

A DG 9535

JUNIOR LEAGUE OF CEDAR RAPIDS

ORAL HISTORY PROJECT

INTERVIEW WITH: SISTER MARY LAWRENCE HALLAGAN

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DATE: NOVEMBER 8, 1984

PLACE: CEDAR RAPIDS, IOWA

A2006.10.36

INTERVIEW TOPICS
CEDAR RAPIDS: THE EARLY DECADES OF THE TWENTIETH CENTURY

I. PERSONAL LEAD-IN QUESTIONS

- When were you born? Where?
- How long have you lived in Cedar Rapids?
- What are your parents' names?
- Where did you go to school?
- Are you married or single?
- Did you raise a family? How big?
- What has been your occupation (career) during your adult years?

II. COMMUNITY TOPICS

A. Technology in the Community

1. Transportation

- Railway travel (Union Station, trips to Iowa City on Crandic)
- Trolleys (the Interurban)
- Horses and First Automobiles
- Mud roads and the seedling mile
- Hunter Airport and the first planes
- Cedar River (ferries, floods, dams)

2. Communications

- Newspapers
- Radios
- Advertising
- Telephones

B. People in the Community

1. Amusements/Recreation

- Motion Pictures
- Cedar Rapids Parks
- Dances
- Carnival Week
- Chautauqua
- Community Theater
- Little Gallery
- Symphony Orchestra
- Circus
- Greene's Opera House
- Amusement Parks (Alamo)
- Camps
- Community Centers (YWCA, YMCA)

2. Famous Characters

- Cherry Sisters
- Grant Wood
- Carl Van Vechten (The Tattooed Countess)
- Marvin Cone

24-29--Howard Hall family

4. Business and Economy

- Local Factories (Douglas Starch Works, Quaker Oats, etc.)
- Local Brewing Companies
- Retail Businesses /Department Stores
- Professions
- Banking and Finance
- Restaurants (Greek Restaurants in 30's)
- Businesses that no longer exist (old groceries, drygoods, icehouses)
- Farmers Market
- Mills on Cedar River
- Buildings Erected
- Manual Labor/Types of Jobs
- Companies (Labor Unions, Strikes, Pay)

5. Attitudes/Values

- Children/Discipline
- Sex/Petting
- Charity
- Divorce
- Work

- 17-18 --Working women, Voting Rights for Women
--Patriotism (World War I)

D. Historic Events in and Outside the Community

1. Catastrophic Events

- Clifton Hotel Fire (1903)
- Douglas Starch Works Explosion(1919)
- Bank Closings (1933)
- Lyman-Stark Building Collapse(1913)
- Public Library Murder(1921)

2. National Historic Events

- Womens' Suffrage
- World War I
- Roaring 20's
- Prohibition
- Great Depression

3. Lifestyle

- Life before air conditioning
- Winter Activities
- Holidays (Memorial Day, July 4, Thanksgiving, Christmas)
- Clothing
- Toys
- Saloons/Taverns
- Farm Life

4. Family Life

- Household Help
- Women's Roles
- Childrens' Activities/Behavior
- Sunday activities (Church life, Sunday Blue Laws)

5. Ethnic/Minority Life

- Immigrants (Czech, Greek, German, etc.)
- Indians
- Segregation of Blacks
- Jobs Available

C. Organizations and Institutions in the Community

1. Education - (also see Mercy Hospital below--School of Nursing)

- Cedar Rapids Schools
- Coe College

19--Mount Mercy College

--Cornell College

5,30-35--Sacred Heart Convent

2. Government

- City Services
- Streets/Roads
- Relationship with Marion (Courthouse Dispute)

3. Medical

3-12,15-17,23-24 --Hospitals (Mercy)

--Patient-Doctor Relationship

--Broken Bones

--Polio, TB, Debilitating Diseases

--House Calls

--Home Delivery of Babies

12--Hospital Administrator (Montana)

10,18-19--Nurses

Sister Mary Lawrence Hallagan was born in 1910 in Charles City, Iowa. She came to Cedar Rapids in 1928 to enter the Sacred Heart Convent. In 1933, she came to Mercy Hospital as one of the first student nurses. After receiving her degree from Marquette University in 1938, she served at Mercy Hospital as a surgical nursing supervisor and taught in the School of Nursing at Mount Mercy until 1946. At that time, she was sent to Montana to administer a hospital. Returning to Cedar Rapids in 1951, she served for twelve years as Major Superior of Sacred Heart Convent (1953-1965) and for fifteen years as chief administrator of Mercy Hospital (1951-53, 1965-78). During her tenure, Mercy Hospital grew tremendously and built the Hallmar Radiation Center. She has worked extensively with Howard Hall and other Cedar Rapids leaders, and her memories contrast nursing in the 1930's to the present. Currently (1985) she is the executive director of the Mercy Endowment Foundation.

