP: Teachers have an awful lot of them too. Again, depending on where you are.

LL: Yeah. First of all, you’re responsible to the doctor. You’re responsible to the patient. Now, through the years, this was not the way — I really didn’t get into this until recent years. And of course we were taught, to begin with, that the doctor was fully in charge. That’s not true. There’s only one thing that the nurse has that her responsibility is to the doctor, and that is the administration of medication. Things like the environment that the patient is in, the temperature of the room, the cleanliness, the environment, the assessment of the patient’s problems, are all nursing. And that has nothing to do with the doctor.

GP: Record-keeping. That’s your assessment that you’re talking about.

LL: So, you know, observing what you observe and so on, and so it’s a little different.

GP: How did you take to the training? You didn’t have a background in this except taking care of a lady with a broken hip before that. Was it hard to get used to it?

LL: Yeah. We were all -- the camaraderie we had when we were in training -- we were all in this together, and I think there’s something that’s a feeling that you’re part of the whole, which is in any part of life’s experiences, I guess, and I don’t know. I never thought of anything else because there was no change to go back to.

GP: What were some of the prevalent diseases or conditions that were at that time?

LL: Of course, pneumonia was great. My, I’m telling you, we didn’t know the difference between viral and bacterial pneumonia in those days and we didn’t have penicillin until 1939 so it was about 1940 when it came to our area.

GP: It was mostly first sulfa, wasn’t it?

LL: And it was sulfadiazine and the patients all had problems with their kidneys.

GP: And it didn’t work on all the diseases, either, did it?
LL: No. And so -- but people died of pneumonia. There was a lot of that. And we didn’t know very much about emphysema. Everybody smoked and we didn’t really know enough about the failing of the lung muscles and the lung tissue from smoking and that sort of thing.

GP: Was it called emphysema at that time?

LL: I don’t know. I don’t remember.

GP: It seems to me that it’s a fairly modern word, last couple of decades, really.

IX: I don’t remember that, but there was a lot of pneumonia.

GP: How about TB?

LL: Well, we didn’t have too much of that. TB, at that time, anybody that was diagnosed with TB went to Galen and if we had anybody in isolation in the hospital, we — we also had a building in the back in which you put people out there if they had communicable diseases and that sort of thing.

GP: I know those places were still around in the 50’s.

LL: So, you see, some of those sort of things, and we had some isolations—

[End of Tape 1, Side A]
LL: But I always, after graduating and going off to the army and a few things like that, one of the things, I may have come from a very small hospital but there wasn’t anything I couldn’t do and I could stand up to anybody that came out of the University of Washington or wherever.

GP: You had good training. And I imagine you were also a very self-confident person. Were there any experiences during your training that you would like to recall? Anything particular that happened? What was it like being in Havre? See, the war started while you were in nurses’ training.

LL: Well, of course, you see, when things just simply slowed down and most of the young people, the young fellows and whatnot, went off to war and some of the nurses that were in my class were planning on getting married as quickly as they got out, you know, and there were a few things along that line. I don’t know if there’s really anything to tell. Looking back over it now and — see, another thing happened during that time was the fact that because of the demand for nurses in the Service, the demand for people, I think the instructors also gave us every benefit of the doubt to get us through. I know a couple of them that weren’t very good in class that were good in applying their clinical skills, however, and the nuns would give extra classes for them and literally drill them so that they could get through and they turned out to be good nurses and whatnot where I think maybe in this day and age we probably would say, "Look for something else."

So I think we were babied along to a certain extent because they wanted - and then the government started coming in. When the government gets into health care, they’re going to ruin it and Sister had said that clear back during the time that I was in training. The government was coming in with more rules, more things all the time. They got in there and they started looking at how many minorities you have and that sort of thing, and we had several Indian girls, not in my class, but in the classes that followed. It was important that they took those girls in.

GP: That’s very interesting. Maybe we can talk about that a little bit later. Well, were you excited about going into army nursing?

LL: Oh, Heavens, yes! That was the thing; to get into the army was the thing, and –

GP: It was all army; it wasn’t navy?

LL: It was any branch of the Service. As a matter of fact, I went to work in Providence Hospital in Seattle in pediatrics --and I wasn’t in the army yet; that was in the fall of 1942 and I went in the army in 1943 in January.

GP: What attracted you to Seattle?
LL: Well, my parents went out there; my brother was out there and people were moving out there because of the —

GP: The war work.

LL: Of the war work, the shipyards, Boeing, the navy. The navy used to come in there and have — there was a time when the naval air station out there — and that’s where we went and took our physical examinations, was the naval air station, but we were in the air corps.

GP: So you weren’t at Providence Hospital too long.

LL: No, I wasn’t there very long.

GP: Was it much different than Havre?

LL: Well, it was all pediatrics, and there just wasn’t enough help, ever. You couldn’t get help because there just were people coming and going and — and the first day I was there, one of the nuns came down the hall and said, "Hey, you." And, "What do you know about pediatrics?" And before I opened my mouth, she walked on and said, "We’ll teach you."

So that was, you know. But I don’t know whether nursing was so much. Then after I served — I wasn’t there a year -- in the Service, married in the Service and had a (inaudible) and had a daughter and then I went to work there in St. Patrick’s. And my dad didn’t like it on the Coast so they came back here. My folks came back here to Missoula instead of going to Havre or Chinook we came to Missoula.

GP: But, now, were you in the army in the Seattle area?

LL: No, I was down in California. We were out in the desert. And that was something else. We had a 250-bed hospital and we had five nurses including the chief nurse. So that meant we had to have somebody on the night shift, which the night shift was seven o’clock in the evening to seven o’clock in the morning and that took two of the nurses, so that meant three to take care of this whole shebang. Of course, by this time, they had started in with what we called "ward boys" or orderlies and whatnot and they were always those that didn’t have a very good education and had been — those that worked didn’t have the qualifications to get along in the world, really. They had to put them someplace, so they put them in the hospital.

GP: They weren’t in the military, though, were they?

LL: They were in the military. They were privates in the military and they worked as —

GP: They’d been drafted.
LL: They’d been drafted in and some of hadn’t even had shoes on before they got there.

GP: Could they speak English?

LL: Oh, yeah. They speak English. And (inaudible) had a few years of school.

