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2-2-2008

## Easterly, Linda interview for the Miami Valley College of Nursing and Health Oral History Project

Carol Holdcraft

*Wright State University - Main Campus*

Linda Easterly

*Wright State University - Main Campus*

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### Repository Citation

Holdcraft, C., & Easterly, L. (2008). Easterly, Linda interview for the Miami Valley College of Nursing and Health Oral History Project. .

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START OF TAPE 1, SIDE A

LINDA EASTERLY

FEBRUARY 2, 2008

CAROL HOLDCRAFT: Okay, so February 2nd, 2008, Oral History Interview with Linda Easterly. And so, Linda, start out by telling us a little bit about how you first came to Wright State.

LINDA EASTERLY: Okay, my maiden name was Linda Wiggenghorn. So that's what my records here at the campus would be. I was a high school student at Wayne High School. Graduated from high school in nineteen seventy-six. Knew I wanted to go into nursing and looked at programs across the country because I wanted to go away to school. Desperately wanted to go away to school. Did a lot of research and all of the research just kept popping up that Wright State was one of the top three in the country. Talked to, I had a cousin, a first cousin, that was an instructor in nursing at the University of Pittsburg at the time and she recommended that I come to Wright State versus even going there and being a part of that school. So, I came to Wright State almost kicking and screaming not wanting to because I wanted to get out of, I wanted to go away to school. I was awarded an academic scholarship out of high school to come here. Got work study money and the summer before I went to school I worked in the financial aid office for that whole summer and got to know a lot of the folks on campus and that kind of sold me on the campus so then ended up at Wright State in the fall of seventy-six. And you may remember or may not that was also the beginning of the first class of the medical school. So it was a very big deal that when we first arrived on campus as freshmen, you know we thought what is going on because they made a huge splash with the medical school starting at the same time. So it was an interesting time to arrive on campus.

CH: And so you came on campus and you had decided even though you lived close

because you had wanted to go away to live on campus.

LE: Right. I commuted the first year because I couldn't get in the dorms.

CH: Okay.

LE: I mean at that time there was only one dorm and I think we had a raffle or something. There was some kind of way to get in as a, freshmen and sophomore you couldn't just get into the dorm because you had all the handicapped students got first priority and then athletic scholarships had second and then returning folks had third. So there weren't very many slots for females coming in because at that point there were only four floors female and four floors male.

CH: Okay.

LE: And I think there was like fifteen slots for new freshmen or I can't remember the number but it was very, very little. So, I didn't win the raffle. I always thought it was against me because I knew I could commute and I knew they'd still have me as a student. Might have been wrong. But I did get in my sophomore year and then was a resident assistant actually my junior and senior year at Hamilton Hall. So I stayed in there the other three years I was a student at Wright State.

CH: Okay. So tell us a little bit about what those first years were like. What stands out in your mind?

LE: Let's see. Probably that it was a small, close knit campus. Most the students one were commuters and two they were in the graduate programs rather than generic students coming out of high school. Even in the nursing programs very few of us were what I call generic high school students. Most of them were coming back, already had their RN were coming back to get their BSN. And so our classes were mostly older folks. And you know it was a rare class that you would have a full group of eighteen, nineteen or twenty year old folks. One of the things I enjoyed was the depth of knowledge of the older students. Not so much my first two years when

we weren't really in what I call hard-core nursing classes but once we got into our junior and senior level if they hadn't had been there a lot of us wouldn't have passed. They were our partners on all our projects. They were our leaders on the clinical side. They were the strong glue that held us together. I enjoyed taking a lot of night classes because so many of the classes were geared to the commuters and to the grad student coming or the working folks that a lot of my electives I took at night because I was here in the dorm and then I could work more hours on campus during the day. It made it a better breath of knowledge. When I took anthropology at night you know, I think there were two of us that were what I call young folk and everybody else in there was in their forties or fifties. So they brought a different depth to the classes that I don't think I would have gotten otherwise. Same with some of my psychology classes, my child psychology class. Although it was geared for, it was a mandatory nursing class, most of the folks in there were not nursing students, most of them, I think I took like in an off quarter or something, most of them were psychology majors or some of them were med students who were trying to pick up some classes and it was taught by a practicing child psychiatrist I think in the local Dayton area. And you know we didn't have textbooks, we learned from Dr. Spock books. I mean he bought books off the shelf. So those were so different experiences then when I compared my educational experience to folks who were going to Ohio State at the time or UC where they were all very generic, very cookie box everybody in nursing, you know everybody took the same thing at the same time. One of the strongholds I thought Wright State had was that we had to take so many electives. Most the nursing programs didn't have anywhere near the amount of electives we had to take, all our ethics and all our philosophy. You know I remember taking marriage and society and death and dying and the anthropology classes and that kind of stuff that you know my colleagues didn't have to take as undergraduate nursing programs. And I think that was a stronghold. I really, really, truly enjoyed the philosophy of the School of

Nursing at that point because we took a continuum of health care. I didn't take an obstetric class. I didn't take a med surge class. We started with the healthy and went to the critically ill, from the beginning to the end. Our first quarter here Dr. Torres was the dean, taught us fundamentals of nursing. I don't know if that's what it was called but that's basically what it was, Nursing 101. And we started and we talked about Florence the whole time and what was going on politically and socially at that time in health care. I'll never forget that fall. I don't know if it was the first class or the second class she said we will have the basic requirement for a professional registered nurse will be a baccalaureate of science degree. She said that in seventy-six and we still don't have it. But she was so hard core that we all believed her that that would be and I'm still fighting for that don't get me wrong. I still think our profession needs that. But we had to volunteer in a nursing home that first quarter and that was so important. I mean, I was somebody that had never been around; I'd never been in a nursing home. I never volunteered in a hospital. I'd never done all of those things that people, normal nursing people do. I just knew that that's what I wanted to do. I had been a rambunctious child and I was always hurting myself. I woke up in the emergency room and at that point it was St. Elizabeth's, I think it's now called St. Anne's Hospital, numerous times with major concussions. I remember waking up three or four years old vomiting in the emergency room. I mean it's a horrible thing to say but I remember that. Numerous times having to have stitches. I was just a very risk taking child and I paid for those and my parents paid for them but my mother still says to this day the reason I was a nurse was because I had such early interaction with nurses and that they made such a difference in my comfort level of being hurt and that stuff. I was never afraid of doctors and white coats and needles and all that. That never scared me or anything. So, I don't know if that's what influenced me to be a nurse but somewhere along seventh or eighth grade I knew that's what I wanted to do. And so it was an easy decision for me there.