Junior League of Cedar Rapids Oral History Project

Interview with Sister Mary Lawrence Hallagan, November 8, 1984

EH: This is November 8, 1984. I'm with Sister Mary Lawrence Hallagan in her office at Mt. Mercy Hospital. My name is Emilie Hoppe. What year were you born?

Sister: I was born in 1910.

EH: In Charles City?

Sister: In Charles City, that's right.

EH: And you came to Cedar Rapids...

Sister: In 1918.

EH: At the age of 18. Did you come to go to school at Mercy?

Sister: No. I came to enter the convent, the Sisters of Mercy, Cedar Rapids, Iowa.

EH: Where was the convent located at that time?

Sister: It was located where it is presently. It was Elmhurst Drive when I went there. It's now Prairie Drive.

EH: What was that like at age 18? What were your impressions of Cedar Rapids coming from Charles City?

Sister: Well, I guess I couldn't see very much difference. It was all farm land between here and there. I've always felt that anyone

that lives in Iowa, whether they live in what they call a city--like Charles City, or whether they live in Cedar Rapids--you aren't very far from farm life. You can't go fifteen minutes without rural, or I always feel that it's a rural area. I don't think that I really noticed any difference.

EH: How would you describe Cedar Rapids in 1918?

Sister: Well, actually, I didn't see enough of the city of Cedar Rapids. We went immediately to the hill, and in 1928, we had very few privileges as far as leaving the hill. It was a life that was disciplined and it was different from family life. I guess it was just like I expected it to be.

EH: I said 1918, didn't I. Did I mean 1928?

Sister: 1928, yes. We immediately went to school. I entered in June and summer school started in the middle of June and started right out with college work. There were ten others just like myself and we had a good time. We were young. We enjoyed life. While I think we knew what we were doing, at least, I've continued with it for fifty some years. We really had a very good time. We were just like very ordinary young people of the flapper age.

EH: Did you always know, or did you have any inkling that you would become involved in hospital work and the medical field?

Sister: Well, I was junior in high school when I made application for nursing school at St. Mary's in Milwaukee and was accepted. During my senior year, I decided that I really wanted to do something that would involve me with serving people in some way that it

would also fulfill my desire to a Christ-like life. I decided that I wanted to go to the convent. It was about that simple. At that time, you had to get your own uniforms and bring them with you. My Mother had gotten those for me and I was ready to go really.

EH: Where did you get uniforms?

Sister: Well, they sent a pattern and told you what kind of material to use. They were stripped with a white apron. Long, rather, by comparison because in 1928 dresses were very short. They were long by comparison. That school required black stockings.

EH: What was your first contact with Mercy Hospital? Mercy Hospital was established in 1900?

Sister: 1900, that's right. I was at the Mother House for three years as a young sister. I came as a postulate, that's what we called them. Then I was a novice for two years, and then I took my first vows. I was in the field of music. I taught for three years in a school in Green County, Grand Junction, Iowa. I taught for three years. In 1933, there was a questionnaire sent out asking if anybody was interested in nursing, that they needed nurses. Well, that was my first love, so I said that I would be very interested. In 1933, I came to Mercy Hospital as a student nurse. There were three of us that came. We were the first sisters that were student nurses at Mercy Hospital.

EH: What did you do as a student nurse in 1933?

Sister: We had somebody who showed us how to make a bed. Then we were

sent up to make beds. Somebody actually took us to a patient's room and showed us how to give a bath and we were pretty much on our own after that...after you learned how to do something, although there was a person to whom you were responsible as far as teaching was concerned. You had classes in the morning and you worked in the afternoon. You always worked split hours. You worked, when we first started, from one to four. We had our classes in the morning and in the evening after supper.

EH: You didn't have much free time at all.

Sister: No, and in those days you only had a half day a week. I mean you got a half day off.

EH: What day did you get off?

Sister: Well you never knew. You had a schedule. When we had free time, we either studied or helped with the work around the hospital, just keeping house--cleaning and that sort of thing. The students did that.

EH: That's hard, hard work.

Sister: But then, you know the nurses before us used to work 24 hours a day and take care of patients. They would have a cot in the room. They thought we were having it real easy. You had a whole half day a week, and then it came to two half days a week eventually. I think that after the first year we got two days a week, two half days. Then, the last year we were in nursing school, we got a day off--one day off a week. A whole day! It was just unbelievable that you could have a whole day. During that time, there were

things that had to be done around the hospital or where we lived. We did that. By the time you take care of your clothes and do that sort of thing, it's a lot of work. Our prayer life had to go in that, too.

EH: What time did you wake up in the morning?

Sister: We always have been on a schedule pretty much in the convent. It's no longer that way, but it was. There was a rising schedule. You got up at five o'clock, got your prayers and mass in. Then we went to class after that. We had to do whatever duties there were with the nursing. It was that way in the convent, too. We had classes at the college.

EH: How did you get back and forth from the convent? Did you walk?

Sister: We stayed here. We moved right in and stayed here. The nurses lived on the floors above the patient's floors. Eventually, the nurses lived on the fifth floor of the 23 building. Eventually, we got a nurses' home and they moved them out to Marion for a few years. They transported them back and forth by bus, and then we got the school.

