

Maureen and Mike

# Mansfield Library

UNIVERSITY OF MONTANA

## **Archives and Special Collections**

Mansfield Library, University of Montana  
Missoula MT 59812-9936

Email: [library.archives@umontana.edu](mailto:library.archives@umontana.edu)  
Telephone: (406) 243-2053

This transcript represents the nearly verbatim record of an unrehearsed interview. Please bear in mind that you are reading the spoken word rather than the written word.

**Oral History Number: 259-015, 259-016**  
**Interviewees: Ethel M. Reed, Deanna Noonan**  
**Interviewer: Gladys Peterson**  
**Date of Interview: July 16, 1991**  
**Project: Nurses in Montana Oral History Project**

Gladys Peterson: This is an interview with Mrs. Ethel Reed. The date is July 16, 1991, and our main topic is going to be Ethel's career in many fields: as a nurse and as a mother, as a military and civilian nurse, and of course there will be some history of Montana on it, too. So Ethel, why don't we just start at the beginning? Are you a native Montanan?

Ethel Reed: Yes, I was born in Missoula.

GP: You were born in Missoula, well now that is really unusual.

ER: Well, my folks were living in Arlee, but my grandmother lived in Missoula, and mother came in to go to the hospital, and she had the measles so they wouldn't let her in, so I was born at home 1900 South Kent where she lived, and then later, my folks bought that place and lived in there for many years.

GP: I see. Well, since we're interested in Montana history, why don't we back up? You say your grandmother; is that your mother's mother lived in Missoula?

ER: Uh-huh.

GP: But, what were your parents doing in Arlee? Had they lived there a while?

ER: Oh, not very long. I guess about six months. They were married in 1919 and I was born in 1920, about a year later. My dad was working for Demers Mercantile, then. And then, he got a job with a mercantile.

GP: Which mercantile—

ER: The Missoula Mercantile.

GP: Missoula Mercantile.

ER: In the grain department, became a millwright and built and repaired grain elevators and feeding [hose] and managed feed mills.

GP: Let's talk about your father's family first; had they been in Montana a long time?

ER: Yes, my father was born in Potomac.

GP: In Potomac?

ER: Mmhm.

GP: Well, that's interesting. Let's see, if they got married in 1919, it must have been about the turn of the century or so?

ER: He was born in 1894.

GP: 1894 in Potomac.

ER: Well, my grandmother and grandfather were married in— well, I don't know when. My grandmother was born in 1860, I know that, and then my grandfather, sometime in the '50s. But, he was born in Kentucky and how they got together, I don't know because she was from Sedalia, Missouri. I guess they got married in Sedalia; she was 15 years old. And she said right after she got married she wished she hadn't, but she couldn't undo it, so she went up... I don't know how they happened to come to Montana. But anyway—

GP: Did they farm up around Potomac?

ER: Mostly he was a prospector. He prospected. They had a place right by the schoolhouse at Potomac. Before that, they had a place up one of the hills by the mine. We had a mine up there, too. And he was a common-law (?) [3:00].

GP: Was he successful as a miner?

ER: I wouldn't say very successful, no. It seemed like he was gone a lot, and left her alone with the children.

GP: Did she have a lot of children?

ER: She had three boys and three girls. Her oldest girl died when she was an infant, and then she had two other girls, and then three boys, I guess. My dad was the middle boy.

GP: So, he actually grew up in Potomac or in the Potomac area?

ER: Yes. He says, "I tried three times to get through eighth grade and I never could," because he always had to quit and go to work. He had a team of horses and he'd go out. He worked in Butte. He went over to Butte with his team of horses and worked there when he was very young. I don't know what all else he did, but he was a hard worker. He was at home and helping support his mother. And his brother just older than he was died of appendicitis. He did have an operation; they brought him to Missoula. And he was about 20, I'd guess, 21 when he died.

GP: You said your dad was born in 18—

ER: '94.

GP: '94. So, [crosstalk]

ER: You're what?

GP: I was going to say, what you've been saying are really some remarks about what medicine was like in those days in the Potomac area. You say he had a sister who died?

ER: Yeah, she died when she was—I think she had pneumonia. I don't know exactly why.

GP: Did your dad ever say much else about growing up in that area except the hard work?

ER: Well, you see, he was a younger part of the same family. His sister, who is Ella, Ella Morris; Bill and Ella Morris had a place down the road about a mile towards Missoula. They had a big ranch there, Morris Ranch.

GP: Was that Eunice—

ER: Eunice's parents.

GP: Family?

ER: Yeah. So, he and Eunice were about the same age, except she was about a year and a half younger than he was. So, there were cousins that were about his age and he played with, too, and they grew up together. There was always somebody around, I guess, in that little community. A lot of company.

GP: Did Missoula figure much in his life, his childhood? Did they get over here very much, did he ever say?

ER: I think they came in for supplies and that sort of thing. And I don't know how often they came, but then for special doings and things like that, they would come down. They didn't come down real often.

GP: I've heard that—I could be wrong about this location, but I think that they attempted to grow potatoes up in that country, is that right? Because that was one of the things that grew up there in spite of the cold weather.

ER: Could be. I just don't know about that.

GP: He never mentioned that.

ER: Unh-uh.

GP: Did you know your grandparents?

ER: Oh, yes, oh yes. Grandpa used to scare us half to death. He had a little shed, down just a little ways down on the walk from the back of the house, and he'd say, "Don't go in there because there's going to be a bad boogie man get you" or something but that's where they kept the sugar cubes. He didn't want us to get in there, I guess. He would go in and give them to us. He also, one time, came out with a Halloween mask and said he was going to take my little brother away from me and about scared me to death. I was ready to fight him, but Grandma came to my rescue. [laughs]

GP: Well, that was good. Anyhow, you said that your folks were married and lived in Arlee for a short time. Did your dad have a long career, then, with the merc? He did?

ER: Yes, he retired when he was 65, I guess when he retired. No, he must have been younger than that, must have been 60. But he did big work off and on after that. They'd call him for special jobs, and he'd go up to Charlo, Ronan and around there.

GP: Did he ever speak about the Hammonds or McLeod's?

ER: Oh, he knew C.H. McLeod very well, and he always thought he was very fair and he enjoyed working for him. I don't remember him saying much about the Hammonds, but C.H. McLeod, he had great respect for. And when he was sick or in trouble, why, C.H. McLeod always helped him. Of course, they didn't have insurance, then, but my dad developed cancer in 1941, and then had to have surgery and his salary went on all the time, so that was a big help.

GP: That's interesting. Well, what about your mother, then? Was she a native of this area?

ER: She was born in Bowen, Montana, which is a little area by Wisdom. Wisdom is still there. Her family was the Dries family; they had a big ranch there.

GP: Dries?

ER: Uh-huh.

GP: D-R-I-

ER: E-S. Her mother was Irish. She was from Butte, and her name was Callan, Susie Callan. And Frank was kind of a bachelor when he got married, I guess he was about 30, 34, something like

that. That was old, and she was 15. Maybe he was 32. Anyway, she was 15 when she got married, too, and they had six girls and one boy. The oldest girl died [unintelligible], and the one boy died in 1909. He was killed by a horse that ran away. He stumbled, really. He was riding a horse and he got dragged. And right after that, they left the ranch and went to Potomac because— I didn't realize this until just recently, I was talking to my cousin, Virginia McCarthy this year about an old book I saw over in— oh, well they wrote it in Dillon about the history of Wisdom and that whole Beaverhead County. And they mentioned something about the Dries family and said they moved in 1909. It was the same year that this boy was killed, and I hadn't put the two bits together. But, she said, yes, her mother had told her it was because her dad realized that he couldn't— he didn't have anybody to carry on the ranch and the winters were so severe they had to get the kids out and get them educated. They only could go to school in the summer.

GP: Because they were—

ER: The cold.

GP: The cold, I see. Now, tell me again, the one boy died and how many girls were there?

ER: There were five.

GP: Five girls, but only the one—

ER: The one died.

GP: The one boy that died.

ER: Well, I guess there were five survived, there must have been another— the oldest one died.

GP: Yeah, but I mean there was only the one boy.

ER: The only one boy, yeah.

GP: So, did he farm or ranch then in the Potomac area?

ER: Yes, they got a place out... well, you could turn off at the place where the Morris place is, and then you turn and go east about a mile, I guess. There was a big ranch up there a big place [unintelligible].

GP: So did your mother go to school up there, too?

ER: Yes.

GP: In Potomac?

ER: In 1909, she went to school. She graduated from high school in Missoula in 1918. But, my grandfather died at the age of 53 of a bad heart. He was on a trip down to California and he died. He'd had a bad heart for a long time. So, then, my grandmother moved to Missoula in this place on South Kent. My mother graduated from high school.

GP: Just for the record, what was your mother's maiden name?

ER: Ella Dries.

GP: Ella Dries, okay. D-R-I-E-S. Well, now, we have you born in Missoula, then, because somebody had the measles?

ER: My mother had the measles.

GP: Your mother had the measles.

ER: And they wouldn't let her in the hospital.

GP: Well, she was pretty old to be having the measles, and it obviously didn't affect you any, did it?