GP: Now were these 250 patients people who’d been overseas or —

LL: They were — because there were 8,000 men on that particular base, and 4,000 were officers because it was air force and there were the pilots and the copilots and the navigators and the —

GP: What base was it?

LL: It was down at Bly, California.

GP: You went in in ’43.

LL: Beginning of ’43.

GP: You were in only —

LL: I went in in August and I came out in August.

GP: Of ’43?

LL: Of ’43.

LL: No, it wasn’t a very long time. I got married and came out and at that time if you got married, you were just automatically put out.

GP: I see. So when did you come back to Missoula, then?

LL: We came to Missoula in September or October of ’43. And my daughter was born in December of ’43 and then I started work at St. Pat’s as PM supervisor in the OB Department in the last part of February.

GP: And I’ll bet I know who was the babysitter.

LL: By all means. Then I worked down there and decided I needed some more education. So I started in the next year at the University.
Mrs. McLver: It took you a long time because she went out there several times and they wouldn't take her. (Inaudible) She did get so much school.

LL: Because I’d been in the Service, so I went —

Mrs. McLver: She’s the first woman —

LL: First woman to graduate from the University, in 1947.

GP: Uh huh. Why wouldn’t they take her?

LL: I don’t remember being turned down. I just didn’t have any money at that time.

GP: Under the GI Bill they at first didn’t take you.

LL: The GI Bill was just getting in and it took them a little while to get things turned around and they didn’t know what they were doing out there and —

GP: Yes, I know. I’ve interviewed Emma Lommasson, who was involved in all that too, in the Registrar’s Office. You probably know her.

LL: I know her. I know her very well.

GP: Your story and hers fit together very well.

LL: It was something else. She was chief math teacher up there at one time.

GP: I know. She had quite a career. Well, what was your degree in?

LL: Well, my degree turned out to be a Bachelor of Science in Nursing Education, which I don't think, within two years they didn’t give it anymore.

GP: I was wondering about that.

LL: Dr. Hetler was in charge of the biology department and he was kind of in charge of it. There were only about three of us, maybe four, nurses that were going out there at that time, that finished up about that time.

GP: Was that a new program?

LL: That was a new program. They hadn’t given it before and — well, I don’t know. I think there were probably a couple that graduated before I got there, but not very many and then I’m sure that it went out when he left.
GP: Well, something came back in because the student nurses at St. Pat’s were taking classes on the campus after that, weren’t they?

LL: St. Pat’s had a nursing school and then they had a contract with the university to give a certain amount of study for them but the credits and everything went down to St. Pat’s, not at the University. They worked that out somehow or other. However, if that person, then, wanted to go on to school later on, they would evaluate what they had taken out at the University, and not what they’d taken at St. Pat’s. See, at the time that I went they gave me a year, 45 credits, for my three years of nursing.

GP: What did you intend to do with your degree? Why did you want that?

LL: Well, partly because, as patients become more complicated, you need more information to take care of them; and secondly, to move up in any kind of a job, you’ve got to have a better education. It was coming then.

GP: It was coming then.

LL: It was coming then, even —

GP: The value of a degree was coming then.

LL: I could see it coming in.

GP: Mid-forties, you’re talking about now.

LL: Yeah; and then when I graduated I got $10 more a month because I had a degree.

GP: Isn’t that something? Well, what did you do? Did your job change any after you got the degree?

LL: Well, after I got the degree, I worked at St. Pat’s. During the time that I was going to the University, I also did special nursing.

GP: Private duty?

LL: Private duty nursing, yes.

GP: In the hospital?

LL: Yes. Then when I got through, I taught pediatrics for a year down at St. Pat’s and then I went into the VA and went to Helena and worked at Fort Harrison for six months and then I
transferred to the Spokane VA because it was a brand new hospital and they were getting ready to open up and getting new staff and whatnot, and so I went out there and we were given a status. Not the junior grade (it was because I had a degree) we were given the status of an associate degree at that time, or an associate whatever-it-is. And you got quite a bit more money for that. It was the beginning of moving up in the scale.

GP: So you were a working mother? Was your mother taking care of your daughter?

LL: Took care of her a long time, and then (inaudible) she came out to Spokane with me. We were out there for a couple of years, and then I got TB and wound up in the hospital and then she had to come home. And then I had to come home and sold my house and whatever and I had to come home too. And we had to add on our house and couldn’t be with the rest of us.

GP: That’s interesting. I imagine you got the TB in the hospital someplace. What about your treatment for that?

LL: Oh, I spent six months in the hospital, part of it, or almost six months, I guess, part of it in Spokane in the hospital where I had worked and part of it in Portland VA.

GP: These were in the days when the treatment was mainly having good fresh air and not much else, was there?

LL: And isolation. You were put in isolation. I had good care, so –

GP: Did most of those people recover?

LL: Most of them did. Most of them recovered. There were some of them that had real problems because not only that, they had developed an immunity to the drugs that normally attacked the TB.

GP: I see.

LL: But most of them got along after a certain period of time.

GP: Well, we’ve talked a little bit about some of the national conditions that you lived through at that time. There are some we haven’t even mentioned here. Your mother told me a little bit about this: if we can back up, I just don’t want to leave out any information that might be important to somebody using this tape.

Back up, then, to the Thirties. Do you remember Prohibition at all in the area where you were living, the ranch area?
LL: Outside of everybody that went to town. The young fellows that went to town, most of them got drunk. But Prohibition was back in the Twenties.

GP: It ended in the early Thirties, didn’t it? We have talked a little bit about the Depression. We haven’t talked about the Depression organizations that were part of the Government, like the WPA, CCC and those things. Did you have any contact with those organizations?

LL: Well, there were a few people that I knew that worked on the WPA because that was all the work that was available and they were building toilets and I don’t know what else they were doing, (inaudible).

GP: He didn’t realize that he was working for the government when he took the job?

LL: I don’t know, there was a sugar beet factory in Chinook at that time and in the fall of the year everybody went to work in the sugar beet factory and that came usually after the crops were in and that usually lasted till almost Christmas and making sugar and all that sort of stuff and then I don’t know, got through the winter months and sometimes it was pretty bad because the weather was so bad and anyway -- and you got where there were jobs. Mom Dad ran a rural mail carrier — $73 a month for 30 miles.

GP: For delivering the mail?

LL: Delivering the mail out in the country.

GP: In your own car, right?

LL: Anyway, and so then in the spring of the year, they still had lambing and they still had calving and then from there they went on into putting the crops in.