EH: How would you describe Mercy Hospital in 1933? How many beds did it have?

Sister: It had about 112, it seems to me in 1933. The things that I've seen, I've seen an awful lot of progression over the years. In 1933, there was no such thing as air conditioning. The summers were beastly! Whoever was the supervisor, we called them, on the

floor, tried to get the heavy work done in the morning so that we could have the windows open and have the air. It was from '33 to '53; it was around '53 when we got air conditioning. It was hot! Hard! Very difficult. I have seen deaths from the heat, after surgery and trying to keep them cool. About the only way we had to keep them cool was to put tubs of ice in the room, put a fan over it and maybe hang wet sheets in the doorway so that we could get the temperature down. We did that in the nursery and for patients who were having difficulty with the heat. There was a lot of just plain manual labor in taking care of patients. That's true, also, with the medical patients. The medical patients, I'm thinking of critically ill patients, who had pneumonia. There were no such things as antibiotics. Oxygen was really not used very much. You got your air in the winter when you had pneumonia. Really, the patient got better because they got good nursing care. They didn't get better from medication. It was the constant nursing care that really made it possible. You'd keep them warm by getting blankets and hot water bottles and that sort of thing if they had a chill or something. Then, you had to open the window to get the air that they needed. This was before the time of oxygen.

EH: In 1933, you would have the windows open?

Sister: That's right, to get the air in. Then we had tanked oxygen during that period. It was sometime in the '30's that tanked oxygen was common. Piped oxygen really wasn't until about... The first piped oxygen, I think at least at Mercy Hospital, was in '56. Up

to that time we used tanked oxygen. Now, I can't say about the other hospital, but I know that at Mercy Hospital, piped-in oxygen was about 1956.

EH: Did you see the whole range of cases that I know Mercy sees now?

Sister: Well, you just saw the common things. That's all you had. You didn't have the sub-specialities. All you had was medicine and surgery and obstetrics and pediatrics. Really, we didn't have a pediatric department until about 1939. They were just put wherever you could put children safely. The OB, surgery and medicine were always pretty much separated. Probably the first two sub-specialities that Mercy had, I think, was orthopedics. Then, pediatrics came in about 1939. Between '37 and '39, pediatrics was established as a department. They had a department for it. Then, I think, we tried to separate the surgicals from the ear, nose and throat, but we really just put those patients--ear, nose and throat--just on the common surgical floors. We did try to separate the orthopedics about in the late '40's, early '50's. Urology was about the same time--in the '50's, I would say that they tried to separate the various specialities. During World War II, or maybe just before it, the sulfas came in. Then your antibiotics came. Penicillin came during World War II. It was rationed. All of these things were rationed. They had to be ordered especially.

EH: Where did you order them from? Was there a clearing house?

Sister: During World War II, they usually came through the Army, the government. Since I didn't order them, I don't know, but I think it was either federally-controlled, some way with the federal government. They were all rationed. You had to prove a need.

EH: Through the '30's, what did you see; anything that would have been specific to the person? I imagine, first of all, fund raising for the hospital?

Sister: Of course, there was no such thing as fund raising. That is one of the big changes that we have had in the care of patients. Patients were taken care of in wards. A private room was very, very rare. In the 23 Building, there were a few private rooms, but they were either two, three, or six-bed wards. The big wards at the University Hospitals remained until, really, about the late '50's and early '60's. They did away with them as they could, but they were big surgical wards. In most of the hospitals, they were. The room rates--you could get into a ward room for \$3 and \$5 a day in the '30's. There was just no way that you could collect if people didn't have it. I think that probably something that is interesting for us (and I mean the Sisters of Mercy), when we took over Mercy Hospital and operated it, we really never got any kind of a salary or stipend or whatever you want to call it. Everything that came in in payment went right back into the hospital. We got our board and room and what clothing we needed--which was scarce. You did with little. It just wasn't there to get. We didn't have the financial ability to do the things.

We weren't supposed to anyway.

EH: Was that hard on the convent itself? The actual facility?

Sister: We were just like everybody else. We didn't have the things, and so you just did without them. It affected us just like it affected all poor people. It just wasn't there. As far as supplies in the hospital are concerned, they were minimal. I recall, when I see it today or have seen it in the last 20 years, it just seems impossible that we did it. There would be, perhaps, three hypo syringes for an entire department of 25 or 30 beds. We had an alcohol lamp and we had to sterilize the needle every-time we used it. We were expected to keep those needles sharp. I compare it to today that we have, not only, for every hypo that's given, it's an individual syringe throw away. The needles are always new. We never have to reuse a needle. There's no such thing as a dull needle anymore, because they've never been used.

EH: How did you keep a needle sharp?

Sister: We had a needle sharpener. You tried to and when you requested these things, they weren't easily gotten. You had to account for everything that you had. It was the same with every kind of equipment. The gauze that we used; it was sent to the laundry and washed. We pulled gauze and we used it; sterilized it and reused it.