ER: Well, I had the measles three times, I guess, so I don't think it helped me a bit. [laughs]

GP: But, you were perfectly normal when you were born and all that.

ER: Oh, yeah.

GP: Which was miraculous.

ER: [unintelligible]

GP: So then, you spent your childhood here in Missoula, is that right?

ER: Well, no. We were only here for— we were in Arlee for only a little while, and then Dad was transferred to Stevensville. And we lived there a while, and then we went to Missoula and we went to Victor and then we went back to Missoula and then we went to Kalispell. We just moved all over, wherever they needed him in the grain department.

GP: I see. All under McLeod, though?

ER: Oh, yeah. Mmhmm.

GP: Do you remember much about those moves and living in the various places?

ER: Oh, yeah, I always thought it was fun.

GP: Did you?

ER: I enjoyed it.

GP: Were there a lot of children in your family?

ER: Well, there was just my brother and I until we got to Kalispell in '31. When I was 11, my mother had twins, premature twin boys. My brother, Norman, was two years younger than I am. We always got along well until he got older and then we got to fighting a lot.

GP: Well, what do you remember about all these various towns that you lived in in the '20s? What was it like to be moving into these different communities and going to different schools?

ER: I always thought that was fun. I remember when we came to— well, in 1927, in the early spring, my mother, we were on a little farm outside of Stevensville. "Old Stone House," they called it. It's on the other side of the cannery you just saw. North of the cannery. And my mother developed mastoid and she was real sick. She was seeing double and she was real sick. So my dad took her to Missoula to Dr. Thornton, and he says, "You've got to get her on the train and take her to Butte right away for mastoid surgery."

GP: They couldn't do it in Missoula, huh?

ER: No. They took her to Butte.

GP: That's interesting.

ER: So, she had the operation, and she was in the hospital with special nurses for a long time. I don't remember how long.

GP: And you were pretty young.

ER: Yeah, I was six.

GP: Six.

ER: My grandmother in Potomac took care of us, my brother and me, while my dad was working.



GP: But, the surgery was successful?

ER: Oh, yes. After that, she wore glasses. I don't know whether that had anything to do with it, I don't suppose so.

GP: Did she lose any of her hearing?

ER: No.

GP: Well, that's good.

ER: She didn't.

GP: So, what about the schools you went to in all those different places?

ER: We started in Stevensville in first grade, and must have been in the fall. I just don't remember when that was that we moved, but I remember I had a color book and I had some crayons and I had to leave that and I felt real bad about— never could go back—

GP: Because you moved.

ER: In such a hurry. Dad took us to grandma, and we'd never get back to the school. Yeah I enjoyed it; I walked to school from there, I guess it was quite a ways, but. I remember coming home from school and falling asleep at the supper table because we got up early in the morning. I'd get up and sit on the on the oven door, you know, and Dad would have the fire started, and one day I sat on it and got burned, but usually [unintelligible] trouble.

GP: Do you remember the Merc store that your dad was involved in in Stevensville or any of these other places? What kind of accommodations did they have? Was it just grain or what in those places?

ER: Oh no, they had the general mercantile.

GP: General stuff.

ER: Yeah, the grain department was separate, you know. Oh yeah, they had a general store. I don't remember if they had one in Stevensville. I don't remember that, but I remember an old man down at the post office; they called him Mr. Polton (?). He had a store: kind of a hardware store, I guess. He used to pull my hair, and that'd just make me so mad. I didn't like him at all. He was just teasing, I guess, now. I was afraid of him.

GP: So, it sounds as if maybe you went to school in Potomac, too.

ER: Yeah, then I went to Potomac. I was behind the first grade there. There was a kid in front of me named Bobby Hall, and he showed me how to put the letters together and make words. It was fun, and I'd go home and grandma would read to me and help me with my reading. That was fun, too.

GP: Well, what about the other schools that you went to; you say Kalispell and Victor?

ER: Yeah, we went from Potomac when Mother got out of the hospital, we moved to- over on Monroe Street in Missoula and he was working here for a while, Dad was. I went to the Prescott School, finished the first grade there, and that was fun, too, the Prescott School. First day of school, Mother took me to school and showed me the way to go, and it was several blocks. The next day, why, she thought I could go myself. She says, "Now there's this sign you'll see the lady with the pie in her hand. You'll know that's where you turn." Well, the sign man had changed the sign that day and I got lost. And I was wandering around and crying. Finally some man took me home and I says, "I don't know where it is. It's 728 something," but anyway, he found it. I didn't have to go back school that day. But, I enjoyed school; I always had a lot of fun.

GP: Well, that's good. Then, did you go to school in Kalispell, too?

ER: That was the end of it. Yeah, well, from there we went to Victor and that was fun, too. Then we came back to Missoula and I went to Roosevelt in fourth grade and then over to Paxson.

GP: My goodness.

ER: Then we went to Kalispell in '31.

GP: Did you go to high school in Kalispell?

ER: Yeah, I graduated from high school.

GP: Well, you certainly must have had the right personality to have moved so many times and thought it was fun.

ER: Well, I think it's always fun for kids to do something new, don't you think so?

GP: Not always. Not always. Some of them are always wistful for the place they left behind, you know. I think it takes a certain kind of person. Well, I'm wondering then, what influenced you to become a nurse?

ER: [laughs] Well, I think the main thing was that I took a business course in school; my dad thought it'd be good for me. First year, I got along fine. I took typing and bookkeeping. I thought that was kind of hard: the bookkeeping was. Next year, I was starting out with shorthand and I had an awful time and I thought that was too hard. I belonged to a science club, and we went

up to the hospital one day on a tour, and I just was enamored with the hospital. I thought that was just such a wonderful place to work—

GP: That was your first contact with the hospital?

ER: Yeah, so I thought, well, I want to be a nurse. I don't know why, I just all of a sudden decided I wanted to be a nurse. And I just decided I didn't want to do bookkeeping. So, they said, well if you do, you have to take Latin, so I switched right away to Latin.

GP: Got out of the business courses.

ER: Got out of that.

GP: Did you have some science requirements, too?

ER: Oh, yeah, in biology and chemistry and that sort of thing.

GP: So, let's see. When you would have graduated from high school, what year—

ER: '38.

GP: '38. Now, we haven't said anything about the Depression of the '30s. Now, your dad was working through the—

ER: He was always working. He never was out of work. It was kind of tough sometimes, but we got along all right. The folks (?) were good managers. [20:32]

GP: Did you see a lot of the Depression around you?

ER: I don't think so. I don't think people up in Kalispell suffered much, the ones that we saw.

GP: Your other family members didn't: your grandparents?

ER: I don't think so. They all seemed to manage it well.

GP: Well, what about your nurse's training, then? How do you decide where you're going to go to school?

ER: Well, I had a cousin: Morris's youngest daughter, Eva, graduated from Sacred Heart in Spokane, so I thought, oh, that could be a good place. I'll apply there.

GP: Was that Eunice's sister?

ER: Yes, Eva. I just wanted to get a long ways from home because I just didn't want stay home. I was grown up now. I didn't want to go to St. Pat's or any place in Montana. I didn't know about any place else.

GP: You were about 18 when you graduated?

ER: Yeah. So, I applied there and they accepted me and I paid my fee and everything. Then, I heard about the Deaconess, and that was that was not a Catholic school. I heard about it through the Methodist Church where I was going. And I also met a nurse from there, but she had just graduated and I liked her so well. And I also met one from Sacred Heart who told me that she had to scrub floors and she had to work hard and she was so abused and everything and, well, I guess I better go to Deaconess. So, I changed.

GP: I'm glad you mentioned that because I know that there were some transitions going on in those days regarding what nurses were expected to do. It sounds as if maybe Sacred Heart was the old school. [laughs]

ER: Well, I don't know really whether it was true or not. I don't remember my cousin Eva saying anything about it. She always enjoyed it. But, anyway, I switched and was accepted at Deaconess and enjoyed it very much.

GP: Now, was the tuition the same?

ER: I think so. I think it was 50 dollars, and then we weren't paid anything in those days.

GP: 50 dollars a year was that?

ER: No, it was more than that because we had to pay for books and uniforms.

GP: But, I mean the tuition itself was by the year?

ER: I don't remember. I just don't remember how much it was, but we had to pay a certain amount, I know. And then, every once awhile, we had some other fees we had to pay, but not very much because they supported us: room and board and all that stuff. Mostly it was just incidentals that we needed money for.

GP: Was it hard? Was it kind of competitive to get into those programs?

ER: I don't think so. I think they took in people and just eliminated ones that were not fit. If they had a pretty good qualification, I think they were- they had to have high school graduation. But some of them didn't have chemistry, I know, and we had a special class for them.

GP: Was it a large class?

ER: 33 of us graduated, and so there probably was about— I don't know, I suppose there were about 50 started.

GP: That's a pretty good attrition, isn't it, to lose that many? Did you know any of them who dropped out and know why they dropped out?