CH: Do you have any recollection of what those issues were in the health care system that was current at that time that was being talked about in your first course?

LE: I can remember Dr. Torres telling us about how political decisions affect health care in a very short, rampant period. And this was fall of seventy-six and she talked about having clinical students in a hospital the day Roe versus Wade decision came down. And one minute they couldn't do abortions and the next minute the students were being placed in positions of assisting with abortions and that they weren't prepared for that. The students weren't prepared and the nurses weren't prepared. The hospital wasn't prepared. You know they had women lined up outside the hospital waiting for that decision and suddenly that political decision impacted those students and the faculty. And you know I never had thought about it in that sense, what political decisions would do to a hospital or a health care system. We talked at that point of where health care was going, cost effective, what insurance was like and of course it's gotten much more complicated as the years have gone. We talked about what happened when Medicare went into effect in sixty-six, sixty-eight time frame and by the late seventies we were just starting to see the problems they were having because people were finally living long enough to collect on it and the institutions were trying to figure out how to handle that. We were trying to look at what to do with the uninsured. Health care had finally become a business where they were trying to figure out they couldn't pay their bills anymore. It used to be that everybody came in and you know stayed as long as they wanted basically in health care and then in the late seventies, early eighties they were just starting to say um, this may not be as well as it could be. I have a friend; I don't know if you ever listen to Peter Grady O'Porter.

CH: Uh-huh.

LE: Peter's a great friend of mine. Anyway he says, he's just a little bit older than I am and he says when we went to nursing school we were taught to be seven-day nurses. We had our

patients for seven days and we knew exactly what to do every day of the week. He said by the time we graduated they were down to three days. He said now if we have them three hours we've done well. You know he said but not necessarily has nursing changed along the way as fast as it needed to be. But anyway, I feel that yes we were taught that. We were taught all the cycles, social things to go with that. Other issues at the time? Women were still not valued as equal partners in a lot of things and that was very evident in what was going on at the university at the time.

CH: For example?

LE: I remember when Dr. Torres as the dean was the only female dean. It was the School of Nursing at that point. It was separate, I mean it was equal to the School of Education or Science or whatever it was called at that point before it was Engineering and Computers. And she was way underpaid. I don't know if you remember that. She resigned the first summer between my freshman and sophomore years because they had hired other deans in at more money, I think it was the School of Business, I can't remember which one now, at more money, they had less experience and she said no. She said I'm not going to do that. You're not going to devalue the female is what it was. We went as students and spoke at the Board of Trustees meeting and they did increase her salary to the point that it was equivalent with her experience and her education as with the other deans. So she wasn't willing to sacrifice her goals for what was important at that time which she thought was nursing. Nursing needed to be valued at least at the same level as the other schools in the university. And that was a very big lesson to me and it's something that I've kept very near to me as I've looked at nursing and health care along the way because it was just a transition where we stopped wearing nursing caps. You know we had enough guys in the class that, they didn't have a cap. I wore my nursing cap once or twice. Once when I was a student and once the night I passed boards. The hospital I was at that was how

everybody knew you passed boards you wore your nursing cap in. So we quit wearing that. It was the time that we went from you had to wear dresses in clinicals to we all could wear pants suits. Nobody wore dresses. It was kind of a, whoa you were not going to wear a dress to clinical but you would wear pants suits because the guys were in pants. So, Dr. Torres kind of lead the way in my personal development that if you had something you stood for it. And it didn't matter if it was as a patient advocate or if it was a nursing advocate. She was very much influenced me that the patient always comes first and one of our major role as a nurse was to always be the patient advocate and in whatever that meant. And it could be anywhere from getting them treatment or making sure they got the best treatment or making sure the health care system was the way it needed to be. So, those were, I guess, some of the issues that I still remember.

CH: And it sounds like, it's amazing, because those issues continue to be here and to be with us but at that time they were in many ways new issues in nursing at that point.

LE: I think it's the first time nursing saw them as something that they needed to get involved with. I think that was part of the surprise. Now it's not. Someone in nursing now expects us all to understand the health care finance situation. That it is a business and that not everybody has insurance and that there's a lot of battle to getting whether it be prescriptions or whatever. But back in the late seventies it wasn't, it was everybody kind of had health care. Everybody was taken care of and nobody thought about it or talked about if somebody didn't have the care they needed.

CH: What were some of your personal goals and challenges that you were trying to accomplish back then as a student?

LE: As a student it was always a day to day to survive. I was working anywhere from one to three jobs in any one time. I had other than financial aid on campus my parents didn't afford me any financial aid in that sense. So I was always trying to figure out how to make



enough money and to study enough and I was very active in a lot of organizations on campus. I was very active in the Student Nursing Association and then eventually got involved with the Student Government Association. I worked on campus, like I said in the financial aid office. So I worked about forty hours a week there and then did what ever else I needed to do to make ends meet. So that was, I was always looking for more clinical help because I knew that was what I didn't have. I knew I could always go back to a textbook and learn something but that hands on with the patient is where I always needed more time. My sophomore year I roomed with another nursing student, Linda Eisele, and she and I were both in the same boat. Neither one of us had ever worked in the hospital and that kind of stuff so when we would do bed baths or something in the clinical room you know we came back and spent hours reviewing those and acting out you know. I'd be a little old man and she'd have to shave me.

EVERYONE: (Laughter)

LE: She'd be the little old lady and we'd have to pluck her chin hairs, whatever. You know we tried so hard to think of all the different scenarios of what we would be exposed to. So I guess if I thought back to some of the things we worked on those were some of the things that we tried to role-play. You know we never would have told anybody at the time we did that though. But those were things and we did learn a lot. We learned a lot from you know when one of us would act like we couldn't, we didn't have dentures. You know? Because we were both from very middle class backgrounds and we had never really experienced somebody that didn't have dentures you know so we'd sit there and act like well what would we feed them? What would we tell these people? How would we educate them to eat? And those kinds of things, so those were some of the trials and tribulations along with just learning the hard-core information.