EH: How long did that go on? We're not just talking about the Depression Years?

Sister: No, that went on I'd say--the Auxiliary used to come in and pull gauze. That's just exactly what we called it. Then after we got so the supplies were a little cheaper and we had a little bit more, and you used it a little bit differently; we still used washed gauze for drainage cases and that sort of thing. We destroyed it afterwards. The use of things very freely came after we had a central supply. That came in 1937. In 1937, we established a central service room where the supplies were kept. You practically signed your life away! You had to account for everything. I'm glad it isn't that way. It was very difficult. The nurses worked 12 hours a day; they had a 12-hour day. When they first started the eight-hour shift, it would be a broken shift. You'd work from seven to twelve, and then you'd have three and a half hours off and come back at four or four thirty. Then you'd work through the evening hours.

EH: How much did your lay nurses get paid in 1933, do you happen to know?

Sister: I don't think I know. I think private duty nurses got \$5 and \$6 an hour, I think. You'd have to ask them; I don't really know. The nurses did not get that. I can remember when they got \$1.50 and \$2 an hour. Salaries started going up in the late '40's, after the war, or maybe during the war, too.

EH: The war was sort of a watershed?

Sister: Sure it was.

EH: Things were either set up or changed dramatically.

Sister: Well, it did for everybody. Unfortunately, whenever there's a war, there is prosperity. It's unfortunate, but that's the way it is.

EH: There seems to be progress in the medical field, too.

Sister: Well, because there are lots of injuries.

EH: During the war, when a boy from Cedar Rapids was injured, wounded in the war; he was sent to a veteran's hospital--did you see any of those cases at all?

Sister: No.

EH: You mentioned the rationing. What about the doctors? I'm trying to find if there was any impact from the war other than the rationing.

Sister: The rationing of medical supplies, the rationing of food, that affected everybody. Sure, there was a shortage of medical personnel. There was a real shortage of medical personnel. I don't think we ever suffered by it. People, doctors included, were used to working longer hours--24 hours a day. I think particularly of the educational programs. We had interns, but I don't think I recall what year they started an intern program. The interns got their board and their room and \$25 a month. That was right through until in the '50's. They worked the clock around. They just covered the emergency room--the hospital house. They were on house call. The eight-hour day for doctors really came in about...I think we started the residency program over here in the '60's.

I would say that, at least, through some of the '50's that that's what some of the interns did. We used to have two interns. Each hospital had two interns. It's entirely different now. It's a totally-different ballgame.

EH: You worked as a nurse for how long? When did you become supervisor?

Sister: I graduated from the School of Nursing in 1936. Then I went to Marquette University and got my Bachelors in Nursing Education. I came back here in 1938. I was a supervisor, a surgical nursing supervisor, and taught in the School of Nursing until 1946. Then in '46, I was sent (and we were sent) to Montana to administer a hospital.

EH: How old were you in 1946?

Sister: I was 36 and I had no idea what a credit or a debit was. I didn't know--I knew how to work in an operating room and I knew how to take care of patients. I didn't know anything, but that was my job. I learned.

EH: How did you handle that emotionally?

Sister: I was young and didn't have any emotions about it at all. I felt terrible leaving. I just didn't think that I could leave, but then that's just like leaving home, you know. That's my love now. I loved it out there, and I learned so much.

EH: Where in Montana were you?

Sister: I was in Kalispell, Montana, It's right near Glacier Park. It's gorgeous country and wonderful people. The thing about it was that they didn't ask me what I knew or what I didn't know. They just accept you. Well, they didn't accept my nursing, but being in charge of the hospital, that was fine. That's what I didn't know anything about. This is a little bit off the record, but anyway, I was in the office and the doctor came in. It was a small hospital, 35 bed, and you could handle it with your one hand. That's as many patients as I had on a floor. He was looking for someone to help him put a cast on. I said that I'd be glad to help him. He said that he would like somebody that knows. I just swallowed my pride and went and got one of the other sisters. After that, I never let that doctor forget it. I went down and helped because I thought this was the time that I really do know what to do. He said, "Well, if I had known that you could do that, I'd have let you help." I had no problem after that. It was a real great experience.

EH: How long were you out there?

Sister: Four years. I was there until 1950, and then I went back to school, which almost killed me. That really got me! I went to St. Louis University for hospital administration.

EH: After you had been the hospital administrator?

Sister: Well, that was good for me. I built a hospital out there. Not only did I not know what I was doing, I had an excellent book-keeper. She taught me more than I am able to absorb. Between the two of us, we really ran the place--financially, care wise,

and I knew how to run a kitchen. I'd worked in a laundry; I'd worked in a kitchen; I'd done dishes. I knew all of the supportive things. I would say that that probably helped me more than anything else because, in a small hospital, you do everything. If you don't, it's not going to get done. It's a real good experience. I'd say that the community, the sisters at Mercy, probably lost a lot, but I gained a lot. They accepted the errors that I made. I would say that that was probably the greatest experience in my life was out there.