ER: Yeah, some of them. One girl was in a class ahead of me, and she dropped out. She was just told to leave, and she had gotten clear up to junior standing. She just was not a good nurse. She just didn't have it. I don't know how to express it, but she was kind of sloppy looking, and in her thinking and her actions and everything else; she just never did fit in. But a lot of them just thought it was too hard and they quit. Sometimes it was to do with studies and sometimes it was a work thing. Not very often was it physical reason. One of mine died of diabetes, but um—

GP: Were there any— you say it was the work. Were there any that just could not adjust to what was what went on in a hospital?

ER: I think probably. I think that probably is true.

GP: Well, how did you react to it? There was that probationary period, right?

ER: Three months.

GP: Three months.

ER: Yeah.

GP: Was it what you expected?

ER: Well, I didn't know what to expect. I was such a greenhorn [laughs]. I didn't even know what it was like to be a patient. I had never been a patient, just been up to visit people, that was about all. It was different than I expected, yeah.

GP: In what way?

ER: Well, I didn't think about having to pass meals to everybody, and give them bed pans and go around and check in every— I just didn't know what to expect. We had excellent meals, and we had certain time that we could go out after classes, but we had classes at night and classes in the daytime, it seemed like nearly all the time. When we weren't working, we were in class.

GP: But, the physical stress didn't bother you?

ER: Oh, no.

GP: You were young and strong I suppose.

ER: Yeah, I've talked to some of the nurses since that were older when they went in, and they were much more mature. And they had a different attitude, you know, and a different outlook on things. I think they knew more what to expect.

GP: Well, I think you went in in 1938; the Depression was still on. Were there evidences of that in Spokane when you were in your training?

ER: Didn't notice much, no.

GP: You didn't?

ER: Mm-mm.

GP: I'm wondering now if people were pretty sick when they went to the hospital in 1938, weren't they? Today it's so expensive to get sick. I'm wondering if you remembered anything about how people paid for it or if it seemed to be a burden or what?

ER: Well it didn't— I think not because they didn't have to pay as much. I remember one lady that was in the hospital for a long, long time, and well, she just laid there and she was kind of obese and she was always complaining, and they never seemed to know what was the matter with her, and they would give her hypos and pretty soon they were giving her placebos and she'd say, "Well, now, are you going to give me the real thing this time or not?" And she knew that she was getting placebos. She surprised everybody by dying one day. I don't know why. And we used to have patients in with ruptured appendix and sometimes they'd die with that. I remember a baby died of diphtheria. And uh— [crosstalk]

GP: So, you did see contagious diseases in the hospital.

ER: Not much. Mostly, I remember a lady that had typhoid. She came in from one of the little towns around Spokane.

GP: Did they have an isolation ward for the contagious?

ER: They had one room that was isolated. It had a special entry, and then before you got to the main room and on the outside they had a kind of a little bathroom for washing and stuff.

GP: What about polio?

ER: Don't remember any polio at that time.

GP: You don't? That's interesting because I've talked to some nurses who remember the iron lungs.

ER: That was, that was afterwards, I think.

GP: You mean, they didn't have iron lungs in the in the '30s, late '30s?

ER: Maybe, they did but I don't remember. I just barely remember something about those, but I think they were just coming in around 1940 or so.

GP: Now, I grew up in Chicago and was in high school about that time, and I remember a polio epidemic and seeing a picture of an iron lung in the newspaper with some wealthy man in it. That was the late '30s, so they were around at least, but you didn't have any experience with them?

ER: I know we had one in the hospital, but I don't remember taking care of anybody that was in it. There was a man in Ronan, I remember, who was in an iron lung in the '40s and uh, he couldn't live without it.

GP: Well, in the hospital then, as a student nurse, there must be some experiences that stand out in your mind. What were the things that impressed you the most?

ER: Well, I guess the regulation and having to do things right. The same guy was always doing them wrong before he got them right.

GP: Is that right? [laughs]

ER: On the schedule. Yeah, it just seemed like— I think probably it was a lot of immaturity. Like, for instance, we had to do so many patients and then we had class in the morning and they were coming back again before lunch. And we would report to the senior nurse and tell her about our patient and what she needed. Also we were given cards, treatment cards. You put the cards in there for the other nurse to do. Well, one time I put the card in and I didn't tell a nurse about this patient needing treatment, and she didn't get it done so I got really balled out. I learned the hard way. It seemed everything I learned it was a hard way, I learned it. There were a few of us that went up to surgery when we were very young and—

[Break in audio]

GP: —year then.

ER: Yeah.

GP: What was that like?

ER: [laughs] Well, I remember they wanted some suture, and they told me to go get it, and I just put my hand right in the jar and pulled it out, and the orderly happened to see me, and he grabbed me in a hurry and said, "You don't do it that way. You take the forceps—" [laughs]. But, anyway, I was always making mistakes it seemed like. But everybody had a lot of fun along with all the work, and I remember going to sleep in classes. You'd be so tired, you'd sit down and go to sleep, and try to write at the same time and listen to what's going on.

GP: It was a pretty rigorous training that you got, then, it felt.

ER: Oh, yeah, it was.

GP: Were you in the delivery room? Did you—

ER: Yeah, I enjoyed that.

GP: —tend to maternity cases?

ER: We helped. The graduate nurses did most of the assisting. We helped, but they did most of the work. We helped clean up and all that sort of thing, but... Well, we had a lot of cleaning up duties like cleaning up enema cans and— Oh, I can't remember. A lot of things we had to boil.

GP: And the nurses attended to those, student nurses attended to that.

ER: Yeah.

GP: Now, you mentioned orderlies. Were there a lot? They were male? Were they all male?

ER: Yeah, I think every floor— no, maybe not. Well, we had orderlies anyway, and they were always on call, so when we needed help and tending to male patients for certain things; they would do that, which I don't think they have anymore.

GP: But, there were no nurses' aides at that time.

ER: No, never heard of such things.

GP: Well, if you went in in '38, did you graduate in 1941?

ER: Yep, fifty years ago. We had our reunion this year.

GP: That's right. Oh, that must have been fun.

ER: Yeah, there were 11 of us that came back for the reunion this year.



GP: It would be interesting to know if they continued as nurses.

ER: A lot of them did. Of course, you see, the war broke out then. A lot of them went into the service.

GP: I was just going to get to that. You probably graduated in May or June, is that right?

ER: No, September.

GP: September, so you didn't miss the war by much, did you?

ER: No.

GP: December '41. Did you know the war was coming?

ER: I had no idea. No, I don't think I did. I just kind of went blissfully along in my own world.  
[laughs]

GP: But, were you going to work then in Spokane or did you work there?

ER: No, I came home to Kalispell and went to work in the hospital up there. I got 65 dollars a month and worked every day of the week, except I had a half a day off, and then you work from 7:00 to 11:00. If you didn't get done then, you worked until you finished.

GP: For 65 dollars a month?

ER: 65 dollars a month and we had our evening meal if we're on: one meal.

GP: No benefits? Did you get a vacation after a while, or was that promised to you, or anything like that?

ER: I don't remember about that because I was only there six months before I went to the service.

GP: I see. That sounds like a pretty rigorous job that you had. Was it what you expected or did you resent that at all, working that hard?

ER: Well, we thought we ought to be getting more, but nobody wanted to go and face the sisters and ask them for more. I was always saying, "Okay."

She says, "Now, don't say 'okay', say 'yes, sister,' 'yes, doctor.'"

I said, "Okay, sister." [laughs] But, anyway we had to bring our own hypos and syringes.

GP: You did?

ER: Syringes and needles and boil them between patients.

GP: You furnished your own?

ER: We furnished our own for medications. And we had a lot of elderly people that had broken hips and they were in bed for months and months and that sort of thing.

GP: Where did you get them, at the drugstore? Those hypos?

ER: Oh, yeah, you could buy them.

GP: You could buy them?

ER: Mm-hmm.

GP: Did it represent quite an investment?

ER: Oh no, they wouldn't cost much. But, we kept sharpening our needles, you know, so they'd last long and they'd work well.

GP: How do you sharpen a hypo needle?

ER: Oh, they had little whetstones that you sharpened them with.

GP: Oh really?

ER: Uh-huh. If the patients complained too much, you knew you'd better get busy and sharpen them some more. [laughs]

GP: I see. Well, what kind of nursing were you doing?

ER: I wasn't in the maternity. I was just general medical. We had quite a few pneumonia patients. I remember one young man— he was 23, and he was real sick. The doctor there says, "Oh, he's not going to make it." He didn't. We had quite a few fractures, broken legs and so forth.

GP: Mostly old people?

ER: Well, no.

GP: Old ladies?

ER: No, seemed like quite a few younger people, too, had broken legs.

GP: Could it have been the skiing?

ER: I don't remember. I remember some of the younger ones, heads of the family that had broken legs, and they didn't— no, I don't think so.

GP: I was wondering if farming accidents— were there a lot of those injuries?

ER: Well, mostly I think they fell on the ice because it was in the middle of the winter.

GP: Oh, yeah. Well, I've heard that pneumonia used to be called the “old people's friend” because people would break a hip, say, and get pneumonia, and they wouldn't live but it didn't prolong a life of senility or sickness.

ER: That's probably true. That's probably what a lot of them died from when they were in bed so long with broken hips and traction and that sort of thing.

GP: Well, do you have any memorable experiences from that six months up there in Kalispell?