CH: One of the things that Wright State and the nursing program was known for at that

time was a really strong science base.

LE: Definitely.

CH: Something you saw?

LE: Definitely. I would say, I was fortunate when I was in high school I took an advanced biology class. It was considered a college level class and I was able to test out of intro. bio but one of the things that we did in that class was we really learned a lot of anatomy. Back then in anatomy we took a two hour class and I think our freshman winter quarter, we were on quarter systems and then you took the six hour cadaver anatomy class either spring or summer. And I was lucky enough to get in the spring class and so we learned on the cadavers that the medical school had. I mean everything was brand new and that was just awesome. I mean when we took microbiology we were working on the same stuff that the med. students were. When we took pharmacology we took it with the medical students. So we had at the highest-level science that probably any undergraduate nursing program could have had. I felt I got a very strong, I don't think there was a better physiology teacher in the world than Kate Mechlan. Oh god, she was wonderful.

CH: She just retired last year.

LE: Did she?

CH: Uh-huh.

LE: I mean she pushed and she pushed and she pushed you to the limit. She was outrageous. Every once in awhile I'll hear something and I'll flash back to sitting in one of those lecture halls with her. But I think if I hadn't had that strong background I don't know if I could have gotten through nursing to be perfectly honest because once you got in to the nursing side you didn't have time to learn the physiology and the anatomy of what was going on. You had to understand that to move on to the next step.

CH: So what were your clinical experiences like when you actually were able to be far enough along in nursing that you went out into the nursing that you went out into the clinical scene? Do you recall what hospitals you were at and what some of those were like?

LE: Sure. We always enjoyed going to Wright Patterson Air Force Base because they let us do anything. We could talk the nurses into letting us do anything whether it was starting IVs or putting in G tubes. We'd just kind of say hey we're here whatever and the active duty, in particular, would let us. That was were [sic] I did almost all my surgical experience was there with dental surgery and everything and you'd have your residents and your interns and then you'd have us poor nursing students. And what was nice was that there the does would give the nursing students the preference. They knew that the nursing students needed to know more than the physician students needed to know at that point of what was going on. So we got a lot of experiences at Wright Patt. But I was at St. Elizabeth's a fair amount at that time. We were at Miami Valley. Did all of my obstetrics at that point. I didn't know when you could have a baby without a thousand pieces of equipment on them. I mean because all my OB was in high risk so you know everybody had a cardiac monitor, everybody had magnetic sulfide, everybody had patosin going. You know it was all this stuff. Let's see where else did we go? We were at the VA for some. We were probably at Good Sam. At that point we had a mobile van and we went into the community.

CH: Tell us about that part.

LE: We would pull up to whether it be housing areas or senior citizens. We did everything from just little physicals, we learned how to do pap smears, I know we did contraceptive education, we did childhood physicals, we took them to preschoolers. I remember one of the places we went was preschools and we did learning, when we were trying to learn, like we started from the healthy to the critical. So, the first quarter everything you did was health wise

was with healthy folks. So when we were in the preschool we were working with healthy kids and when we went to, I don't remember the name of the senior citizen place but we were working with older, healthy adult senior citizens because I remember going over with a lady all her medications and talking with her and we did a whole plan on what her medications were and how her diet affected her medications and that kind of stuff. We talked about where she could go grocery shopping and that kind of thing. I mean everything on the continuum was on the healthy side and then each quarter you got a little bit more seriously ill. But um, I'm trying to think where else we did clinicals. We did a lot in the mobile van. Usually once a term you would do something and then there were volunteer opportunities. We'd go out and just take blood pressures. They'd go out to a grocery store or something on an afternoon or a Saturday or something we'd go out and do that. I'm trying to think what else. It seemed like; there wasn't a hospital in Dayton at the time that we didn't go to. I know all our psych was done at St. Elizabeth because I think that was the only lock down unit. And then Children's because I did my practicum there. I'm trying to think of where else, Miami Valley, Good Sam.

CH: That was about all the hospitals that were open at that point.

LE: Yeah.

CH: Kettering, I think opened sometime in that time frame but I'm not sure when.

LE: Yeah and I think some of those students went there but I don't remember going unless I don't remember going. (Laughs)

CH: You've done a great job with remembering names and places from back then.

LE: Yeah, because I don't live here anymore.

CH: Yeah, sounds like a lot of that comes very fresh back to your mind.

LE: Yes.

CH: What about some of your interactions with faculty? You mentioned Dr. Torres and

how she was teaching one of the early classes that you took and my recollection because I was here as a faculty member with her was that she felt very strongly that you really had to start students out knowing about theories, knowing about the health care system and because she felt it was an important course, she wanted to teach that course.

LE: Yeah. She was very open. Her door was very open to students. She was out and about or at least to the student I thought she was out and about. I don't know how she was to the faculty, if they felt she was accessible to them. I was very active in the Student Nursing Association and I don't remember if I was class president that year or not. I may have been my freshman year. So I saw her a lot. I know I sat on a committee. She had students on different committees and I sat on a committee with her. But I always thought our faculty was all very open. It was very much team-taught. Everything there would be five, six faculty per class and you had your main instructors that you were assigned to for each course that you would go to and beg for help. But you always got it. That was the thing versus other colleges where you might stand in line with everybody and they kind of brush you off. But in nursing you always knew that they wanted you to pass. At the time and sometimes it was very difficult to understand why the rules were so strict.

CH: Uh-huh. It felt like the college had strict rules to you?