Ms. Mclver: We were more lucky in one way, that (inaudible).

LL: He was a disabled veteran.

Mrs. Mclver: He got $145 a month. (Inaudible) these jobs.

LL: As they say, I don’t remember, ah, (inaudible) lines and things like that. We didn’t go to town and we had whatever we had.

GP: Well, I just didn’t want to overlook any information like that that might be important to somebody, so unless there’s something that either one of you want to add, we’ll just move ahead then. What about you, Mrs. Mclver? Are there any memories of those days that stand out? (Inaudible) near Chinook?
Mrs. McLver: I couldn’t go to school (inaudible) I passed an eighth grade –

GP: Certificate.

Mrs. McLver: You had to pass a state examination to pass eighth grade. I tried to go to high school (inaudible) my mother had a miscarriage; I had to go home (inaudible) hired man and I got the flu and that was kind of bad and then my brother came home from the service. Anyway, that was the end of my schooling. I had to go home and listen to his stories. I would never hear (inaudible).

GP: Well, I’m sure you have a story to tell there too. Maybe I can put you on tape another time. I’m sure that you have a lot to say there (inaudible). Maybe we’ll get back to Lillian’s nursing career now. You have moved around quite a bit; you had one of the most dreadful diseases there was. First of all, I should say that TB didn’t affect your daughter in any way, did it?

LL: Not that I know of. Once it was diagnosed, she came home to stay with the folks, and (inaudible) everything seemed to (inaudible). I guess everybody has a certain amount of problems that happen and you solve those problems and go on from there and you can’t dwell on them and if you think that you can stand your problems but you can’t stand somebody else’s, why, you know, I (inaudible) it happened and you just go on from there. I guess maybe after I had been in the VA working in Spokane from 1950 to 1956.

GP: This was before or after your TB?

LL: Well, it was during the mid-50s that I got the TB and then I didn’t work there for a while; then I started back a couple days a week and actually I started back in St. Pat’s and, in fact, two of us worked two days a week and each of us worked half a shift, so I worked one day a week for a while, and then we keep adding a little bit more and a little bit more and finally I was on full-time.

GP: Did you feel weak at all after your recovery?

LL: No. Anyway, because it got better and I suppose by about 1959 or somewhere in there, ’58, ’59, I was pretty well back to doing full-time duty. In St. Pat’s I worked mostly out of doing treatments and that sort of thing and in the emergency room and I really had pretty much the run of the whole hospital.

GP: Did they have to watch you recovered TB people periodically, at least?

LL: Not at all.

GP: That’s interesting. I’m interested in that because I understand that it’s coming back. There’s more TB today than there was for a number of years.
LL: I understand that it’s coming back and it’s coming back in the crowded areas. It’s coming back and I think we have let up on the X-rays. Do you remember the X-ray mobile units that used to come around and take X-rays of the lungs and all that sort of thing.

GP: Well, we used to have all those patch tests and everything. I was in high school and had them on my arm and later my chest. LL: All those things, and they just did away with them and so that’s one of the reasons it’s coming back. We’re not as vigilant as we were in those days.

GP: Well, why don’t we talk now about your observations and your experiences as you began to specialize in your nursing career because I know you did.

LL: Most of the jobs that I have had were jobs that I was asked to take. I didn’t really apply for them and –

GP: But you were willing to try them, or –

LL: Well, the positions came open within the hospital and they asked me if I would take the job. And as things were changing and so on, so, as I say, working in various areas within the hospital and — I always had a good time doing nursing for some reason or other.

Mrs. McIver: And she liked to travel, so she traveled.

LL: Well, anyway, what happened was that they came along and asked me if I would take - as things were changing in the recovery room or sometimes they call it the postoperative recovery room, they asked me if I would be willing to take that particular job. They were doing more surgery and more surgery and more surgery and the one that was working in there at that time, she and her husband had graduated from the University and she was leaving. And they were doing some changing. They were moving it around and so I thought, "Well, why not? Least I’ll have the weekends off." So I was working in that, and one day they had a — I was pretty well up on all the different types of surgeries that were done, and they had this cardioversion for a young boy who was something like 20 years old. I said, "What’s that?" So naturally you run into something like that which you don’t know anything about what you’re supposed to be doing. I couldn’t find anything. (Inaudible) So anyway, they did the cardioversion alright and they wheeled him down with this great big monstrosity with all the monitors on it and they wheeled it in there and I said, "What am I supposed to do with that?"

GP: And he was in it.

LL: Well, he was the patient. And the anesthesiologist turned around to me and he says, "Lillian, just know what’s normal, and if it isn’t normal, call somebody else." And of course I started to laugh. Well, anyway, the patient woke up, no problem and so on and so forth, and we returned all this big machinery to its place and I thought, "Hmmm." So Mrs. Crumsick, Norma Crumsick,
was teaching out at the Vo-Tech and she practically set up that whole course out at the Vo-
Tech. She was a big lady and usually there wasn’t — we opened up at 8:00 in the morning
because surgeries don’t start till then, and usually it’s an hour or two before the surgery, so we
had everything in place, and she came in and talked to me and I told her about having this
happening. She said, "You know, in the last American Journal of Nursing in the November issue,
there was an article on teaching nurses how to read EKGs.

"Good," says I. "Let’s get that and see if I can find out," and there was a note on the bottom of
this thing that says you write here to get the book. So about that same time, the hospital
administration sent word around to all the different departments, asking if we needed any
books, any modern books for our libraries of wherever we worked that was specific to that area
we could order them. So I said, "This is the book I want," so I immediately sent it down to the
office and had to go through the administrator and they ordered the book. And the book came
the first part of January and before I got the book (they told me about when it would be there).
About the twelfth of January, somewhere in there.

One of the internists — I worked with surgeons and the anesthesiologists and that group of
people. I usually don’t work with internists or the family practitioners, which is another big
term they have now. I don’t work with those doctors ordinarily so here all of a sudden, here
was Dr. Harold Braun, who was the cardiologist, who came up to see me and he came in and he
says, "I’m going to buy you a birthday present even if it isn’t your birthday."