ER: Oh, I really enjoyed it. I rode my bicycle back and forth to work all the time, and I remember being in the ruts going back, but it wasn't bad at all. Usually I worked 3 to 11, it seemed, and I had a Mrs. Ghoul (?) [36:47] work with me, she was a practical nurse. And she was really fun. I had a lot of good times.

GP: So, they did have some practical nurses in the hospital.

ER: Yes, we had practical nurses.

GP: Who would have been about the same as the LPNs of today, is that correct?

ER: Mm-hmm, I suppose.

GP: Well, you said that you went into the service in six months. By this time, World War II was going.

ER: Yeah.

GP: How did you know which branch of the service to go into? How did you make up your mind about that? Because you could have gone in several, couldn't you?

ER: I could, I guess, but my dad had been in the Army so I said, "Well, I'll go in the Army, too." He was a cook in World War I, so I thought, well, I'll go in the army. It's all I ever heard about was the Army, and I wasn't sure I wanted to go on the sea.

GP: Were there other nurses doing the same thing up where you were?

ER: Well, some of them did later. I don't know if they were all going in at the same time, or how I happened to go, but I think I just wanted to get out of there and do something different.

GP: Mm-hmm, so what happened?

ER: Well, I made my application through the Red Cross, and then they processed it and told me to come to Fort Lewis at the first of April. So I thought that meant I was supposed to be there, and I got on the train the day before, and got there the day before that. They said, well, you were supposed to leave home that day. But anyway, that happened to be the same day that my folks were moving to Missoula, and they had sold the house and were moving, and so they took me up to the train, and we went up to Whitefish on the line, and rode all night.

GP: They went with you?

ER: Oh, no, they just went to the station in Kalispell.

GP: Oh, I see. Well, what was it like to enlist in the Army? Army Nurses Corps, is that what they called it?

ER: Yeah. We landed in Tacoma. Landed, well, anyway, we arrived in Tacoma, and I didn't know what to do. I got there; I guess nobody was expecting me. I got into the station, and I didn't know what to do. There was a big sign at one side: it said "recruits wait here." Well, I didn't know I was a recruit or what, but anyway. I waited and waited. Nobody came, and finally I went and asked somebody, and finally they called, said, well, we'll call somebody from Fort Lewis to come and get you. So, they did. We didn't have uniforms for quite a while. And well anyway, when I got out there, they said, well, you weren't supposed to be here till tomorrow. So anyway, they took me. There was one nurse I knew that was in training with me; she was a year ahead of me, surgical nursing. So that helped. We were in barracks. We had a lot of fun. I enjoyed it very much.

GP: Were there a lot of nurses out there at the time?

ER: Yeah, there were. I was assigned to the surgical unit, and we had a lot of patients.

GP: So, were you working at Fort Lewis, then?

ER: Mm-hmm, I worked there for three months, I think. I think that's about right: three months, and then I went to Walla Walla, Washington, whenever that was.

GP: I don't know.

ER: I don't know what, but just for a week, and I don't know why they sent us there for a week: a group of us. And then we went to Tacoma— no, oh, what's the name of that place? That one by Vancouver, Washington.

GP: I don't know.

ER: Anyway, I was assigned there for a year and all that time I worked in the psychiatric ward.

GP: Uh-huh. Now, at first you were in surgery, though, right?

ER: No, just on the floor taking care of surgical patients. I didn't ever work in surgery.

GP: I see. Were these service people who had been wounded and had come back?

ER: Mm-mm. No, mostly it was recruits. That was an induction center, you see. They had a lot of people that were just going in the service.

GP: And they needed surgery already?

ER: Some of them did. Well, they were in accidents, a lot of them. I wanted to throw up. I remember he was in a jeep accident and he was badly hurt. He was in there for weeks and weeks. Some of them were in for a long time, some of them weren't.

GP: But, eventually then, you ended up in the psychiatric area?

ER: Yeah, I worked there.

GP: And that was at Vancouver—

ER: Washington.

GP: And you were there a year, you said?

ER: Mm-hmm.

GP: With, those people, I suppose they were mainly men or all men?

ER: Yeah.

GP: Had they been overseas, had they been in the battlefields and all that?

ER: Some of them had, some of them had. We got patients from Attu, and a lot of them had immersion foot, and had lost toes or parts of their feet. Some of them weren't hurt that way, but their minds were badly affected. One man was a single room and he was saying, "Calling C.Q., calling C.Q., calling C. Q." That's all that he— he just talked like that all the time.

GP: Can you refresh my memory about Attu. It was in the Pacific?

ER: It's off of Alaska where they were actually invaded by the Japanese.

GP: Oh, I see.

ER: And it was so terribly cold, and they were on that, ya know, that boggy soil and it was cold and their feet froze.

GP: So that's why these men ended up in the state of Washington, because they were closest to Alaska, really.

ER: Yeah, I suppose.

GP: Yeah, that's interesting. If you were there a year, did you notice that these men recuperated?

ER: Some did. Oh, it was Barnes Hospital. Now I remember. It's an old army hospital.

GP: I see. At Vancouver?

ER: Yeah, yeah. Some of them were not... They had three different wards, in fact, and two of them were for major, psychiatric, and the other was for minor. And some of them were very seriously ill, and others were not. Some of them, then, after they processed them, they sent them to veterans' hospitals closer to their home. Then, they'd get some more patients later from somewhere else.

GP: What were your duties as a psychiatric nurse?

ER: Well, mainly keeping records of what they said and how they behaved and that sort of thing, and visiting with them and getting them to talk and finding out how they felt about things and giving medications and supervising the orderlies. The men, actually, took most care of the patients. For the really rambunctious ones, the violent ones, they'd put them in wet packs: wrap them in wet sheets and that seemed to calm them down a lot. Sometimes we'd put them in tubs. Mhm, and wrap them up.

GP: Straitjackets?

ER: Yeah, they did. Mmhm.

GP: What about drug therapy? Was that being used?

ER: They used, um— they used drugs, yes. I can't think of the name of this one drug. I can't think of the names anymore.

GP: Were they therapeutic or were they more like—

ER: No, to quiet them down mostly.

GP: Just a tranquilizer type drugs.

ER: Yeah, there was one medicine that usually was given rectally, and this one patient became addicted to it, and he'd come up and ask for more. I can't think of the name of it, but, oh it was a terrible smelling drug. And he took it orally. But, not very many of them required that kind of medication.

GP: Now, I think so far you've said that every place that you had been was fun. Was this fun?

ER: It is! [laughs]

GP: Was that fun, too?

ER: Well, the first day I went there, I went with one of the other nurses; she was being transferred somewhere else, and I was just amazed that she was so at ease with everybody and she wasn't scared. I was scared to death, but it didn't take long to get over it. Yeah, it was fun. Always fun, something happening. And we had time to play ping pong and cards and things with the patients.

GP: Did you have any choice of where you worked or where you were sent?

ER: Oh, we had a choice of going overseas. We could sign up for overseas or not and I didn't sign up for it for a long time. I don't know if I ever did, but I finally got sent overseas anyway.

GP: Is there anything else you want to say about Barnes Hospital before we move on, then?

ER: It was a good location. I had my bike there, and I could ride it down to the bus depot and go over to Portland just across the river and come back. It rained a lot, and I was always cold.

GP: One thing that I don't want to forget to ask you is: were there any male nurses?

ER: No.

GP: Anywhere?

ER: Never had a male nurse.

GP: Never.

ER: In fact, colored nurses, I didn't, we never saw colored nurses except in at Stoneman where I went from Barnes. That was a place where you went before you went overseas. There was a bunch of Black nurses. We saw them one time way on the other side of the compound, and I was asking somebody about it. I says, "Well, why don't we ever see them?"

"Well, they're Black."

GP: That's interesting, isn't it?

ER: Yeah. I don't know what they did with them during the war. I've often wondered where they went and what they did and why we couldn't associate with them.

GP: The Black patients weren't isolated?

ER: No. We had excellent Black patients, quite a few of them. I don't know what became of the Black nurses; I've often wondered.

GP: Well, you say you went to Stoneman; where is that?

ER: Oh, it's about 50 miles out of San Francisco up the river.

GP: Were you being prepared there to go overseas or what?

ER: Yeah. They had "ship platoons" (?) [47:24] they called them, and they divided nurses into small groups; maybe one, two, three, or four. And they'd go on ships over to bring patients back from the Pacific. Fortunately, I never had to go. There were several nurses that went and made several trips like to New Caledonia and New Zealand and down in that area.

GP: But, you never had to go?

ER: No, I found out afterwards I get seasick [unintelligible] terrible to live that and be seasick all the time.



GP: Well, what were you doing, then?

ER: Well, we did training for a while and then we went to, uh...

GP: Training of—

ER: Oh, we went through all this processing, you know. They gave you training films and lectures and tell you how to clean a rifle, which I never had to use, thank goodness. And then there was a hospital there. They let us work part time in that until we got assigned to something. I guess that all that time they were forming a big group to join this 204th hospital in Hawaii. So, they shipped us out on New Year's Day, '43.

GP: But you went by ship and not airplane?

ER: Oh, no. I don't think anybody went by airplane then, except generals. I came back by airplane, fortunately, because I was seasick all the way over, I guess. [unintelligible]

GP: So you went there mid '43, you said.