LE: Oh, we had very tight rules. Everything, you had to pass everything. I mean whether it was a paper you wrote in clinical, whatever. It was very, very controlled. And there were a lot, a lot of the nursing students didn't make that. I mean a lot of them couldn't get a seventy on a, they might blow off a clinical paper or something and then they'd flunk and depending on what it was they were out and it was a year until that class was offered again. And then they had to petition to even get a slot in the class because it was pretty hard to get in even back then too. So, there was always that pressure, there was a lot of pressure and I remember someone and I don't

remember, Carol, who it was maybe Connie Hale or somebody said at the time that there's a reason we put you under all this pressure. You have to be able to handle pressure as a nurse. And at the time I thought they were just, you know, this is a psych game. There's just trying to really psych us out but that has served me so well and I'm deviating from this but as a nurse administrator I can walk down a hall in a hospital and I can tell you who the BSN students are that to me went through straight BSN versus going back and just having an AVN and then getting their BSN. Those that have actually learned to prioritize and organize all of their work so they can handle five patients or they can handle ten patients depending on what the situation is. I can tell by how they interact and how they organize their time if they were in a demanding program or not. That's the stuff Wright State taught me. Wright State taught me how to learn to organize and prioritize my time to be able to look at the minute and the big picture all at the same time. To know what was important and to be able to get rid of the rest but yet to be able to pull it back in when it was important. And that's a hard concept for people that aren't nursing to be able to understand. But Wright State did a very good job of doing that. At the time no, you don't appreciate it as a twenty-one, twenty-two year old that's working forty hours and you know the school's falling down around them and the faculty's not knowing what they're doing and stuff but the stress that that all put me under has served me very well. I learned a lot from it.

CH: Okay, and you just really introduced that topic of the turmoil that took place and the fact that you graduated in June of eighty, tell us a little bit about what it was like for you to be a student when you knew things were beginning to be in a turmoil and how it went.

LE: Yeah, I was the nursing rep on student government. I was a vice chair of student government my senior year. We had come back from Christmas break and it was the first night and I remember the clock because it was in the bioscience class and it was in the basement and there was about six of us in that class. I don't remember what nursing elective it was but we were

on quarters like I said and it was the first night back after the Christmas break. And someone came in and interrupted the class and said you're wanted in the dean's office. And all I remember thinking was oh my god, I haven't been here forty-eight hours yet in school, what have I done wrong now. You know because I was always getting caught. And I got up there and everybody was in tears. Everybody was in tears and there's faculty everywhere. It was about five thirty, six o'clock at night and everybody was in tears and I thought oh, my god somebody's died. I mean that's what I thought. And then somebody said, I said what is going on, what's happening and they said you don't know? And I said no, I've been in class all day. What's going on? And Gert, Dr. Torres had just left the building. I didn't get to see her but the associate dean I think that was Dr. Stanton.

CH: Dr. Stanton.

LE: Marjorie said, she said you need to sit down and understand because something monumental has happened and I said okay, what's going on and she said we just found out this morning that the School of Medicine has been advertising for a dean for a nursing program at Wright State University to start next fall. And you know there was no logic there so you just kind of said now what are you talking about? And she said the School of Medicine has decided they are going to open up their own School of Nursing next fall and is advertising and you know we all heard about this from other colleagues from across the country calling and saying have you looked in this journal, there's an ad for a dean of nursing. And of course Dr. Torres gets that and I don't know if she went ballistic or not, I would have. She went to Dr. Kegerreis who at that time was the president of the university and said you know what's the deal you know we've got a School of Nursing we don't need another School of Nursing. And his thing was kind of like well yeah we're going to have a different School of Nursing. It's going to be a whole different program. The School of Medicine is going to have one and if you guys want to keep yours open

so be it type deal. You know, knowing full well that the nursing program was not going to do that. So, it was, I don't think it was that night I think it was the next morning the faculty had a faculty meeting. They called everybody in and the faculty all resigned and Dr. Torres as I understand had resigned that afternoon and the faculty all resigned in mass. Okay, they all handed in the resignations. So here we are seniors, there's people all over the program but those of us that were seniors that were looking at it's January, we're supposed to graduate in June and take boards in July. A lot of us were engaged or whatever. We had people that were already married and we had people who were waiting to have babies and all this kind of stuff. I mean we were just a mess. So, the faculty, I don't remember if it was that same day or I think it was the next day because the staff, the students of course were just in shock, they then elected that they would stay out the term. They'd stick out the rest of their contracts in this school year and probably, I don't know what their contractual requirements were but they all said they weren't going to come back other than a few of them. There was a few that I think either had contracts or whatever that they couldn't continue with the mass resignation. So that whole first term, the first three weeks were just a blur. You know the it got to the press very quickly. I'm not even sure who and so immediately I was being hounded by the press on what did the students think and how were we going to react and of course we were in shock. The good news for most of my class was that they were already RNs so it didn't matter to them. What they wanted was their BSN. So they were going to get that no matter what. Dr. Kegerreis was like oh, you're going to have your degree no matter what. And it took a little bit of a time, I don't know maybe two weeks, three weeks, for it to sink in that we didn't have a dean that was an RN because none of the faculty would pick up and be dean. None of them would fill that in which we were very proud of. We were like yes, stick together you know real proud of all our warriors. Well, then they named the dean of the School of Education as our acting dean or interim dean or whatever



and I don't remember his name. But anyway, dumb me I didn't think anything of it and then there was this posting come to us and our faculty or whoever says oh, by the way you have thirty days to get an RN as the head of your program or none of your graduates will be eligible to take the boards in June or July. So suddenly this is the end of January, early February and they're telling me I'm not going to be able to take boards. I will have put four years of time and effort. I will have a BSN, which will be worthless. Okay? I won't be able to practice. So, we were fat enough that we had one of our classmates and I don't remember if she was a generic student or if she was going on as an RN returning who turns up with a lawyer and we sat down with him, those of us that were generic students and there weren't that many of us. I think it was only twenty, twenty-five out of the class. It was a small group. But he said I'll represent you in a class action suit and we filled a class action lawsuit against the university for our cost of our education and all future earnings as RNs until the age sixty-two. I mean it was huge. I don't remember what the amount was but it was huge.

CH: It calculated out what that would be.

LE: Yeah and it, and they, I don't even know if it was actually ever served to Kegerreis but we told him and I sat on all kinds of meetings with him all the time and he was mad because I was always on TV and we told the public. We said they're not letting us take boards. You know this is a decision that they are letting medicine have power over nursing and putting who has the pants in the university and you're taking a nationally acclaimed program when we had just gotten the master's program, had been NLN accredited the first time it had been eligible to be done. And at that time I think it was like the first time it had ever happened. We had more doctorate prepared nurses on campus here at Wright State then almost all the other schools together in Georgia. It was just a phenomenal faculty we had here and they just kind of blew it apart with one decision to allow, not that it was a minor decision but one decision to allow the medical

school to set up it's own nursing program.

CH: What was your understanding at the time of why the School of Medicine wanted to set up their own nursing school?