"Oh?" says I. After all, my birthday’s in the fall of the year. This was in January. I wondered,
"What’s he talking about?" So he said something about this book and I said, "By the way, I have
that book, I think." I said, "Just a minute," so I called the administration. It was lying on the
administrator’s desk. And I told him it was downstairs and said, I’ll go get it." He went down and
got the book and he was getting ready to leave to go teach for a quarter at the University of
Minnesota, because some of the doctors do that. They take off a quarter and go teach in the
medical schools. So he was getting ready to do that, so he took the book along with him
because that was exactly what he was teaching, was teaching cardiology. Well, he came back
from there and then he wanted to know if I would be willing to take an EKG course. I thought,
"Well, after all, I’d been here long enough that I had gotten to the point where when I walked
out of there in the evening everything was if somebody came in and moved a chair, I knew who
moved it and everything else and I knew how many pens were lying on the desk and if there
was one that was gone I knew who took it" and I had really gotten myself into a rut.

GP: You were ready for a change.

LL: And I said, "I’m ready for a change," I said, "You know I think maybe I’ll go take this." Well,
the hospital administrator told me, Mr. Crandall told me, "You go take the course. When you
come back, if you find—

[End of Tape 1, Side B]
LL: —he would keep the job open for me if I wanted it. So immediately Dr. Braun called Columbia Presbyterian in New York (and also Cedars of Lebanon in Los Angeles was giving the course) so it was finally decided. I was land of debating whether I should go.

First of all, Mom and Dad were getting ready to go to Scotland and I thought, "Gee, wouldn't it be nice to go to New York and then they could stop and see me." But in the meantime my daughter had gotten married and she had a couple little kids. That was another thing that kept me going in certain things because my son-in-law was going to school in Bozeman and they had graduated and moved to Los Angeles, so I decided I would go to Los Angeles (inaudible). I went down and took the course in Los Angeles, came back in the fall of the year, continued to work in the recovery room, but I was given off one day a week on a Thursday to give a course in EKG’s to the nurses of western Montana. I had 22 nurses and they came in from the hospitals in western Montana every Thursday from — beginning in September — till just before Christmas — we had them come from Salmon, Idaho, we had them come from Moscow, Idaho, we had them from Kalispell, we had them from Helena, Butte, all over western Montana, even some eventually from eastern Montana. They came one day a week and they drove in for that one day. That was our first course.

GP: Now for how long did they have to do that?

LL: They started in September and would come in every Thursday till the first part of December. Well, in the meantime, he wanted to find someone that would be willing to follow up and visit the hospitals after they’d taken training. Then they were looking for this grant.

GP: I was wondering who was paying for this.

LL: Well, when (inaudible name) came in, one of the things that was set up was regional medical programs. California had several of them because of the population. But they put Montana, Idaho, Wyoming and Nevada in what they called the Mountain States Regional Medical Program because this was an area that had no medical school anywhere. So that was another reason why they figured they had to get this information to the small hospitals to be able to save the people when they had a heart (inaudible). It was the nurses who were going to save them because the doctor isn’t around usually.

GP: Could I ask you if we’re talking now early 60’s.

LL: We’re talking late 60’s. Kennedy had set this up. We’re mid-sixties. It was about ‘66 that I went to California.

GP: Now, what about EKG’s? When did they become so common that this became so necessary? Sometime in the ’60s, right?
The early part of the ‘60’s. The very first thing is they discovered that when they hit somebody on the chest when they had a heart attack, sometimes it changed the rhythm of the heart and so your cardiopulmonary resuscitation came in, see? And this followed. Clear back in the early ‘20’s they were able to use a stethoscope and determine some of these things but they didn’t know how to treat them. So anyway, when they’d come up with this electrical current that goes through the body to keep the heart going and had realized the research work that had been done on the heart and how it functions, and then to be able to put these electrodes on the body which will record it on a monitor was something that was new. Of course it was about that time that the war was beginning to be over and there was lots of work going on in medical research and the engineers were getting into it and look what’s happened to everything now. So Dr. Braun then, they had set up a briefing down in Boulder, Colorado in February.

GF: For nurses?

LL: No, no. This was for the regional medical program. When the doctors wanted to establish some type of coronary care program in this four-state area under the Mountain States Regional Medical Program, they asked me to go along with this thing. Well, here was, what, five doctors, Dr. Braun from Missoula, Dr. Weaver from Missoula, Dr. Brewer from Missoula, Dr. McPhale from Great Falls, whoever was head of the graduate school at the University and Dr. Leroy Anderson from the sociology department, so we were all going down there, including me. We got out to the airport here and the thing was scheduled for 3:00 in the afternoon, to fly down there, and no planes were coming in because the weather was terrible.

Well, Dr. Brewer got on - they got going and they got a hold of one of these private planes out here and he figured that he could take us in two planes to Butte, where there was one little hole in the sky that was clear and otherwise, you know, the weather was awful.

GP: What month was this?

LL: February. And that girl whom I met yesterday down at Thriftway was the daughter of a nurse and she was the sister of the man who owned this private air company out here and later on he was killed over — his plane went down alongside of the river and he was killed. I had to bring that up because I knew that I knew her but I didn’t know what her name was. I had to figure out (inaudible).

So we got to Butte - they held the plane up in Butte for us - and we flew down to Salt Lake probably the only time I ever got first class service - they took us into the pilots’ lounge where we were waiting — gave us our meal and flew into Denver and we had to take a bus in snow. I don’t know how we got out to Boulder because the snow was terrible; it was just awful. They had already called ahead and said we were not going to be there for the briefing, but we would
be there. So I got up to my room (I was the first one) and I thought "Gee, I’d better call down and find out what’s going on and when they’re going to eat." I called down to the desk and the girl at the desk said, "Well, they’re waiting for you."

So I had to hurry and put my clothes back on and got down there and when I walked in the room, the only time in my entire life, when I walked into that room everybody stood up.

GP: Isn’t that interesting?

LL: Including - we had Dr. Tomita Jelta from the University of Washington there because they were setting up a course out there.

GP: Were you the only woman?

LL: Oh, there was probably another one there (inaudible). There was a doctor from the University of Oklahoma and there was one from Johns Hopkins, I believe. Anyway, they were part of this review program and so we had to tell them what we were doing. (Inaudible) Well, the thing passed. Well, we didn’t know right away. We got back okay and as a matter of fact, Dr. Weaver says to me, ”Lillian, do you remember so-and-so?”

"Yeah."

He said, "Did you know (she was there, by the way) that she was president of American Nurses’ Association?"

I said "No."