ER: November... Thanksgiving Day.

GP: Of '43.

ER: We went on the Matsonia. It's a big commercial ship.

GP: Oh, it was a commercial ship.

ER: Oh, yeah.

GP: Had it been converted?

ER: Yeah, I guess so.

GP: So, it was all military on the ship; is that right?

ER: Mmhhh, but it still was pretty nice because they had a beautiful dinner that night, and we had choice of things and the menu and all that stuff.

GP: Was it all medicine, everybody on it: medical personnel?

ER: No, no, no. Lots of troops.

GP: Lots of troops. So, where did you end up in Hawaii, then?

ER: At, um, a place up in the gulch. They had just moved the 204<sup>th</sup> up to the gulch. It was down in Kanoa. We didn't go up there, but it was a small place and they put it in the gulch. And they had all barracks built all up and down this gulch, hospital barracks. And that's where we were. It's not far from Schofield Barracks.

GP: On the island of—

ER: Oahu.

GP: Oahu. Were there hundreds of people there, patients? Was it crowded?

ER: Oh, yeah, I imagine. Yeah.

GP: What kind of shape were they in?

ER: Well, it depended on what they're being treated for. I remember one time they had a big explosion down in the harbor, and a lot of them were very badly burned.

GP: But, I guess what I'm asking is were there—

ER: It's a big general hospital, so they treated everything.

GP: Were they war casualties, that's what I was wondering?

ER: Yes, they had casualties from the Pacific, a lot of them, but they had been somewhere else before, so they had had their first treatment somewhere else. By the time they got to Oahu, they were on the mend.

GP: Did they stay there a long time?

ER: Oh I think they did, probably about a month or so, and then they were shipped on to the States as I remember. I'm just not sure about that. They treated, also, soldiers that were signed on in that area, too, you see.

GP: Oh, sure. So it sounds like it was a really busy place.

ER: Oh, yes it was. I remember one time we had a lot of them in for food poisoning one night, so you'd get a lot of that, one time, sometimes. But, it was an enjoyable place to—

GP: Now, when you joined the Army, you were commissioned, weren't you?

ER: Oh, yeah.

GP: Lieutenant?

ER: Mm-hmm. Second lieutenant.

GP: Second lieutenant. How were your duties as an army nurse different from your duties as a private—well, as a hospital nurse in Kalispell?

ER: Well, in the army, it was more supervision, and in the civilian, you did everything yourself. You didn't have to tell somebody else what to do and see that they did things right.

GP: Who were you supervising?

ER: Well, the orderlies.

GP: All male orderlies is what they were?

ER: Mm-hmm. Well, a lot of it we did ourselves, too. We gave them medications and treatments and things like that, and kept the records, but they did a lot of the menial things, and saw, too, that the patients did their work. A lot of the patients, you know, were up and walking around. And then, the orderlies would give them jobs to do to keep them busy.

GP: Could you see that the status of a nurse in the military was better than the status, say, of a nurse in Kalispell? I mean, the job had changed as far as you were concerned?

ER: Well, I suppose so. I didn't think much about that, but maybe so. Because you were commissioned and you were kind of looked up to for that reason. You were always saluted and everything. You get a certain kind of respect for that reason.

GP: I guess what I'm sort of suggesting or hinting at is that nursing was changing at that time from— you say you had a half a day off in Kalispell—

ER: Oh, that, yeah.

GP: And the working conditions were changing.

ER: Oh, yeah. I got 150 dollars a month right to start. I couldn't believe it. I thought, well, I'm being overpaid I should give them back some money. But, anyway, and also, we had money that we could send home, I used to buy a bond every month and have that sent home, and it was nice to have that security being built up.

GP: And you got your living quarters out of it?

ER: Oh, yes. We had our living quarters, and our uniforms—

GP: Meals?

ER: —and our meals. We had to pay our meals every month, but they gave us an allowance for that, and for our uniforms. We could buy them ourselves: some of them. Some of them, we were issued. And also, we had time off. We could go places. We got to go into Honolulu and do things. There was a lot of social life there, naturally: a lot of officers and [unintelligible] from the air base and the Navy and so forth, but that never really interested me much. [unintelligible]

GP: From what you've said about your job in Kalispell, it sounded like a six and a half day-a-week job would have some stress connected with it. Was there stress connected with being an army nurse and taking care of people who had been in the war?

ER: Well, really not so much because most of them were not so sick. Most of them were ambulatory, what we took care of there. They were they could get up and go to the mess hall and so forth. They were, a lot of them, just waiting transportation back to the States. So I don't think so. It was it was less stress, I'd say.

GP: Was there any threat of the Japanese attacking Hawaii again?

ER: We had an alert once in a while. I remember one time in Hawaii, we had an alert at night and there was this— I was working in the psychiatric unit. But this one patient, he was a Black man from the south, and he was just scared to death. He was out the room, he said, "Oh Lord, oh Lord, save me!"

I said, they told everybody to go outside and they had an alert and the lights were out and stuff like that. Well, it never did amount to anything. I guess you always thought maybe it could happen. We even thought that at Fort Lewis, but nothing ever happened. I think we were more worried at Fort Lewis than we were in Hawaii.

GP: That's interesting.

ER: No, we never had any danger there.

GP: Were these psychiatric cases the result of men being in attacks in the Pacific?

ER: Well, there was many causes. Some of them were "shell-shocked" as they used to call it in World War I, and some of them were just scared, and some of them were not meant to be in the service in the first place: they weren't qualified. And others had other problems and they just were having a lot of trouble. Many causes.

GP: Was it fairly prevalent? A lot of psychiatric cases?

ER: Well, I suppose. It didn't seem to me that it was any more than it is now, and probably not as much in the general population. I didn't work in psychiatric the whole time there. I worked in several things, mostly medical.

GP: Did you have a preference or did you just do or go where they sent you?

ER: Oh, you just go wherever they assign you, that's all. [to unknown person] Hi, Steven.

GP: So after that: you were there a year, you said?

ER: Yeah, and then the whole thing, whole hospital went to— we went over to Schofield Barracks for a while, while we got ready to go to Guam. We didn't know where we were going, we just knew we were going up closer.

GP: Was this a big group going? And all nurses?

ER: Yeah. Nurses and doctors and other personnel, too. Well, they had already sent the enlisted men and some of the doctors ahead. They went on small boats on the LST [Landing Ship, Tank], I don't know how they did that, but they did. We went in a big ship. We eventually had a 2,700 bed hospital in Guam. We went and got there just on New Year's Day, and it was—

GP: Of '44?

ER: Yeah, '44. And they had tents set up, and the nurses were in a compound. And they lived in tents, too. There were still a lot of Japanese around.

GP: There were?

ER: Oh, yeah, in the jungles.

GP: Did you begin to realize that there was a war going on? You have that feeling?

ER: That really hit home when we got off the boat at Guam. We could see where the trees had been blown off, and there were landing craft out in the bay, blown to pieces. And the town was in rubbles. We could tell there was one.

GP: How did you react to that?

ER: Well, I just thought, well, it was just amazing. I was glad I could be there.

GP: You certainly had the right mental attitude to be a nurse. [both laugh]

ER: Well, I don't know. It got kind of tiresome at the end. We got kind of tired of nursing, but we had a lot of experiences.

GP: How many beds at that hospital did you say?

ER: The Seabees built the general hospital: 2,700 beds.

GP: That's what I thought you said. All filled.

ER: Well, the Navy didn't have a hospital, see. They weren't established yet, so we got the casualties from Iwo Jima; that was our biggest one. Then after that, we got the casualties from Okinawa; that was another great big one.

GP: Yes. You must have some pretty vivid remembrances of those men, who, they had been prisoners, right?

ER: No, these were casualties— the Marines that were invading Iwo Jima and Okinawa.

GP: Okay. I think what I was thinking of was Bataan.

ER: Oh, Bataan in the Philippines.

GP: Yeah.

ER: No. We had some patients occasionally from Philippines that came through there. In fact, we had— I remember one nurse that was there— she had a serious lung condition, but most of them were the casualties we got from battles. We'd be very busy and then the hospital would empty out and they'd go back and we wouldn't have anything to do for a while.

GP: Were they being sent to the U.S., to this mainland?

ER: Yeah, or maybe some of them stopped in Hawaii on the way, I'm not sure. That probably was the next place they'd go to. For their treatment.

[Break in audio]

GP: —particular things that you'd like to say about your experiences at Guam?

ER: Well, it sort of humbles one when you see how those people, how those men who gave so much of themselves. The casualties from Guam were so seriously wounded. I was on the surgical ward again, all the time I was there. Some of them had lost a leg and an eye and part of something else. Just multiple serious wounds, and yet their morale was wonderful. They were

just so glad to be out of it. They were excellent patients; they were so good. And we just really enjoyed them.

GP: I have a feeling that the nursing corps contributed to their morale.

ER: Well, I think maybe it was just because they were glad that it was over. I especially remember one fellow that had, oh, his liver. Anyway, he was bleeding to death, and they were trying to get blood into him. They were putting it in both [arms] as fast as they could, and he was just bleeding to death and he knew he was dying. He was about 19 or 20, and he was, "Don't let me die, don't let me die." He did.