EH: Even when you compare it to some of the things that I know you have accomplished here at Mercy?

Sister: Yes. I think I never could have done them if I hadn't had that background. I really think that. Of course, I believe in education. That's one of the things, and I've always kept up with seminars and advanced work. I've done that all my life because I think that one needs to know what's going on.

EH: When did you come back to Mercy?

Sister: In 1950, I had an internship up at St. Mary's in Minneapolis. After that, it was in the middle of the year, I came back here in '51 and I was here until '53. Then I went out to the Mother House.

EH: What was that like?

Sister: That was entirely different, but it was an administrative thing. I learned. I was dealing with people all the time, but they were

sisters. It is different when you're trying to direct lives and trying to help them, trying to see that they are happy. It's different. We were building out there and that kept me very occupied. I was there for 12 years, so I know what it's like to deal with problems. I was delighted to come back in 1965.

EH: 1965. That was a big year for Mercy Hospital--all of the '60's really were with the building...tremendous changes. Tell me a little bit about that period. If you were to look at the '50's and the 60's, what would you say would have been the trend?

Sister: It was a time and period of affluence. There was money and there was coverage for everyone as far as health care was concerned.

EH: You mean for insurance?

Sister: That's right. They didn't have to worry about coming to the hospital. Everybody had insurance, or practically everybody and that covered the doctors. It was a real great period of affluence is all I can think. With people, it was a period when cars and boats came in. Everybody had to have at least two cars and a boat. It was really a period of building. Pain relievers, too. Back in the '30's and '40's, they were very careful with pain relievers. About the only thing that we really ever had was morphine. They used it very sparingly. Then it came out, as we get closer to this time where everything is furnished for you, morphine was in a bottle. You didn't have to dissolve the pill. It always came in tablets and you had to dissolve it and mix up the solution yourself. Now it comes in bottles and you take out a

certain amount of it. We used to get it in grains. Now, it comes in milligrams. It's very difficult for me to convert it. I never converted it that way. Now it comes in a bottle. I think that some of those things have increased--because it's available and it's easy to get, it's easier to become habituated. I think that sometimes this is true.

EH: The ease, the convenience. Anybody can shoot themselves.

Sister: Yes, that's what I think. Apparently all the precautions that we take in keeping everything so sterile, I think back in the days when we did it and then I think today, when they're shooting it...just taking dirty things, even through their clothing. Nobody gets anything from it, rarely. I wonder whether all of it is necessary. I'm sure that it is. I wouldn't want it any other way. Antibiotics have really taken the work out of nursing. The thing that has changed with that, and this is a marked change and something that I believe strongly in--the background of the person who is nursing today has to be much, much better than it was when I started out. They have to understand the chemical reactions that can happen. They have to know all about that drug and what its side effects are. They have to know enough about the reaction qualities of anything that is being given because that's their responsibility. Nursing today is much more of an educational aspect than it is of a working. You know, the bedside nurse needs to know what she's doing. Just the intravenous injections that they get and the way it has to be watched, and what you have to look for, and the understanding of the equipment that they are using. It's all an educational process.

That's where I think the tremendous difference is in nursing today. In the relationship of doctor to nurse is different because they are on a level. This man is educated; he's a doctor. I think man is a generic term and it can be either man or woman. That doesn't bother me at all. I think that people who run parliamentary procedure have ruled that out but no one ever accepts it. That doesn't bother me at all. I think "man" is a term that takes care of all of us. I've been dealing with administrative positions for forty-some years, and I have never felt the abuse and lack of recognition and so forth that I hear so much about today. I didn't get a salary, and, therefore, it didn't bother me. Maybe if I was out earning a salary, it would make a difference. It really doesn't make any difference to me if I get the job done.

EH: You've never felt it? In the '50's, from '51 to '53, and in the early sixties, you never felt that you were treated a little differently because you were a woman?

Sister: I never felt that. I have never felt it. I have worked with women all of my life, and just give me a group of men any day. I mean, we do have something as women that is feline. I don't care who you are or what you are, it's there and that little jealousy is much more evident. It's much more difficult to deal with women in trying to explain or trying to get cooperation in some way. I have dealt both ways. In administration, it's always been the men that we've hired. It just happened. I've worked with them all. They forget. The minute it's over with, there's no backlash about it. I put myself in that same category. I'm not

saying that it's you or anything. I think that women have that. They are biologically different and emotionally different and they have to be different. I think that as a group, we ought to accept that.

EH: Here, you've had that position of authority for years. Does that go along together, what you just said?

Sister: You see, I can only look at it from my own point of view. I don't know, maybe I've been more difficult to get along with than I thought I was. You don't really know yourself like other people know you. I don't have any authority now. I have a lot of respect given to me, but I really don't have. It's never been hard for me because I've always been subservient to someone else. I had to give an accountability to someone else. I think that makes a difference. I don't think I've ever had a time when I was hesitant to give my own opinion, but, if I wasn't agreed with, I'm sure there were times when I showed it. There had to be because that's part of your personality. Basically, I think that I've been able to accept the "no's" that went with the job and the "yes's" that I didn't like. I think that I have. I don't know. No one knows that, I don't think. You have to be a little bit objective.