GP: That was the other woman?

LL: I can never remember her name. Her name is Mary Alice or something like that.

GP: Well, you were in distinguished company.

LL: I was in distinguished company, yes. Well, anyway.

GP: Now you say it passed. What resulted from that meeting?

LL: From that we set up three courses a year in which nurses applied and were accepted within this four-state area and we gave them here at St. Pat’s and they were two-week courses and then after the two weeks they went to a hospital of their choice which had EKG’s and so on and they had a week then –

GP: This would not be where they came from. This was a further training?
LL: They could go to — oh, somebody came from Cutbank, for instance. They would take the course here for two weeks and then they’d go to Great Falls for additional training and then they’d go home and set up a coronary care program in their hospitals. When those three courses weren’t going here then I was traveling and visiting all these hospitals. We had 69 hospitals in Montana at that time and I think I got into about 62 of them. And I also traveled in Idaho and northern Wyoming and also traveled with the nurse that was with the Colorado-Wyoming Regional Medical Program.

GP: Now, I was going to ask you about this; I noticed in the Missoulian article mentioned that you were involved in quality care, but I’m wondering now, in this traveling that you’re speaking of, were you doing that with reference to EKGs?

LL: Coronary care. That was teaching the basics. This other came later.

GP: Yeah. Okay. So let’s talk a little bit about what could you do going to 62 hospitals — were they going to be equipped, would they know enough to read EKGs and —

LL: Yes.

GP: So how often did you go to those 62 places?

LL: Well, we had quite a correspondence course going. Dr. James Gouaux and I and a correspondence course which was a follow-up. They sent EKGs and we read them — sent them back and told them what this meant and so on and so forth; we also selected EKGs from some of the patients at St. Pat’s. We had quite a course - we had 143 people, some of them down in Arizona, that had applied for this thing and of course eventually it went out. But it was a going concern there for a while. In the meantime, along with this, I had helped (along with Vera Wills) Dr. Harold Brown and Dr. Gerald Diettert put out an EKG book and they put out two coronary care books.

GP: For nurses?

LL: Well, they were used in medical schools. I also helped with medical training because the doctors also came in for courses to learn how, because they didn’t know. They didn’t have any of that when they went to school.

GP: It was like a brush-up for them.

LL: No. Some of them didn’t even have it in medical school.

GP: Updating would maybe be a better term for that.
LL: So anyway, I helped with that, and then I did all this visiting and sometimes gave some classes updating them [people who] were there and then they gave reports back to us and we'd follow up. We had telephone conferences and probably the first telephone conference that was done was done with ours, you know.

GP: This was a federal program?

LL: This was a federal program under the Regional Medical Program set up under the Kennedy era. First of all we had it for three years and then we got a two-year extension on it. But at the end of five years it went out.

And I knew right then and there that I didn’t want to go back to running the floors.

GP: Now what year would that have been when it stopped?

LL: About 1972 or 3.

GP: Was it because the money ran out?

LL: No; those regional medical programs were set up by Congress to run out. They were only a stimulant to get the current knowledge on heart, cancer and stroke disseminated into the medical/nursing communities, and I was strictly in EKG, in the cardiac part of it. So as I say we had it for five years; in the meantime the nursing schools were also putting it in. We even gave one course for the faculties in Bozeman that were the faculty at the baccalaureate school of Bozeman. We gave it for them or anybody who was teaching so that they could put this into their program and then I was the first nurse - - we had the best coronary care training program in the United States. I was the first nurse to do quite this same thing. Now there’s been public health nurses and whatnot that visited other nurses and put it out into the community, but theirs was a little different. Public health goes strictly to the people. It wasn’t exactly a training. So I was the first one of that.

And then when that went out I knew that I didn’t want to go back because when you work on the floors you make your money on your feet, and I didn’t want to go back to that. One of my evaluators was Dr. Robert Anderson in the school of education, and so I went up to talk to him and so he says, "Well, let’s get a Master’s Degree." So I went to school. All I had to do was go one year, and I got a Master’s degree -- it’s a Master of Science in Educational Administration, is what it is, and I got that and I decided that I would never graduate again because I was past 50 at this time and I thought, you know, "Once you get past 50 you can’t remember to take the meat out of the freezer, let alone remember what you’ve read at the end of the paragraph." And so I decided I would never go back to school again and I would go through graduation. So I went through graduation and Dr. Gerdes, who was the director of the Mountain States Regional Medical Program down in Denver, had sent his daughter up to Bozeman to go to nursing and his son-in-law graduated out here at the University at that very day that I
graduated. He saw me and they called me up and asked me if I would take come and be project
director for a nursing audit program that was just getting started and looking at quality care
and how you follow up and make care better. This was to be looking at four different hospitals.
St. Alphonsius Hospital in Boise and the headquarters were in Boise; Southern Nevada Memorial
in Las Vegas; Natrona County Hospital in Casper and the Billings Deaconess Hospital. So I moved
to Boise for a year and that was a one-year program.

GP: What year?

LL: That was ’73-’74. That was a one-year program. About this time PSRO was coming in; all the
different types of quality assurance that were hitting the medical profession.

GP: PSRO?

LL: Professional Review Organization. Anyway--

GP: So did this mean you had to spend a lot of time in those four different places?

LL: I was flying out almost every week someplace and we were looking at quality assurance and
how it was implemented in the hospital. We were looking at charts; we were looking to see
where the things were being right; legally. If it isn’t on the chart, it isn’t done. You start looking
at the legal aspects--if it isn’t done, then where does that put you? We looked at how things
are done on the spot as of right now, such as sterile techniques and so on and so forth, to make
sure that people washed their hands and you know, all kinds of--so that’s where I got into
quality assurance.

GP: Were you dealing strictly with nurses?

LL: No; I was dealing with hospital administrators. Not so much with physicians, however.

GP: I guess what I meant was were you observing only nurses? Was it the total hospital?

LL: It was strictly meeting with hospital administrators and directors of nurses and quality
assurance people that were assigned in the hospital and that sort of thing so that they knew
when they were looking at charts what to look for and so on and so forth. We were doing a
retrograde evaluation of what had been done and also looking at what needs to be done to
improve care. And because of that, when that finished, we had written a number of grants to
see if we couldn’t keep this going and Washington just absolutely wouldn’t go. It was also
Federal money and Washington just didn’t feel that they wanted to continue on with this. The
regional medical program was being phased out and they didn’t want to continue it on.