LE: Looking back on it from what I remember it was basically they wanted to have control over us. They felt that you know the nursing program as it's own college was kind of out there on it's own. We were very cutting edge. We were very much community based. We were very much nursing has it's own role, it has it's own profession when at that time medicine pretty much thought nursing was a part of medicine it wasn't separate. It wasn't it's own theoretical base. It wasn't evidence based. It was just you know the doctor told the nurses you're part of my team or whatever and this is what you did. And that was the part that was very frustrating to those of us here because we were cutting edge. We were looked on, or we thought of ourselves as being such a different profession than medicine equals in all way because of our education and our level of experience. So, it was...

CH: So, it was really viewed as a power goal, power struggle within the university.

LE: Oh it was definitely a power struggle. Yeah and you know I felt that when I saw how Dr. Kegerreis treated everybody in nursing. Whether it be myself or anybody else, he just did not show the same level of respect that he showed to other folks. And I don't know what the personal biasism he had against nursing prior to mine getting involved. I understand why he didn't like me because I'm sure I named called him. I'm sure that I, I don't remember those days but my mom said she quit turning on the news because I was in it. You know I had, we didn't have cell phones back then but I had a phone in my room in the dorm and I was called by reporters at least two or three times a day. If I worked in financial aid they knew were I worked, they'd come on campus to interview us and sometimes we were shielded from that and a lot of times we weren't. And most of the time we didn't want to be shielded. We wanted the

community to understand what was happening at Wright State, that we felt that nursing was being maligned by the medical school. And you've got to understand that the medical school brought so much money and prestige to Wright State. I mean if the medical school hadn't have been here at that time the university would never be what it is now. I mean, we all were very well aware of that, the new buildings that had all come and all the state funding that had come because of it but we also felt that they were coming to be bully on campus. Anything they wanted they got and everybody else was kind of left to the side.

CH: And so this was one more example of that?

LE: Definitely one more sign.

CH: They decided they wanted over nursing.

LE: They wanted nursing; they wanted all the health care things under the School of Medicine.

CH: And were there any other health care things at the time that you were aware of? Or was it just the School of Nursing?

LE: I think it was just nursing at the time but that was their philosophy that they would build other things with that.

CH: So, as you are nearing graduation and your faculty members are continuing to teach courses?

LE: They did. They taught courses and eventually the school did with the threat of a lawsuit did hire an RN to run our program. I think she came in from Kentucky and all we heard were these rumors of what outrageous amounts of money they were paying her because nobody in the state of Ohio would...

CH: Do this.

LE: No, it was kind of, I won't say it was a union picket line but it was just as bad. It

really was. It was that kind of a philosophy there. So they brought somebody in right under the deadline. The Board of Nursing, yes we got it in writing that they would allow us to take boards. So in that sense that was a relief. But the person that was the dean at the time that signed my diploma I wouldn't shake her hand at graduation. And that was very pity of me but I felt that she had crossed the line even though she saved me from being able to graduate. So it was kind of that double-edged sword.

CH: Yeah, you were in a dilemma, really a personal dilemma at that point.

LE: Yes, very much a personal dilemma but at that point I would have transferred to another school and I think that at that point we probably would have been able to get, you know, Ohio State or UC or somebody to pick up, you know, and let us take our last two quarters over again some place else. But yeah, it was such an emotional time and when I look back and I think of all the things we were doing at the same time, trying to finish up our clinicals and my last quarter we did a preceptor shift and I did it all at Children's in their intensive care and was working with a child that was a near drowning that was comatose for all practical purposes so basically I wasn't necessarily nursing him as much I was his family. And we were doing our family, our senior year we followed a family and we went and visited them every week. And I had, actually I think we had two families but I had, we were doing home visits and that kind of stuff and I know that that was one thing that was a very valuable lesson. I had to learn how to take my personal problem or the trails we were having on campus and that when we left campus and went into the clinical situations it had to be all professional. It had to be you know here I was student nurse doing this for my families or whatever. That you know I wasn't eating or sleeping and that kind of stuff because of everything that was going on but my families that I was nurturing and taking care of I don't know if they knew that or not if they watched TV. So those were good lessons for me. I mean you know I learned a lot out of that whole experience. Would

have rather not had them but yeah.

CH: So your goal at that time or what would have been a better solution than Dr. Mary Lou Jacobson coming in from Kentucky to take over would have been somehow through the student and faculty pressure for the university to have had a different outcome. Did you ever think that a different outcome would have been possible that the university would come to Dr. Torres and Stanton and the faculty members and be able to come together?

LE: No and that was sad because as much as we thought that they should, as much as we thought you know hey, you're learning all of these things in all your other classes even in negotiating skills and things like that we never saw that. We saw the line in the sand very clearly. You know the university said this is what we are going to do no matter what. And we thought the faculty was heroic in sticking with us yeah, in that sense. I can't imagine how they felt. They all new that they were losing their jobs, that everything was in turmoil for them and they were trying to support and make sure we understood what we needed to know so that we could pass boards.

CH: Right.

LE: Right. We were not an easy group at that point. I'm sure we had a lot of behavioral problems when I look back.

CH: I can't imagine. I wasn't on campus at that point but I'm sure there was a lot of turmoil going on.

LE: Yeah, it was. I mean and you never knew what was going to happen that day. I mean that was, there was no routine day, at least not for me. I mean every morning you got up and you would read what the university was saying that day in the paper and then the reporters would call and say well they're calling and saying they've got somebody lined up to be your new dean. And my report would be back okay; well we'll see it when she gets here. You know when she steps on campus and she's allowed to be here and the Board of Nursing says that yes then we'll look at

taking down our class action suit or whatever. I said the university can say anything. Because I remember telling one reporter I said you know until it actually happens and the Board of Nursing says that we can take our boards, we can't believe anything.

CH: So everything was uncertain to you at that point.

LE: Everything was uncertain, yeah.

CH: So, then you graduated.

LE: Yes.

CH: So, tell us about graduation.