EH: We were talking about the '30's, about the role between nurses and doctors?

Sister: Yes, the nurse was totally the servant. Totally the servant.

EH: And now?

Sister: Well, I think now that they're both educated. I think there's a great deal more respect for the nurse and her abilities.

EH: And her profession?

Sister: That's right. I like that. I think she should be because who takes care of the patient? The doctor sees the patient for a few minutes everyday. She carries out the orders and she watches and she reports. Sure, he's there when he's needed, but who told him that he was needed? There has to be that--and I like that. Well, I have pushed, I think. I was real happy to come back in '65 because I could see the need for closing the hospital school of nursing and making it a program that had a professional look. I pushed that.

EH: Would you say that that was one of the high points, was it an objective?

Sister: It was a goal of mine that I wanted to see the school of nursing become a professional school. I would probably say, if I were to think of something that I was part of, that making it a four-year college, because I was out there at that time. I supported that with everything in me because I am firmly convinced, and I have never made any bones about saying so, that the most important thing that we, as sisters do (and I'm talking about sisters, religious of any kind), is education. I think that it's the most important work that there is because the child learns at home and there should be someone following up on it. I was real anxious to see that Mt. Mercy become a four-year institution. I put

everything that I had in it. I think the next thing that I was part of was the development of individually incorporation of all the institutions that we operated...that they became a corporate entity.

EH: A body?

Sister: That's right. Instead of belonging to the Sisters of Mercy. We sponsored it, but the corporate body is the board that established it.

EH: And you have laymen on the board?

Sister: That's right. We do at the college. We did at Oelwein when we had that. I've been part of everyone of those being established that way. I guess that I think, if there was anything accomplished, that was the best thing that I had a part of. I would say that the individual corporation of all the institutions that we have was the most important thing that I had something to do with.

EH: Being a hospital administrator nowadays really entails a lot, or even in the periods that you worked?

Sister: Now, it's very difficult.

EH: Yes, for one thing, your duties in the '70's entailed a lot of fund raising.

Sister: In the '60's and '70's. In fact, the first fund drive that we ever had was in '56 and the two hospitals went together on that. Then, we had another one in '60 and it also was in '65, '66 and '67 that we had the last one. We went together on that one, too.

EH: Fundraising in the '50's and '60's, you were saying that that was an affluent time.

Sister: Yes, that was an affluent time. It's always hard to raise money, but during that time--and I don't think we over built. I think we took care of what we needed at the time. Right now it is over-built because of the restrictions that the federal government has put on everybody. It is extremely difficult to operate an institution today because, during this time of affluence, industry gave to their employees everything they asked for. They got a free bill of health; they got a free bill of medication. They had free dental care. They had their whole health area, and now they're trying to pull some of that back and it becomes our problem because we gave all of this to them. It's extremely difficult because the industry employs the people and has to give them something. So they can blame the doctors and hospitals for all the increases in health care, when really it's right at their door because whenever the union asked for it; they got it.

EH: So you're saying that the rising health care costs were not necessarily the progress of technology?

Sister: Oh yes, I think there's a lot to that. I think technology is huge.

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Sister: That's right. You know, the costs are still there and I think that all along the employee should have been paying part of his health care.

EH: Get them used to the idea.

Sister: That's right. Now, all of a sudden, they're paying--what is it I think they pay about 20 percent of it. Particularly when they

don't have a job; it's terrible. They can't keep it up. Then, the government comes in and says that only certain cases can be admitted. That's with the Blue Cross insurance, with their insurance. It affects everybody because, if the doctors look at cases and their diagnosis-related payment--they have to look at it. They're going to look at everybody. Competition...sure it's good. Competition is good, but I don't know if it's bad here, but I think of cities where they have huge--well Des Moines is a sample of it. They have out-patient surgeries operated by for-profit organizations. They have two of them in Des Moines--or three. They have two hospitals and, I think they have three that are being operated by for-profit organizations. It's taking away work from the ones that have really given the health care to that community for years. The empty beds...well, we feel it. We have empty beds. We do probably 40 percent of our surgery in the out-patient department. That's fine, but supposing that somebody comes in and opens a cut-rate and two hospitals both have out-patient surgery, if the doctors get involved in it. It's the way to make the dollar. Competition is good to a point, but when it becomes that competitive, it can be dangerous. I guess that I could never advise a friend of mine to go into hospital administration right now. I don't really think I could.

EH: It's tough business.

Sister: Yes. It's not only tough, but it's dog-eat-dog, and it's just going to get worse. We're just at the--we're not at the peak of the iceberg yet. I sit in the position right now where I just

try to help, if they ask me what I think. I just am so glad that it's not my job to make the decision. It's just terrible; the poorest, you know, they're still my favorite people and to see them, they're just going to be left out. There are going to be levels of care and they're going to fall through the cracks.