GP: He did, hm?

ER: Yeah, and we had another one that was very badly wounded or— burned, and he died. Lot of them, lot of them, didn't make it.

GP: You say it humbled you. Did you ever get really low, yourself, seeing all that?

ER: No, I don't think I ever did. We were too busy. Just too much going on, but in our barracks there was a girl I met by the name of Valenti who was a surgical nurse, and they would work until four o'clock in the morning and she'd come in so tired, go to bed, and just get up again in the morning and go again. When they had casualties, they just had to keep going till it got done.

GP: Were there any of the medical personnel nurses, orderlies, doctors who couldn't take it?

ER: I don't remember that there were.

GP: They all hung in there.

ER: Yeah, most of them were— see, they had a chance to weed them out in Hawaii; some of them didn't make it, didn't go down with us. My roommate didn't go. She had married a sergeant, and I don't know why she didn't make it. She was little, and why she didn't go, I don't know, but anyway, they didn't take her down. There was a few others that they weeded out. Just thought maybe they couldn't stand the strain. She was very homesick for him, I know, so that might have had something to do with it.

GP: How long were you there at Guam?

ER: Nine months, I guess.

GP: Nine months. That would have brought you up to—

ER: The first of September.

GP: Yeah, '44.

ER: The war was over in August, and then we went over to Saipan as a debarkation center. We flew over there. While we were there, there was a tornado. What do you call it? Typhoon? I've never been in one of those before. But the buildings had open windows. They had the roof coming down like this and then the windows right here, and the rain just blew right in the windows and we were mopping and mopping and mopping the water out of there all the next day.

GP: This was in a hospital?

ER: Oh, this was in our barracks.

GP: Oh, barracks, okay.

ER: Yeah, we weren't in a hospital then, and we were there for two or three days before that, and they were calling everybody and telling them to get on the ship after the typhoon; it was waiting for you to come. I remember one girl; she was from Tennessee and we couldn't find her anyway, and finally I find her down in the john. I said, "They're calling for you, you've gotta go!"

"Well, they'll just have to wait." [laughs] She never worried about anything.

GP: Were you on your way back to the U.S. then?

ER: I didn't go. They didn't call me. There were about six of us, I guess, that didn't get called. So, we got to go back on the general's plane, fortunately.

GP: Oh, I see.

ER: So that's how I got to fly back. I was thrilled that I didn't have to get seasick all over again.

GP: And you landed in California?

ER: Oh, we stopped along the way at some of the islands, I can't remember. And we stopped at Hawaii, and we stopped at Hamilton Field, I believe it was, near San Francisco. Someplace down there. And then came home by train. [unintelligible] train. Well, it was kind of funny when the war was over, we had some replacement nurses, some new nurses. They heard that the Japs had surrendered so they started packing right away. They were going home, and the chief nurse says, "Where do you think you're going?"

"Well, we're going home."



She said, "Oh no, you're not. You're going to stay here. The old ones are going first." [laughs]

GP: Sure. I didn't ask you; how long did you sign up for? Was it four years?

ER: Well, I thought I signed up for a year, and I was in for about six months before I found out I was in for the duration. [laughs]

GP: Oh, for the duration. I see.

ER: That was kind of a shock. I thought I was in for a year. I was in for 45 months.

GP: You were. You actually were in that long, then?

ER: Yeah, because of the leave time and so forth, it lasted until January '45.

GP: Where did you end up when you came back to the U.S.?

ER: Oh, my folks were down in Missoula down there in, I think, my grandma's house. They had bought that house. Dad was transferred down here.

GP: Yeah, but I mean you weren't out of the army yet when you came back.

ER: Oh, I was just on leave, so that was that was the end. They just paid me for that much time, and then I went to the University from there.

GP: In other words, you really—

ER: I was discharged.

GP: You were discharged, okay.

ER: Yeah, we were discharged when we came back on the first of October or so.

GP: So, you came back to Missoula and you went to the University, you said?

ER: Mm-hmm, I started in January at the university.

GP: Mm-hmm, you and hundreds of other veterans or thousands.

ER: Right. There sure were a lot of them.

GP: What was your goal, Ethel?

ER: I didn't know. I just didn't know what I wanted to do, but I was just tired of nursing. I just didn't want to do it. There was a lady who taught music over there; her mother was sick and she needed a special, so she asked me if I'd nurse her at night, stay with her at night. So, I did for a few nights, but I didn't enjoy it. I didn't want to because I wanted to, just didn't want to—she was a nice lady, but she'd sleep and then when she wanted something, why, she'd wake me up and it was so hard for me to wake up. “Oh, this is just hard.” It was just my attitude. I just wanted to... she was nice. I worked in the hospital a little bit, too, when I was going there. Community, doing [unintelligible]. That was kind of fun. I enjoyed that.

GP: Community. This was the old [unintelligible] [1:08:13], now was called Community, is that right?

ER: Yeah, where the library is now.

GP: Okay, well it sounds as if your military experiences had kind of burned you out.

ER: I think so. In fact, there was one nurse that was with us that got burned out before the war was over. She— “I just don't want to work anymore. I'm just tired. I'm tired, and I don't want to work.” Got no interest in it. I couldn't understand it then because it didn't hit me until later. But, it did. I didn't know what I wanted to do. I thought I would be a microbiologist. So, I studied physics, and I found out in a hurry that wasn't for me. I took two physics courses in the summer and I flunked one and got a ‘D’ in the other one just because the professor felt sorry for me, I think.

So I said, “No, that won't do.” Then, I remembered public health, and I thought, well, I'll go into that. Because I had a little practice with that in training. And that's what I did, and then I ended up at the University of Washington and got my degree in '47, I believe.

GP: You transferred out there?

ER: Mm-hmm, yeah.

GP: In '47?

ER: Well, I guess I finished it in '48 because I was there for one year, and two years... Well, I can't remember.

GP: Well, that's close enough.

ER: Two and a half years, something like that, it took me to finish.

GP: By this time, had you recovered your interest in nursing, or—

ER: No.

GP: —or public health?

ER: Oh, yeah, I liked public health.

GP: Public health would not have been nursing.

ER: But not bedside nursing, I just couldn't feel like I could do it anymore.

GP: So, what did you do with your degree?

ER: I got a job in Polson, working in Lake County. There was another nurse there by the name of— Oh, I can't remember her name. She was older.

GP: Well, you actually were working, then, as a public health nurse.

ER: Yeah, I got a job there right away, and they had this other nurse hired. They were just starting. Well, they had one before that. Name was Brewer: Dr. Brewer's sister was working up there.

GP: Oh, and she was a nurse?

ER: Yeah, excellent nurse.

GP: What did public health nurses have to do in the late '40s, then?

ER: Well, we mainly worked in the schools. We had maternal health and orthopedic. For the maternal health, we tried to contact the expectant mothers and see them through their pregnancies and advise them and that sort of thing with their care of their babies and so forth and carried them through preschool. A lot of it was school, and in the orthopedic, we had a lot of kids that that would go to the orthopedic clinics. The state set them up twice a year in Kalispell and Missoula, and we'd send the kids in for referral. The doctors would check 'them over and make recommendations.

GP: So, you actually didn't stray too far from nursing; you were still working as a—

ER: Well, yeah, but it was so relaxed and I was my own boss. I could do what I wanted and mostly visiting and being with kids and teachers and parents, and it was just fun. [unintelligible]

GP: Mm-hmm. How long did you do that, Ethel?

ER: Until '54— '54.

GP: Well, five or six years anyhow.

ER: Yeah.

GP: Were you working for the county, then?

ER: Yeah. It was the county, then, and then in '54— in '53, Lake County and Sanders County joined together and made a Health District. And there was another nurse there then, and she wanted to stay in Lake County because she worked from Polson and Pablo up north and I had the southern part. So I said I'd go to Sanders County. So I moved over to Thompson Falls, and they hired a sanitarian who is my husband. We hired him because he was— there were two applicants, and he was working in Glasgow. And he wanted to come back to western Montana where his folks were. And he was just starting. So he didn't even know he was being considered by the commissioners, but anyway, he would work for less money than the other applicants, so we said, well let's hire him because he won't upset our budget so much [laughs]. So, we did. He worked in both counties. Then, we got married in the following February. Then I quit, the end of that year, in June, because I was pregnant, and that was the last of my career.

GP: You never went back into nursing after—

ER: Oh, yes, but just not full-time. I worked in the intensive care over in Great Falls on weekends for a couple of years before we came over here. Did some home nursing and little things like that.

GP: Basically, you raised a family after that.

ER: Right.

GP: Four children you said you had?

ER: Yep. This is my daughter, she's also a nurse.

GP: Oh, uh-huh. Well, I usually get to that point sooner or later, about whether or not a nursing mother influences her daughters to go into nursing. Did you do that?

ER: [to Deanna Noonan] Did I influence you?

Deanna Noonan: Oh, yeah, she influenced me. Just hearing the tales of what she did, especially in the ICU and Great Falls. It was fascinating.

GP: ICU and Great Falls? Now, you didn't tell me about that. Of course, that was after you were married.