GP: What resulted from it? Were there changes?

Lillian LaCroix Interview, OH 259-025, 026, Archives and Special Collections, Mansfield Library, University
of Montana-Missoula.
There were lots of changes that were made; changes in charting, for one thing.

And who was recommending these? Where were you getting your orders?

The information that I was getting was, we were collecting the data and then the data would be turned around and given back to the hospitals, and this is how you set it up and then that data is used for any state or federal that comes in. The Joint Commission of American Hospital Association -- part of that data was put into their things that they were looking for when they come in. So anyway, that went out and then, as I say, we came under the Western Interstate Commission of Higher Education, which was in Denver. I talked to one of the nurses down there and she said, "Why don’t you go to Carroll College? They’re setting up a program." Usually they did a survey and decided that there was a need for another school. Three-year schools were going out, see? So moneys had been given to start schools again and they had gotten it started at Carroll College, and they had already gotten their grant so she says, "Why don’t you go there?" So I went to Carroll College and I was there teaching mostly juniors and seniors in the nursing department for eight years. And then I was getting to the point where I was past 60 and it was time to retire.

Well, you have certainly had a varied career, Lillian, and exciting.

And then of course I came back and I’ve been retired for 10 years now and during that time, the minute I got here I was asked to be president of the Missoula County Republican Women and I did; I was here only a year and I decided to run for office, so I ran for office in my district here, a very, very heavy democratic district, and I got 33% of the vote. That was pretty good. It was fun.

What made you decide to run?

Well, for one thing, I thought it would be - there were all these changes that were — you know, this whole issue of health and how to handle it. Nobody knows for sure how to handle it, whether it’s Hillary Clinton or who it is. I see as of now she was supposed to get her report in in May; they postponed it to June and now it’s postponed to July, and sometimes he [President Clinton] says it will not be this year. So I don’t know, but there are a lot of things to think about that and if that was coming in, I thought, Well, with my background, maybe that would be good," nobody was signing up to run against Stella Jean Hansen (we’re good friends) and I decided to run, and, well, so what? It was a good experience. And almost immediately I was asked to kind of coordinate the retired nurses and I’ve been doing that. The Montana Nurses’ Association would like to get more started but we probably have the oldest one here, retired nurses. Since that time Billings has set up -- they have two units over there, one from each of the hospitals, but the one here includes both hospitals, so we’re pretty good.

And a lot of other people who may not have worked anywhere.
LL: Anyway, so I’m still doing that. Nobody else seems to want to do it, and they just beg. We have about 15 that come all the time and this last time we had, what, 22? And then I belong to AAUW and they put in a $50 scholarship to national in my honor and I think that’s pretty good. Then I helped Stan Stevens get elected and he appointed me as a public member of the Board of Medical Examiners, which kind of shook everybody up because they never had a nurse on there before.

GP: But there is a public member, right?

LL: That’s me. In the mid-80’s they came up with the idea that there should be public members — at least two. There are a couple of states that don’t have any public members.

GP: Who determines that?

LL: National. It comes through a national bill. I can’t tell you what bill it is. But it is that public members should be on all medical examiner boards.

GP: What does that involve, being on that board?

LL: In Montana they’re all administered a little bit different because of where they’re located and whatnot but for Montana we meet every two months over in Helena because that’s where the office is, and then in the meantime we have conference calls and whatnot; there’s a lot of work to it. Lots and lots of work to it.

GP: What kinds of decisions are you involved in?

LL: Well, we have to look at every application for a license in Montana.

GP: Is this for physicians or —

LL: For physicians only. The Medical Board licenses MDs, osteopaths, podiatrists, acupuncturists and nutritionists. The nurses, the chiropractors and dentists have their own board and whatnot. That’s the group. And of course we do have 10 members on the Board; we have a physician from Glasgow, we have a physician and a podiatrist from Billings; we have a physician from Great Falls; we have a physician from Missoula, we have one from Kalispell and two public members, so that makes nine.

GP: Does this board also revoke licenses?

LL: Yes; we do.

[End of Tape 2, Side A]
[Tape 2, Side B]

LL: We put certain conditions on licenses; and, depending on what it is, and I being a nurse, if a nurse was found incompetent, she lost her job. There were a few of them that were put out of work temporarily and then as things got solved they would come back or whatever, maybe with some restrictions. Most of the time it was the hospital that decided what was going to happen. With the Medical Board it’s a little different because their profession is pretty much independent and when these complaints come in they have to be thoroughly examined, researched; we have to have the correct information before a decision is made.

GP: Is there an attorney involved?

LL: Yes; our executive secretary is an attorney and she does a lot of investigating and usually when a physician gets in trouble he has to have an attorney. So she works through the attorneys and whatnot. We have some physicians on restrictions and some that we’ve sent away for treatment and some that we’ve advised to do different things and whatnot and we’ve revoked several licenses.

GP: How do you feel that you being a nurse adds a different perspective to being on that board?

LL: Well, I think maybe it does because I look at things a little bit differently. I was on the Board and at the end of the first year I was put on the Executive Committee which amounts to the Chairman, the Vice-Chairman, the Secretary, (I’m really the Secretary but I don’t take any notes because we have the Administrative Secretary and we have the Executive Secretary. Well, she doesn’t take any notes but the Administrative Secretary takes the notes.) So I really don’t have to do that sort of thing, but most of the time we’re there and asked to do different things. And I think maybe I’ve been a good member. I’ll be going off here, I think, September will be the last time.

GP: I was going to ask, it’s a political appointment, so is it customary to have a term of office?

LL: There’s a term of office. You go in; your office goes with whoever’s governor. So the governor -- I was appointed by Stevens and I’m sure that I’ve got two things against me. Secondly, they really need to change that position. We have one physician that we’ve asked to be back on because of big cases that are coming up so he’s still there.

GP: Are all the appointments political?

LL: Every appointment’s political.

GP: So how is there any carryover?
LL: They’re juggled.

GP: Like one year, two years, three years?

LL: You’re on for four years but there are some that go off every year.

GP: I see. So that’s why you’re going off in September even though Racicot’s been governor since January.

LL: And he will appoint somebody else. I had made the remark to Dennis Rehberg that I thought maybe it would be nice to keep on and he said, "Listen. We need to change that. Every Board needs to be changed." And every Board works the same way when it comes to the governor’s appointment. I see in the paper he had a whole bunch of them on there today. But there was one group that was all reappointed in today’s paper, I think.