EH: Nobody is going to be there to pick up?

Sister: That's right. You've got to think about who's going to pay the bills. As much as you'd like to do it, you just simply can't write everybody off.

EH: What about the relationship of Mercy Hospital and Cedar Rapids through the years, how would you characterize it, looking back 30, 40, 50 years ago?

Sister: I would say the last 25 years, I think that the community has been absolutely great to work with. I can't think of any place that has had as much cooperation as the hospitals in Cedar Rapids with doctors and the community. I think I could probably make that 30. I don't think it's quite 40, but 30 years certainly.

EH: Why do you think that that is? Why is that?

Sister: I think that it's probably because it's a home-like city. It has some things that are city-like, but it's still in Iowa and it's still rural in many of its aspects. It's still a community.

EH: People care?

Sister: Yes, I think that. I think they do.

EH: They care about their hospitals?

Sister: I think they care about their education. There isn't very much that Cedar Rapids doesn't have advantages in--their cultural, their social life, their educational life, their health care, and professionally. I just think that it's kind of an ideal city, really. There really is not very much of an area that isn't taken care of. I don't want to call it a "slum". We don't have a real, real poor, terribly poor area.

EH: Was there ever?

Sister: I don't ever remember any. I think the poorest area we ever had was right out here behind Mercy Hospital, and that's cleaned up. I just don't think that there are areas--not like you see in other cities. I look at Omaha. They have a lot more problems than we do. It's big, but it's not that much bigger. It's still in the same Midwest.

EH: The Hall family has been very good?

Sister: Oh, the Hall family has been. I would say that probably the outstanding friendship in my life was that with Howard Hall and George Foerstner. I would have to say that because Howard Hall, Lou Fellman, Sud Dows, George Foerstner, Beale Perrine have been just tremendous for this city. I don't know what the community would have ever done without them. They were here in the '50's and '60's and we miss them. We miss them terribly! We

don't have that same personalized touch in the city that we had when those people were living and directing.

EH: Elaborate on that a little bit. Personal touch--give me an example.

Sister: They were interested. Howard Hall, for years, felt that the people who worked for him--and he knew them all personally, it was a personal interest. It was one man who was treated had to go to Ontario, Canada, to be treated that brought about the radiation center for the cancer treatment...an employee, just an employee in the factory at Iowa Manufacturing. That happened and he saw the need for the elderly. The people who helped him, who really supported him were Sud Dows, Lou Fellman, George Foerstner. They were behind him. There were probably other people, but these were outstanding.

EH: What year was the Perrine Cancer Care?

Sister: You see, that was after Howard died. Howard established the radiation center in 1956. That, I think, was an extremely difficult decision for him to make--where it was going to be located: here, or between the two hospitals, or at St. Luke's. I mean, he had pressures. He had tremendous pressures on him. I was up on the hill at that time. I spent hours listening to Mr. Hall.

EH: Do you remember the day that he came in and said to you, "I want to do this thing."?

Sister: I don't that...remember the exact day, but I certainly remember the evening he came up and said, "Would you be willing to lease

us some property at Mercy Hospital?"

EH: And, what did you say?

Sister: I said that I couldn't make that decision myself. I'd ask my council and we certainly would like it. Before that, I thought we could handle the radiation center, but then when he came and talked about building Hallmar, I just couldn't see this territory in here as a home for the aged. This was one of the interesting things. He wanted Sister Mary Marrow, who was then the administrator of this hospital, he wanted myself and her to visit some of these homes. So, we did. We went out and visited them. The more we went and the more we saw, the more I was convinced that out in the boondocks was no place for these old people. When we would go, they would be sitting on either side of the sidewalk, and they would be so glad to see somebody coming in they almost reached out to you. As I came back, I thought, you know what they're looking for is people. So, I told him that. You know, I'm convinced that this is a good spot for them. When this was first built, Hallmar, those people used to think that every ambulance and every taxi and every car that drove up into the driveway--that that was for them. They just loved it! You don't see it so much any more because these people who come now are used to this. Those first years, it was just absolutely beautiful. They just loved every time they heard an ambulance out here. They'd look to see what was coming. This is what old people like.

EH: Do you think he foresaw that? Mr. Hall?

Sister: I think what he was thinking about--he wanted to know that whatever he built was going to be taken care of. He could see continuity of care here with the sisters. I'm sure that you know this, but some people don't. When the radiation center was built, that was set up as a corporation. All we did was operate it. The same with Hallmar. We operated it and there was never any profit in Hallmar. If we broke even, we were real lucky. If we didn't, he was very good about taking care of some of these. In 1977, after he had died, I was thinking of retiring in 1977. Mr. Perrine talked to me and I said that what I was desiring was to see something that would determine the financial future of Mercy Hospital. You could see that something was going to happen. You don't have to be real smart to know that this couldn't go on forever--this affluent thing. He came in one day and said that the Radiation Corporation had decided that they would turn over the assets of the radiation center and Hallmar to the sisters. That set up a foundation. It was the beginning of the foundation for the corporation. There was about a million and a half dollars in liquid assets, and then the buildings. That was tremendous!