ER: That was after the fourth child was born. He was about two when I started.

DN: I think I was about in the sixth grade, wasn't it?

ER: Oh, yeah, I guess he was older than that.

DN: Yeah, he was older than that. It was just before we moved. He was almost in kindergarten.

ER: I guess— he was four, I guess, when I started there.

GP: Your youngest child?

ER: Mm-hmm. And I just worked weekends when my husband was home and he could look after the kids. It was good for them and good for him, too.

GP: What about you? Was it good for you to go back to work?

ER: I learned a lot, but I never got to the point where I felt competent because it had changed so much. We had special training in cardiac care and that sort of thing. I never felt really competent.

GP: How much of a gap was there, then, between when you stopped nursing and then went back?

ER: About 20 years.

GP: 20 years.

ER: '44 [unintelligible]... about 10 years.

GP: Oh, 10 years.

ER: About 10 years, yeah.

GP: And techniques had changed, medicines had changed?

ER: Oh, yes.

GP: And you were in the ICU unit.

ER: I wanted to learn as much as I could, and there was a good supervisor there, and she said, well, "Come and learn," so I did.

GP: And you did that regularly?

ER: Yeah, on the weekends.

DN: Half days.

ER: Oh, half days, that's right. Just from 7:00 till 12:00.

GP: So, we're talking now, what, mid-50s?

DN: '60s.

GP: Mid- '60s.

DN: [unintelligible]

GP: Oh, I see.

ER: '64 to '68 or '65 to '68, somewhere around there, yeah.

GP: Do you want to recall some of those experiences that impressed you, maybe shocked you because the techniques had changed so in that span of time?

ER: Well, one thing is that they could resuscitate patients, and I don't remember they ever did that before. And I remember one young girl that died of— Oh, what's that membrane disease?

GP: Meningitis?

ER: No, you can't breathe and it fills up her lungs and her throat. We did everything else; she was just about 20 years old. Well, the things that I saw: tracheostomy done and I had never seen that before. There was a patient that had been badly burned from a power line, and another one was my son's accordion teacher and his dad were burned in a— what was that?

DN: Natural gas explosion.

ER: Yeah, in their garage, and how they treated burn patients. Mostly it was surgical.

GP: It almost sounds as if when you got out of the army, you were kind of burned out with nursing and had post-traumatic shock or something—

ER: Yeah.

GP: —delayed. Did you run into any of that in the ICU unit? Did that bother you at all?

ER: No, because I only worked a short time, and it was voluntary. I could quit if I wanted to. No, I didn't feel that I had to. In fact, I thought it was kind of a change from taking care of kids all the time, so, I enjoyed it.

DN: Well, and you told me that you just did baths and helped out in that way, didn't you?

ER: Yeah, I gave baths, and medications, and things like that. I didn't have to take the responsibilities—

DN: She didn't have to feel responsible.

ER: —to be the supervisor. There was always somebody over me, so I didn't have to worry about making the decisions.

GP: Did you do that— I don't know how long you've been back in Missoula.

ER: Since '68, we came over here.

GP: Oh, I see, so I was wondering then if you continued on a part-time basis until retirement age or what.

ER: No. I just specialed some friends in the hospital a couple of times, briefly. And one man who had Parkinson's disease, and he was bedridden; I helped take care of him for a few years.

DN: You helped with Bertha.

ER: Oh, yeah, sister-in-law that had—

DN: And you helped with another lady that had cancer.

ER: Cancer, oh yeah.

DN: Karen (?). She did a lot of home care. She's not willing to admit it, but she did a lot of home care.

ER: I forgot about that.

DN: The Parkinson's man was a full-time job because she was the only person there to help this elderly couple, and it was only the man and his wife. She had nobody else except my mom. She did all the lifting of getting him out of bed into the wheelchair.

GP: Was this in Great Falls?

DN: Here, in Missoula.

GP: Oh, in Missoula.

DN: And that was in, late in high school, I think it must have been early '70s.

ER: Well, they had a neighbor man. We would get him up in the morning, leave him, and his wife would feed him and I'd bathe him, and take care of him, and get him up in the morning. And then, go back at noon and put him to bed, and then, a neighbor man would come over and get him up in the evening and put him back, so it was just twice a day I'd go over there.

DN: But, that's every day: every day of the week.

ER: On Beckwith, yeah.

GP: So, it sounds to me as if your nursing profession served you well actually throughout your adult life. Would you say that?

ER: Yeah, I think it's failing me now because I just don't seem to think straight anymore, [laughs] but other than that, it's been doing fine.

GP: So, did you actually do some nursing then until you reached a retirement age?

ER: Well, I guess you might say that. I'm not in the hospital or anything to get paid for. No, I didn't really do very much lately in the last few years.

GP: I see. Well, I won't prolong this, I've been doing this for quite a while now. If you had a to do over again, is there anything that you'd do differently?

ER: Well, I suppose I would— I think it would be better if I go in training when I was a little more mature. I think I was very immature, but at the same time if I did that, I'd have missed out on a lot of experiences I had in the war and post war and all that, so, no, I don't think I'd change anything. If I were just smarter, I probably wouldn't have made the same mistakes, but I can't do that over, so I don't know what I could change.

GP: Mmhm. It's interesting that your daughter is here and you say she's— [to Deanna] you're a registered nurse? It would be kind of nice for this remaining time to sort of compare notes. She says you did influence her in becoming a nurse. You had other daughters, too?

ER: She's the only one, and we had three boys.



GP: Oh. Are they in medicine at all?

ER: No. CPA and— a computer programmer—

DN: Electrical engineer.

ER: And one's going to be an electrical engineer. Well, the thing that I think a lot is so different; she knows so much compared to what I did. She has to know things and make major decisions that I never had to make. The responsibility of nursing nowadays is so different. She works now in recovery. She was in ICU for a few years.

GP: Do you mind if we get your name on this tape, too?

DN: No. I'm Deanna Noonan.

GP: Noonan?

DN: N-O-O-N-A-N.

GP: Deanna Noonan, and where do you work, Deanna?

DN: In a community hospital called Stevens Memorial Hospital in Edmonds, Washington, just north of Seattle.

GP: Oh, I see.

DN: Our hospital is the major hospital for all of south Snohomish County. All of Edmonds, Lynnwood, Brier, all the area between Everett and Seattle, we are responsible for. The medics bring all the cases there unless they're major burns or major trauma that would be better handled at Harborview. And sometimes they take kids down to Children's Orthopedic.

GP: And you work in an ICU?

DN: I used to work in ICU. I started out as an LPN, and I was an LPN for ten years. Almost ten years, and was in ICU for eight years at Stevens Hospital. It started out to be a little tiny hospital that was- the cardiac patients would be there for a week and a half, and just sit there bored to death. And there would be a half-full unit. And then, in 1979, January, our group of paramedics came and things dramatically changed after that. We had a lot more saves, a lot more traumas, a lot more ICU cases, and things really started picking up. Then, the population of the area picked up a lot and our hospital's become a major medical center for that region.

GP: You went back to school to pick up an RN degree?

DN: Yeah, in 1984, I did one more year. I went to a two-year program. They took all my back credits from a long time before that: the chemistry and microbiology, and I only had to pick up a few other ones, and took one more year and got a two-year degree, an associate degree.

GP: And that's what you have, is an associate degree?

DN: Yeah. I chose not to have a bachelor's because I didn't want to spend four years.

GP: It would have taken—

DN: At least another four years, or possibly two years if I really wanted to cram it in, but that wasn't my priority. I just wanted to make some money. [laughs]

GP: Is there much of a salary differential?

DN: None at all.

GP: There isn't.

DN: No, but they try and get the BSNs [Bachelors of Science in Nursing] to be more administrative. In some ways, I think they have a better background of anatomy, and physiology, and that kind of thing just because of the more schooling that they've had, but by and large, I think we all do the same job and we all do a real good job.

GP: And you probably have more contact with the patients than they do if they're doing administration.

DN: Well, not necessarily. We work side-by-side, BSNs and ADs [Associate's Degrees], but there's really no difference in our salary or pay.

GP: I imagine that you have hospital insurance, medical insurance for yourself, for your family and so forth?

DN: Yeah, we have that available. I don't take it right now because I'm on per diem status, so I just take the extra income instead of getting the benefits. So I don't get any benefits from the hospital right now, but that is available to me: complete medical for staff member, and then pretty fair rate for family, and then dental insurance too. They have a— what do you call that? An IRA plan for us after three years of working there, we were able to sign up for that. And good benefits that way. Real good benefits.

GP: I should say, are you like your mother, who, throughout all this has said most of it was fun? Do you find it stimulating and fun or do you find it stressful or what?

DN: When I was scheduled to be there on a regular scheduled basis, I found it to be stressful just because— I don't know, there were some days that were real difficult, and I knew I had to come back tomorrow, and I was already real tired and I really didn't want to have to come back tomorrow. But now that I'm on per diem status and I can say yes or no according to my schedule with my family, and I can say yes or no, it's been a lot of fun. It really has, it's been a great experience and it's great to get out of the house, and great to talk to adults and really feel like I'm contributing something. It has been a lot of fun.