LE: Graduation was a whole nother turmoil. I was on the graduating committee for graduation as a senior rep from nursing or vice chair whatever the role was that got me on that committee and we would sit in this huge conference room when Dr. Kegerreis' office is over there and he would glare at me and I wasn't, I won't say I was overly involved. I don't remember what my position was to do but I had my stuff and we graduated at the University of Dayton Arena. The day before, I don't think we had a practice but we helped set up and did all that kind of stuff and they had all the diplomas lined up there and I told this this morning. I went through and I made them pull and make sure that I actually had a diploma because I did not think he would give me one. I really didn't think he would give me one. He had threatened me a couple of times that you're never going to graduate. You don't understand he was very vindictive in that sense. So I really, I was surprised that he gave me a diploma. I figured he'd probably say well, you know we've got to wait for all the grades are done. Because you know the diplomas were there and we had just taken finals that week so the grades technically weren't done.

CH: At that point they actually handed out the diplomas at graduation, the real diploma.

LE: But you could walk in the ceremony even if you were going to finish in June or whatever and they would just have an asterisk in the program and they would give you a

blank. You got the form but you, but there was no diploma inside.

CH: You would just get an envelope.

LE: So that's what I was worried about but I did get a diploma. I was, I've always been small framed but I was probably a good twenty pounds less than I am now. I mean I looked like a prisoner of war. I looked like somebody that was anorexic. I mean it wasn't that I was it was just I was so stressed you know. Everything, I lived off a tab, I mean I never seemed to have time to eat. You know you ate salads or whatever between working and everything else I wasn't hungry so I didn't eat. So I looked horrible. I wouldn't let anybody take pictures of me at graduation. We wanted to have a real nursing presence at graduation. We blew up the rubber gloves like every other school does and they knew we were going to do something and they confiscated them all. I mean we all sat, I can remember sitting in the graduation saying at the arena saying why am I even here, why am I going through this ceremony because I was so bitter against the university.

CH: Uh-huh.

LE: I mean you know everything we tried to do as seniors they had just blocked. Gosh, it makes me mad even thinking about it now. You know I kept thinking I'm doing this for my parents. This is important to my parents so I'm here. But as soon as I could get away from there, I wouldn't take any pictures in my cap and gown, I mean I have none from graduation. I just, it was just such a, one of those things that I already had a job lined up. We graduated on Saturday. I moved into an apartment in Columbus on Sunday. I didn't want to have anything to do with Dayton. The alumni association had talked with all of us and I said when Dr. Kegerreis leaves you can call me. I'm not giving a penny. I told the School of Nursing when you get a real School of Nursing back then I'll give and I have. And as soon as Kegerreis left, you know people would call me, "Will you give to the school?" And I said, "Who's the president?" "Dr. Kegerreis is." I said "No thank you." I said when his influence is not there I will gladly give and I have. Because

I'm a strong supporter of Wright State and what they taught me and the experience I got but this last five or six months were horrible in that sense. The graduation, it was, it was sad because it should have been a good healing process for us all to come together and, but we never had that as a class. I've tried a couple of times to set up reunions and stuff and we've not been able to get that off the ground. So, that's still one of my goals. Maybe for our thirtieth we will. But, yeah our class was real stagnant. We had a horrible rite of passage on boards that year. When we went in July, I mean when we went we, those of us who took them we had all kinds of problems. We had tornado drills; I mean warnings during the middle, in the middle of it. So most of us had to take the med surge over again, I did. I mean that was in the middle of it. It wasn't that we didn't pass it. It was that we couldn't finish it, I think was the problem.

CH: There was, at that time everybody went to Columbus to the fairgrounds for two days. You took five or six different exams in two days and had to pass each one and sometimes people would fail one and then just have to repeat that one part.

LE: Yes but we didn't finish. If you hadn't gotten far enough along in the med surge one to pass it when the drill went off they just collected them. And so I had about, well when we went back and took it February, we had to go back and take the med surge; I don't think there was anybody in that group that retook the med surge that wasn't a Wright State grad. I mean it was like old home week. We all sat there and looked at each other. "Oh, it's good to see you all." You know because most of us hadn't gotten through it. It wasn't that we couldn't have and we wouldn't have passed it if we had the time. But it was, I mean our class, you name it we did it. (Laughs) We had fun.

CH: So at that time as a nurse you were able to practice as a graduate nurse.

LE: Yes.

CH: Take a job; I can't remember if you were paid a little bit less or if you



were paid the full?

LE: I think we were paid in between an LPN and an RN made.

CH: Okay.

LE: I mean, it wasn't a lot but it was still better and they let us do basically anything and an RN would sign behind us.

CH: Right. So you were able to get a job then and do that?

LE: Yes, I worked in Columbus. I worked at Doctor's North at that point in the pediatric department, nights. I was a junior nurse in the hospital for just about a year. There were three of us that started all at the same time and the other two had more experience and so anytime anybody got pulled it was always me on nights.

CH: So, as you've gone along you've talked about some of the ways in which the Wright State experience has affected you as you've gone on. Are there any other areas about that that you don't think you might not have touched on that you'd like to share?

LE: Well I think one of the key is that Wright State gave me a passion about nursing, about the importance of being the patient advocate and always knowing what was going on around me and how it affected nursing and health care overall. And it gave me a real passion for learning. I think the faculty we had then had such a breath of knowledge and it always amazed me that we had, so many people had so many different experience levels in so many different areas and I always felt like oh my god, I will never have a tenth of their knowledge. And so I guess I've always felt it's so important to continue to keep learning and keep going back to school. When I graduated I thought I was, well when I started school I thought I'd probably become a nurse practitioner in pediatrics and when I graduated I thought that's what I wanted to do. I worked peds for a year, had the opportunity to go back to, at that point, Ohio State. I took three days of classes and I was extremely disappointed and pulled out. Because their program

wasn't as advanced as what I had as an undergraduate here. So, you know, I guess at that point Wright State has kind of said you're farther along than you think you are. You know more than you think you do, you know keep developing, keep doing stuff. I've gone on and gotten master's degrees in other areas but haven't in nursing. I'm being pushed now to go back and get a doctorate in nursing practice. And I probably will at some time. I kind of go through these ten year cycles and it's time for me to get another degree. My husband will say oh, you're going to go back to school again.