GP: I didn’t see that. I wanted to ask you - I think I know how you feel about this but why should I assume that? And this may all be settled by now, but there has been some difference of opinion about the training for LPN’s, the training for associate nurses, the licensing of these people and even what should be required of an RN in the way of training. How is this now — does it vary from state to state?

LL: Well, it’s getting to be pretty much standard.

GP: National standards.

LL: National standards. Now, as I say, I haven’t worked for 10 years, but the time that I went out, there were some 3-year hospital based schools down on lower Mississippi down into Louisiana and down there, but there are no 3-year schools anymore in Montana or in the state of Washington.

GP: Now in talking to, or interviewing, other nurses, was I correct in getting the impression that because of the nursing shortage some states have put in three-year programs?

LL: Well, there has been some talk about it and I don’t think there’s any three years that have come (at least from where I have been there are no three years coming) back in. What has happened is after WWII or beginning WWII they started looking at this whole 3-year program and Anna Pearl Sherrick, who at that time was dean of the school in Bozeman, felt that she could teach a nurse everything she’d need to know in two years’ time. And so she was great for putting in — was one of the chief promoters—for putting in the two-year program. The two-year program is given in Havre and Miles City.

GP: And you come out with an associate —
LL: They come out with what they call an associate degree, but it’s an RN and they write exactly the same test as the nurse who goes to 4 years of college and comes out with a science degree or bachelor’s degree. And they write exactly the same test and get the same RN. The difference is that a person who is trained for two years is institutional-oriented. That’s where she’s going to apply, whereas the nurse who comes out with a four-year will be more out in the community and will have more opportunities to move into either administrative positions or has a wider perspective of what she can do.

GP: More options. I see.

LL: Now, this had to come. It really had to come. The hospitals could not afford to hire the training. As time went on, they could not afford to hire and give the quality of education that was needed. It had to move into higher education.

GP: In other words, they couldn’t pay the instructors.

LL: That’s right. And when a patient goes into the hospital, the patient should get professional care. They should not get somebody there to work on them, that is, unless they’re properly supervised and then that means you have to get this extra supervision. So hospitals had to go out of it. Now as for the LPN’s, the LPN’s came in right after WWII; many of them worked as aides to begin with. Now aides have kind of gone out. They have certified nurse assistants or something now that are mostly employed in nursing homes and again institutional under direct supervision and that sort of thing.

The LPN’s went through a period of what they called "grandfathering in" and all that sort of thing. The same way with many of the RN’s who were coming in. Some of them — well, they never did really get that off; they did a lot of talking about grandfathering them in to -- they’ve tried desperately to consider the four year baccalaureate program as professional and the two-year nurse as a technical. And they have had trouble with that all the way along, so I don’t know.

But I don’t know - there are several things that bother me even in what Hillary Clinton’s doing. They’re trying to get the family practitioner or the general practitioner, give him more clout than they do the specialist and try to get people to go to those people first before they go to a specialist.

Well, most people know what’s the matter with them before they go see a doctor. Most people who go to see a doctor go to a doctor for a very specific thing. And I don’t know whether going to a general practitioner, and I’m having trouble with my stomach, why should I go to him? But anyway, medicine and nursing and health care have become so complicated, so much information, that we don’t have one person making a decision. We have to have a team approach and it’s got to be like that. There is no way that any one doctor knows enough to take care of anybody.
GP: What about --I happen to have a daughter who’s a board certified internist.

She tells me that they are the ones who have to talk about the whole body. They’re the ones who spend the most time with the patient.

LL: Well, the primary physician —

GP: Which is what she is.

LL: She’s one of the primary physicians. A primary physician is the physician that first meets the patient. I don’t care whether it’s a cardiologist or who it is. The cardiologist, you say, will only look at the heart, but at the same time he has to do the full physical examination. Not the internist now. Because the internist looks at the whole body but so does the cardiologist look at the whole body.

GP: But a specialist may not be able to —

LL: But an internist as opposed to a family practitioner or a general practitioner, she still is a specialist to a certain degree. It’s a specialty, board certified. But at the same time, the primary physician is the one that’s responsible for that patient. Now if he wants to call her in for a specific reason, that’s fine. The primary physician is still the one.

GP: She regards herself as the primary physician.

LL: How does she feel with the family practitioner? Or the general practitioner?

GP: I couldn’t tell you that.

LL: I’m thinking of myself now. If I know what I think is wrong with me, I would go to a gastroenterologist.

GP: Maybe you need a psychiatrist. I mean, those things happen too. I didn’t mean that regarding you, but you know a lot about medicine but the average person –

LL: It has to be a team approach. Including nursing. Nursing is not under the physician. Nursing is the same level as the physician. And we have to remember that. Their goals are "cure." The nurse looks at the care of the patient to help that patient be able to provide and care for themselves regardless of what’s the matter with them. So there is a collegial type of relationship that needs to be in there and some hospitals don’t have it.
GP: I’m sure that’s true. Getting back to these LPN’s now, I don’t know whether, since you’ve been retired about 10 years, whether you know this. I suspect you do, though. These LPN’s go to the Vo-Tech; they come out; they have a year’s credit, right?

LL: Well, they’re out there for a year and what they’ve been trying to do is try to make sure that what courses they’re taking at the Vo-Tech they can get credit to move up the ladder. Well, I don’t know how they’ve solved this since I’ve gotten out. The time that I was there, it didn’t work. By that I mean chemistry, for instance. Chemistry that was taught on the college level was different than the basic chemistry that was taught at the Vo-Tech. But they have been working on this so-called ladder concept for a long time. Some places have put it in; I don’t know how well it’s working — I have no idea. As I say, it didn’t work.

For LPN’s who came in for our course, and we had quite a few that came in to get a degree, oftentimes their perspective of something was entirely different than we expected from them. And there are nurses who go on and become MD’s and sometimes they have a little different perspective. So it all depends on what your background is, and so on.

GP: Anyhow, you’re not aware of what the situation is now, regarding recognition of credits?

LL: Well, they’re getting more of that and the Vo-Tech now, I think, can give two years off their bachelor’s, that can be applied to the college, and I don’t know whether that goes through everything that they’re given out there or not; that part I don’t know.