GP: So, you're actually combining motherhood and family life with a career. Are a lot of the women doing that the same as you are?

DN: A lot of people are working a lot more than I am, like they're working three days a week just to get the benefits. I mean, because, they have to work three days a week for their benefits, not necessarily for the income so much, but they really need the benefits. So I kind of think that I'm unusual in that respect that I'm just there on a real part-time basis. I'm in a situation where they really needed the help, it's such a specialized area and there are not very many people that are in a recovery room setting at our hospital. And our staff is real small, so they really did need the extra help on a part-time basis, and it's worked out really well for all of us. But, I think by and large, there's a lot of people that are working more than I am with small children.

GP: How many children do you have?

DN: Just one.

GP: Anyhow, your mother did influence you in going into nursing.

DN: Yeah, she did, and just hearing her experiences, especially when she was working in ICU, it was interesting hearing the stories and it was fascinating, and hearing her stories from the war, when she'd been in the war in nursing school. Things like that, it was real interesting. Before I graduated from high school, I was a volunteer. Actually, I think when I was in junior high, I was a volunteer at Community Hospital, in the old Community Hospital, and that kind of got me interested even more. It was a lot of fun dealing with patients and trying to help people out.

GP: One thing that I haven't mentioned, and we were looking at this book, which, it has a lot of references to nursing, and uh, there's one thing in here that kind of interested me. I was talking to another nurse about this the other day. If I can find this now... It says, and we're talking now about the '60s- "hospitals replaced private-duty as the locus of most nurses' employment. Placed under the direct supervision of physicians and hospital administrators, many nurses felt robbed of autonomy and artisanal pride, but hospital employment was more secure, and jobs more plentiful. New divisions of labor resulted in para-professions for nurses' aides and LPNs. Within hospitals, nurses began to develop specialized expertise associated with cardiac obstetric and intensive care wards. Female nurses also discovered new bonds of solidarity with

other nurses while working together as a team on hospital wards, and they initiated informal methods of resisting doctors' authority." Let's take your mother first: do you have any remembrances of doctors' authority interfering with your job, you doing your job?

ER: Well, no, I don't think so. We used to have some hostility against doctors that were real bossy, but we always had a lot of respect for them. We stood up when they came. I don't think they do that sort of thing anymore [unintelligible]. Went around with them when they made round, [unintelligible].

GP: Let's hear what your daughter has to say about that.

DN: Well I think, when I was in nursing school, we had nurses that were, oh, let me see. In the mid-'70s, I think they were probably about 50 years old, most of the instructors I had as an LPN, and they told us to stand up when doctors came in and give them our chairs. And then, when I first got my job in Edmonds, they said, you don't need to do that. Doctors are just like everybody else; they can get their own chair. You don't need to give up yours. After all, you've worked hard, too. Over the last 15 years, I've seen a change where doctors are more of a team member rather than a superior, and we work together as a team, especially in recovery room. The anesthesiologists really depend on us to watch out for their patients, and it's more of a team effort. They really respect us and we respect them, but we don't take any guff from them. I mean, if they badger us, we report them, and—

[Break in audio]

ER: I think it's mainly because of the male nurses, when they [unintelligible].

GP: Is that right? I often wondered what happened to those caps.

ER: Don't you think so?

GP: I have no idea.

DN: I think nurses have become a lot less formal in their dress.

ER: Very much less.

DN: I mean, we wear Nikes to work because they're much more comfortable than duty shoes, and nurses tend to wear turtleneck shirts underneath their uniforms when it's cool outside.

GP: Are there hospital regulations?

DN: There's regulations for— they've tightened up on their dress codes just because patients couldn't tell the nurse from the housekeeper. They've made nurses kind of tighten up on their

dress code, but it got to be real lax for a while. Now, the different departments are wearing different kind of tops and things like that, but nurses are much less rigid; they're not wearing white pantyhose. We're wearing—

GP: What about those black capes? [laughs]

DN: No, nothing—

GP: Or navy, or whatever they were.

DN: No caps.

GP: Did you ever have one of those?

ER: Oh, I've still got it.

DN: It's only the nurses that are very near retirement that are wearing caps. In fact, I don't think I've seen cap for a long time. Nobody wears a cap anymore. They just get in our way and nobody wears a dress anymore. Very few people wear a dress anymore because, especially in recovery room, you're having to get down on the floor and look at those test tubes, [laughs] you're not going to show the world what you have under your dress. I just feel much more comfortable and much more at ease in pants. Of course, we wear our scrubs, but most of the ICU nurses wear pants. Much less formal, and I think it makes a better rapport with the patients that there's not such a separation between us with this uniform.

GP: We've talked about male nurses. What about female doctors? Are there more and more in your— yours is sort of a specialized hospital.

DN: Yeah, I can think of— let's see, we have three or four female surgeons. Of course, that's the only area that I really see, but I know that they're becoming more and more common in different areas, but I've seen mostly in surgery. And we've seen one female anesthesiologist. Yeah, they are becoming more common and I think we have a much closer bond with the female anesthesiologist and surgeons than we do with the males.

GP: You have a closer bond? It's easier to relate with them?

DN: Yeah, and they want us to speak to them less formally, especially one anesthesiologist: she wants us to call her by her first name, rather than Dr. Kleinheinz.

GP: That's interesting. Well, we'll wind this up. I was going to ask your mother if she had anything else she wanted to add, but I— Ethel?

DN: Mom? Did you want to add anything else?

GP: Have we left out anything here?

ER: Oh, probably lots of things, but I don't want to keep you all day.

GP: No, that's all right. I don't want to keep you all day. You have company. But here's your chance. If you can think of anything else you'd like to add. Something to conclude this with.

ER: Well, there's so many life and death experiences. I was trying to think about delivery rooms, and we could go up when I was in training, we could go up and watch deliveries. I remember the first one I watched was a stillbirth, and that was sad. But I'm trying to think what we did. I know he had to scrub for deliveries, but I don't know what we did because I think the chief nurse would be a supervisor was scrubbed too, I can't remember. That's so long ago; I've forgotten a lot. We used to work on surgery every Sunday, either the 7 to 12 or 12 to 7, so, we had a half day.

GP: As a student, you're talking about.

ER: Yeah, used to have a half day off on Sunday, and a half day off during the week. Evenings when they were available, and we had supervision. We lived in houses, back of the Deaconess Hospital in Spokane. They're all torn down now, but that was a lot of fun because you got to know people so well. They did things that were fun. I think they don't get to know each other and have that rapport that we used to. I think they miss an awful lot. In fact, they don't have training schools anymore. And I think that's a shame, I think they've missed a lot.

GP: What do you think about that Deanna?

DN: I think it's true. There's only one nurse that I know of that I kept in contact with since training days, and the rest of us have all gone our separate ways, and we just don't have any contact with each other. We really never had the close-knit-ness that Mom had when she was in training. We just kind of went our separate ways. When school was done, that was it.

GP: You said you had a 50-year reunion, Ethel?

ER: Yes, we kept track with each other in their class, several in my class kept track for 50 years. Then, I just met one the other day that was in the class behind me. She was down at the Manor [Missoula Manor] and I didn't know she was there. It was just through the reunion that I knew she was there. I met her over in Great Falls over there when I was specializing a patient, and I hadn't seen her since. But, it's just fun to meet them after all these years and find what they're doing and how they've changed.

GP: Well, do either of you have anything else to add?

DN: Well, I think from my perspective hearing from Mom and her attitudes toward nursing, and my attitudes toward nursing and telling her the problems that we've had, we've become more unionized and much more like a labor force rather than professionals, I think. But, I think nurses have been forced to become more militant because we've been forced to take a lot more responsibility for our patients, and there's a lot of responsibility on our shoulders and if we don't fight for our patients' rights and adequate staffing and adequate attention to our needs as nurses, then nobody else will. And I think—

GP: Needs and benefits, right?

DN: Well, I haven't experienced benefits so much as being a problem because the hospital's been real generous with that, but it's things like time off, and scheduling problems, and not having enough staff, and not having adequate staff for the day, and really putting the patients at risk.

GP: So, when you say patients' needs, this is what you're referring to?

DN: Yeah, yeah, because we don't have enough staff. Like, we're just really stressed to the max that we can't take good care of this many patients and our patients are being ignored because somebody else is sicker than they are. Everybody should be able to expect the same kind of care. I think nurses are becoming more militant in that respect.

GP: I think I know your mother's answer; she might even have given, if she'd do it over again, I think you would, wouldn't you?

ER: Sure, sure.

GP: Would you?

DN: Yeah, I would. I have two friends that have had careers in banking, and they both have small children, and they said, "You are so fortunate to be able to have two or three days a week working, or two days or one day a week at your choice. We would never get a job like that where we can just work one or two days a week. We would have to work full-time." And having met them, I really appreciate nursing a lot more, but I've really enjoyed the profession, too. It's been a lot of fun. It's been really fun to be able to try and meet people's needs and make them feel better.

GP: Well, I've heard that statement now from mother and daughter: it's been fun. Mother said it a lot about her career.

ER: It was.

GP: Well, I think maybe this is a good place to stop, so I'm going to thank both of you a great deal.

[End of interview]