EVERYONE: (Laughs)

LE: So, I think Wright State pushed me there. It was like you never stopped learning. There's always something out there in health care that's changing, growing and it's my responsibility to be a part of that. I don't have to lead it but I shouldn't be at the back end either. I should be making sure that it's happening. So, I will always be indebted to the faculty for standing to their goals and not rolling over and not just saying oh well you know Gert's out there hanging by herself. You know, we'll just go along with whatever the university wants because it would have been much easier for the faculty to have done that. And it would have been much easier for those of us as students to have done that. But they showed that if you have an ethical standard you keep to that and it doesn't matter if it's an academic one or if it's a patient one. And I think that's something that sometimes we lose even in the hospital today or not so much now but when we went through the managed care area in the nineties and they were cutting, slashing all the nursing jobs and putting in all these folks that were non licensed and the positions, you know there was some of us that had to stand their ground and say no, we're not going to let that happen. And we had to get in people's faces and make a lot of things happen and I don't know if I would have done that if I hadn't seen the leadership that I saw here at Wright State. I don't know if I would have thought, I would have said that's not my role because I had colleagues at the time

who said well why are you at the capitol saying you have to have, in Georgia we got a, as you might know you have to wear RN or LPN if you are practicing in the state.

CH: Right.

LE: Because at that time we did not have that responsibility and in Atlanta they were slashing so many jobs and putting all these unlicensed people in, people thought they were nurses. They would have these little badges on and they were in scrubs.

CH: Right.

LE: Well, when we went to the capitol we got that put in. You will have that on their name badge. And you know I had colleagues at the time who said why is this such a big deal to you? And I said because it's such a big deal for me to have earned the right to wear RN and I'm not going to have somebody take that away from me just because they're trying to save a few bucks and they're going to hurt patient care. And I think that I don't know if I would be that kind of a nurse today if it hadn't been the kind of nurses that I saw at Wright State. I don't know if that sounds hoaky or not but it was that passion and that willingness to stick to their guns and stick to their ethics and stick to their principles that I was at the right place at the right time to hear that and see that.

CH: It sounds like there was a lot of openness at that time.

LE: Oh, there was.

CH: Of people saying what they were doing, why they were doing it, you know treating the students as equals in terms of your right to know what it's all about.

LE: Yes. And I think we pushed them. We pushed them to tell us. I mean we were really pushy broads at that time. You know we had a few males in our class. The older students, I think, helped us. They helped us form voices and they helped us learn how to do things kind of in the right way or behind the scenes so we could get things. As you may recall the males we had

in the class were mostly Vietnam Vets. We had a lot of guys that were Core men and so they, you know they aren't going to want a bunch of people in a university push them around and not let them get what they needed. So, we were able to learn a lot that way and yet the faculty saw us, I won't say as equals but as a very important part of what was going on. That this was something that was happening to nursing and we were although not nurses yet we were, this was our profession and that we were fighting for it to keep the ethical standard where it needed to be and not let it slide and that kind of stuff.

CH: There were, there was a small core of faculty who did come back over the summer of nineteen eighty and then in the fall of nineteen eighty and worked hard to hire some additional faculty members to keep the program open. What did you know about that at the time? Were you, or because of your move to Columbus were you unaware?

LE: I mean I knew it was going on and we supported that. We being the students who had graduated because we knew that the juniors, I mean a lot of students tried to transfer but at that point you can't get out. I mean there's no place to go, schools, we had tougher standards than most of the other schools to get in but you know University of Cincinnati or Ohio State was not going to take you know twenty or thirty students and a lot of them couldn't because we were still a commuter campus. So we were supportive of them keeping the program open. My whole heart at that point was don't sell out. You know don't sell out if the school has to be reorganized and be put in under the medical school or whatever keep the heart and soul and ethics of what it was. And I think it's done that. I think when you go back and you look at that time period, that probably four or five time period when there was reorganizing and transforming from what it was at the time and to what it has become I mean that probably took the most guts of any of the time periods when I wasn't here. I'm sure it was very traumatic for the students at that time the ones that even stayed on not knowing what was going to happen. I mean coming into your senior

year and you're like okay are we going to have any faculty, are we going to have anybody that's got OB experience. Yes, we might have seven med surge but do we have any of the OB, do we have any of the things we need for our senior year. So, I think those faculty and people like you, Carol, coming back and bringing the knowledge and the strong ethical goals that were formed years in the past kept the program there and were able to build the partnership that has developed since up to what the program is now.

CH: Right. I think it was very important for the Dayton area that Wright State continue to have a nursing program.

LE: Oh yeah.

CH: And as we've done our history we see some evidence that some of the leadership was under Dr. Belgian who had been the dean of the School of Medicine for a couple of years and held a couple of different titles that was a little bit above. He was a VP for something and Dean of Medicine was under him and Dean of School of Nursing was under him as well. But coming back as I did in nineteen eighty-two was when I actually came back as a faculty member we never saw any evidence of School of Medicine involvement at all. And so that seemed to be something that happened more as a figurehead and did not have the trickle down effect as far as what was going on in every daytime. There was never a different School of Nursing that opened, a separate School of Nursing that opened under the School of Medicine. So that just sort of flew out the window.

LE: I think they realized they couldn't afford it. They couldn't afford two.

CH: Well, they just really couldn't do it. It just wasn't feasible.

LE: Well there was no nursing that was going to pick up and do that either.

CH: Another interesting thing that I noticed just to kind of tag onto that is those faculty members who resigned, many of them got jobs in the local area in different hospitals, some at

the VA, some at Miami Valley Hospital, some at St. Elizabeth's and really infused this area with master's prepared nurses that had never had in the past.

LE: Oh yeah.

CH: So that was very interesting too.

LE: That's what I heard. I heard from some of my graduates that they were working in the same facility and they were saying you know I'm working with so and so, just down the hall. And if I have a problem I know who to go to. I mean that was so wild. And I do remember when they were all looking for jobs you know because we were all making more money starting out then they were teaching. Education is still, I know how it pays. And so some of them were so surprised that when they went out to get a clinical practice job that they were going to make almost double what they were making and that's why a lot of them went to the VA because it paid better. But yeah, no I think that was probably one of the best things that ever happened to health care in Dayton. It really did.

CH: It really changed nursing in Dayton when that occurred.

LE: Yeah.

CH: But anyway, as we talked about, we really covered a lot. I really thank you for the candor that you've spoken today about your experiences. Is there anything that we haven't asked you that you think is important to get on the record? That you would like to share?