GP: At least some of it is transferable. It’s coming down to that, which it seems like that would be a good thing providing they pass the courses and meet the requirements.

You’ve mentioned your AAUW involvement; are you involved in the writing program? That writing group? Because I’ve been wondering if you have written any of your career memoirs?

LL: No; I haven’t written any of those.

GP: It would be valuable, I would think, Lillian, if when you’re sitting down, you jotted down some of the anecdotes that you can think of from your varied career. What have you written about?

LL: I haven’t written anything about it.

GP: You haven’t? Well, what subjects have you written about?

LL: I didn’t write anything at all for this last one; most of the time when I was Moderator of the Women of Glacier Presbytery (which I served four years on; I’ve been off a year now) and we had two newsletters that had to go out every year. So what Jean did was take the newsletter that I had written up and that’s what she put in the book. I have not written.
GP: I see. Well, it's something to think about. Your mother mentioned that you liked to travel. You certainly did enough of that when you were working. Have you done much of that?

LL: Well, I haven't done very much of it outside of going to Helena and back for the last, maybe, well, ten years, I guess. I usually find somebody I know. People stop me and even when I went to England I even ran into some different people.

GP: So you have done some traveling abroad and things like that.

LL: Well, I went to Scotland where my dad grew up on one trip but most of the time it's been here. I got these two grandchildren and we were talking about those. Both of them are going to graduate at Christmastime from the University.

GP: That's exciting.

LL: That's exciting and it takes all the extra money to help them through. They have more problems, you know, and you've got to help them along.

GP: I know how that is. We haven't started with the grandchildren yet but we have three in college. I might try to sum this up by asking you, would you do it over again?

LL: Would I do it over again? As long as I don't know anything else, I guess I'd have to do it over again. I guess maybe one of the things that I have -- and I guess I'm thinking about it more and more as the kids are getting through school and I hear these things about how hard it is to get a job and I told you that many of the jobs that I had I was asked to take.

I was always able to keep a job. I never lost a job for one reason or another except the medical program where they went out of business, you know, that sort of thing. When everybody has such a hard time getting a job and jobs are not certain, everybody went on, you were sure of a job, you didn't feel that you were going to lose it every minute that you were there.

At the time that I retired from Carroll, my dean of the school mentioned the fact...She said, "I know I really do believe that you can be very thankful because you're going out at this time, you're retiring at this time. A lot of the things that you have will not be there when I get ready to retire." They're looking at cutting down on Social Security; nothing seems to be sure anymore, and so I don't know where these kids are going to go.

GP: Have you ever thought somewhere down the line that maybe you should have been a physician?

LL: Oh, I even started to apply one time. That was before they got WHAMMY going or about that time, I was going to apply to the University of Washington.
GP: Seventies, was that early seventies, maybe?

LL: And I even sent a transcript of my grades and a few things like that out there but I never completed it because I didn’t have enough money to get to Frenchtown, let alone the University of Washington. So I thought, "Well, at this point in time" — I actually even talked to Dr. Anderson about going on for a Ph.D. even in education and he says, "Lillian, you’re 53 years old; you’d never get your money out of it," and that’s true. You know, it’s not worth it at that point.

When I worked for the VA in Spokane I even applied, or was thinking of applying, got the material; didn’t do anything with it — from Gonzaga because I was out there and I thought, "Well, I can get on the bus." The courses at Gonzaga in the law school were always given in the evening, and I thought, "You know, that’d be okay; I can do that in the evening and whatnot," but I didn’t have a car; I lived a little less than a mile from the hospital and I walked back and forth and — but take the bus downtown and transfer and get out to Gonzaga and get out of class and take the bus home and transfer, it just wasn’t worth it. So I didn’t do anything like that; I suppose maybe if I had to do it over again and know what I know now, I probably would have tried to apply for a teaching position in nursing earlier.

That didn’t come at all until I got into that coronary care part of it, although I had given some classes at the hospital. They had asked me to give certain things, a one-shot to a group and whatnot, but maybe that’s one of the things I would have done. But I can’t feature myself being in any other type of profession — other than nursing, I like the chemistry, the delving into that sort of thing. I just loved the students. They were just absolutely great.

GP: It seems to me that you were a natural for all the various things that you did.

LL: Well, my kids are coming now. Ray, my grandson — I don’t know, we’ve been kind of a wrinkle — I come from the area that whatever you do, you have to be able to put hands on when you get out 50 that you have something to say, "I’ve got this. This is where my talent is and this is what I can put my hands on." He’s getting a double degree in history and political science. He said to me one day, "Gramma, don’t you know anybody that would need anybody in politics [inaudible]?"

I thought "Well, I don’t know anybody in politics; I might ask Conrad Burns, but he’s got problems as it is." So I thought "Well, I don’t know anybody who needs him anyhow." Robin, his girlfriend, came along and she’s got straight A’s. Got her name in the paper the other day. Both he and Janice are on the Dean’s List. She’s going to be doing teaching in the middle schools this fall, so — hers is in history and social science, I guess.

GP: What about your daughter? She wasn’t interested in nursing?
LL: No; she wasn’t interested in nursing. She got married when she was 15.

Mrs. McIver: That’s not good for parents, for grandparents, to have grandchildren around.

LL: She got married when she was 15 and we helped Bill get through Bozeman.

That’s her husband; he got an engineering degree. They had the two kids, and she is a salesman for [inaudible].

GP: Did she graduate from high school and everything?

LL: No. But she has her real estate license in California and then she’s a salesman for [inaudible] out here and she just got back from two weeks down in California. She’s done pretty well with her real estate.

But the kids are really doing good. Ray wants to teach on the college level. What they’re talking about now, Robin was the one who came up with it Ray came in yesterday to find out when the GRE was given so he could go find out. Now whether they’ll stay here and go to school come spring, I don’t know. They’ll finish at Christmastime. He’s spent four years in the Service so he could go to school. That’s another thing that’s not going to be available because they’re cutting down on the Service, they’re going to cut down on that too.

But at the time that he went in he could go in and sign up for that and then he got four years of education, so that would take him through all this next year.

GP: Well, I’ve taken a lot of your time and gotten a lot of information, a lot of philosophy, lot of perspective on the very interesting career, Lillian. I don’t know if you have anything else to add before this runs out

LL: I don’t have anything else to add. You know everything about me now.

[End of Interview]