LE: Hum. There's really nothing I can think of. Wright State gave me such a foundation that I always had felt that nursing had to be a voice out there that had to be heard. That I don't see, necessarily, a lot of other schools of nursing having pushed that. Now if we hadn't had that turmoil would I have thought that way? I think so because I think Dr. Torres and her leadership kind of encouraged that among the nurses and the faculty at that point. That it was our responsibility to get involved. Whether it was to go be part of a National Student Nursing

Association and you know six of us getting in a car and driving to Chicago. I think of that now and I think between the six of us we probably had one hundred dollars.

EVERYONE: (Laughs)

LE: We all went in one room in the Drake Hotel. We carried in our sleeping bags and there were big signs everywhere saying no more than three people per room or something. But you know we felt it was something, you know we were highly encouraged to do to get involved in the national and know what the issues were in health care and that kind of stuff. So, I think from the beginning Wright State's nursing programs have tried to produce the best and take them and take raw talent and develop them to be good patient advocates and good stewards. Obviously good nurses but go past that next step and I've seen that in some of the Advance Practice Nurses I've met that have been here in my travels. Every once in awhile I'll run into somebody that graduated from Wright State. So it's fun and I'm very proud to say that I graduated from Wright State.

CH: Well and it sounds like you were pretty angry when you left the university.

LE: Oh, I was.

CH: And it's really to your credit that you've been able to turn it around and really to come back today as an Honored Alumni of the Year. It's a pretty special thing. And to make that trip and come on campus and come and do this interview, to me it's sort of come full circle with...

LE: It's very good for me. I mean it's very healing. I mean, I told them this morning, I said that if anybody had told me in June of eighty that I'd ever be recognized back on this campus I would have told them they were smoking something. You know because back then we would say oh, you're smoking something and it ain't what you're supposed to be. Yeah, it's, I mean I have bitter memories of one person. I felt you know I'm very targeted in my anger toward one person and you know I think the way the rest of the university for the most part supported what was

going on with nursing. They supported Dr. Torres and her faculty in what was going on. Some of it was, oh it's just those ladies over there. They have a bee in their bonnet about this or that but I think they understood that it was more than that. Anything else?

CH: Well, thank you. Anika, as you look through is there anything that you... ?

LE: DO you have any questions?

ANIKA SURRATT: Well, to touch back, you had the experience of going through the baccalaureate program. If you had to speak to a new student coming in to Wright State and you know the big question is, is what makes it different between an ADN and a BSN? And the biggest complaint or dispute a lot of students may have is skills. Stating that when I go up to an AND, if I go that wrote I get a lot more skills versus going through bacc. because you hear that a lot, repetitively from the other students.

LE: Sure.

AS: Now what type of advice or feedback could you give to a person who's stated that?

LE: Sure, I do that all the time. Nursing is not about skills. Nursing is about understanding the patient, the person, the client. Whatever you want to call that person, it's about the care and the comfort and what you are doing for that person. You can teach anybody a skill. You can teach anybody to put an IV in, you can teach anybody to put an NG tube down and you will learn how to do that whether it's in a lab or whether it's on the job. But what you can't teach them is how to clinical think. You can't teach them those assessment skills and understand how the psych and social all pulls in with their family background, with the culture diversity they have. That's what the BSN does. The BSN gives you those foundational blocks to be able to do those skills in the most appropriate setting at the most appropriate time and make that patient, that client comfortable as much as possible. So that you know how to educate them so that they can continue on and take care of themselves. You can teach, skills you know that's what I tell



people. I said you can teach anybody and soon we will be. We're teaching a lot of those skills to robots right now. I mean that's, with the nursing shortage we will be teaching those skills to a lot of unlicensed people in the next four or five years because there are not nurses coming up. But nurses need to understand what nursing is and what makes us unique. What do we do that...

SIDE A ENDS

SIDE B BEGINS

LE: The important thing is how do you relate to that person and how do you educate them or how do you talk to them about their health and their wellness and whatever their crisis they're going through. That's the stuff that you learn as a BSN. It's how to look at the big picture and the small minute thing at the same time. I mentioned that this morning. I mean I was out of health care for eight years and a lot of the stuff that I did people would say stuff like well how do you know how to do that and I'm like well how do you not know how to do that. You know nursing teaches you to be able to look at a whole person and hear what they're saying but yet focus in on what they're saying. Okay, you hear the anxiousness of a person saying something when they are describing their symptoms and a lot of times they're not really telling you what's really wrong with them but they're saying I've got this and I've got this and this and you've got to be able synthesize it all and put it together and then regurgitate it back to them and say is this what I'm hearing you say and then okay well this is where we're going with that. Or understand how to put medications and foods and all that back to them. Those are the things that you learn in a BSN program that you don't necessarily learn in a ADN program because all you're learning is wrote knowledge and wrote skills and I can walk down a hallway on a med surge unit or specialty unit and I can tell you who the generic BSN and who the generic AND that may have gone back for the BSN. They practice completely different.

AS: Okay. Well, thank you.

LE: Someday we will have BSN as our entry into service. (Laughs) I mean, I don't know when. It may not be in my lifetime.

AS: All right. Well thank you so much. It was a great eye opener and great experience.

LE: (Laughs)

CH: Well and this has really been good because it just happened. You know we weren't necessarily thinking from our Oral History Perspective about doing an interview with you and Anika came in and told me about some of the interviews you'd been setting up and somebody that was in the area said well you know Linda Easterly is coming as our Alumni Award winner and you all ought to interview her. And I was immediately well why do you say that? Well she was a student leader during the time. And so Anika just immediately jumped on it and contacted you and made all this happen today. So I'm really glad. You've really added to our base of understanding of that time in particular.

LE: Well, I'm anxious to hear what Gert would say. I really am. And you said you'd pass all of my information to her.

CH: Yes.

LE: So tell her because I'm sure you know she knows that she influenced me but she has no idea how much.

CH: Right.

LE: And I'd like her to know that.

CH: That would be nice.

LE: I mean I'd like the whole faculty to understand that but it was, yeah she was a different type of lady. When you meet her it will be interesting to see what she says of that time period as a snapshot of her life.

CH: Right.

AS: Right.

LE: Because those were a lot of battles.

AS: Wow.

CH: Okay. I'm going to turn my things off.

SIDE B ENDS

TAPE ENDS