EH: That's sort of an untold story, isn't it? We know about all the things that Howard Hall did and has given the million dollars for the library. This thing here is something that came a little later that people don't actually realize.

Sister: We really haven't kept it. We put it in some of our literature. That is really the story. I think that Howard's real desire was

to know that it would be taken care of. After all, if sisters don't have that kind of care, who is going to have it...if they can't be trusted. That was never, ever pushed to him. It was very difficult for me to listen to him because what I wanted to say was, "Howard, put it down there. We need it." You don't do that because that's an individual's--he has to come to that himself. That was a long period of time.

EH: How long did that take?

Sister: I know it was a good three years that we carried on. I know that he was pressured during that time. He said not very much about it, but he told me about the times that someone would talk to him about putting it between the two hospitals. He said, and of course, the other hospital would like it. I mean, it was just difficult. It was a very difficult decision.

EH: You've said that this was the final thing that really made it; so was the fact that he wanted perpetual care.

Sister: That's right. I think that he wanted to know that it would be taken care of. He lived long enough to know that it was. He didn't die until '71. He was a tremendous influence on my ability to think.

EH: How do you mean?

Sister: Well, I would listen him. He was kind to people. He had thoughts about people like I have. You know, that influences you. The way he thought about people--his concern for people. He had a real

deep concern for people. I knew him when I was a floor supervisor. We had a patient who was just an ordinary worker. He worked in the foundry at Iowa Man--not in the foundry, but he worked out in the storeroom. This fellow was young; he had simple surgery and developed a terrible embolism, which was common in those days. He had a blood clot in his chest--a huge one. We just knew that he couldn't get well. He came to see him and he put nurses around the clock. That was in the early '40's and for six weeks, that man had this absolute, around-the-clock care, and he did get better. Howard Hall took care of the whole thing.

EH: And he paid for it?

Sister: Oh, yes, and paid the man's salary while he was here, too.

EH: He saved the man's life.

Sister: Yes, he did. That's when I knew that he was a wonderful man and that was before I ever really knew him. He was Mr. Hall coming up to see a patient who worked in his factory. I thought it was tremendous. We became friends after that. I can't remember; I just remember that. Then, he was the one who put the air conditioning in the operating room in 1953. That was the first thing that we had air conditioning in--that and the nursery. That was 1953, and then eventually we got it. I think back and I wonder, how in the world people stood it. They had nothing to entertain them. We didn't have radios. You didn't allow a radio in the house. In the '50's, they got kind of common--radios did. About '56, we put in some TV's that were just terrible. They had the nurse-call system on them. In '56 we put them in, but you know

now they've got telephones, they've got TV--colored TV, cable TV. They couldn't get along without it. Then they complain about the cost of it. You give them all the things that they demand. It's expensive.

EH: People are spoiled.

Sister: Well, this is because of too much money. Now they're suffering from it. It's history repeating itself.

EH: We haven't touched really on the Convent, Sacred Heath Convent and the Sisters of Mercy. Just looking over all in the last years, what changes--we talked a little about the affluence--have you seen in the sisterhood?

Sister: There have been a lot of changes. As I told you, it was a very disciplined life when we first entered. It was quite a regulated life. There were times for prayers. There were times for work. There was a time to get up and a time to go to bed. There was mandatory silence after nine o'clock at night. We always had enough to eat, but there was never any great--we'd have a feast day occasionally, like Christmas and Thanksgiving and do like everybody else. Otherwise, you were pretty well taught to do without some of the things that you really didn't need. Then, in the '50's, really even earlier than that, a radio was a very special program that you got to listen to. It was regulated. You could listen to news programs. It was very regulated as to what you listened to. Well, radios became rather common and pretty soon, a sister could have her own radio, just so you didn't disturb someone else. Then TV, well, there was one TV

to a convent. Their programs were regulated and you were to look at it certain times of the day and only for such and such. Then it went to where you could pick the programs that you wanted to see. Then, the house would vote on it--people that lived there. In the late '50's and early '60's, that was less regulated, too. Our prayer life became less regulated. That was probably in the '60's. If a person felt that they could not be at prayers, they didn't have to report it. They were responsible for making their own decisions. Then, the change in the Latin to the English--that happened in the '60's.

EH: Was that a tremendous change? Do you think that that was a revolutionary change?

Sister: I think that people who had been used to going to mass and they never did understand really. They just knew that it was the sacrifice and what it stood for, but they said their own little private prayers. When it came to the English, well you could understand and they didn't like that. I would say that the older groups did not like that.

EH: There was the mystic and the rhythm?

Sister: That's right. Of course, the thing that I still feel is that the universality of the mass was destroyed with the introduction of the vernacular.

EH: Maybe because it's watered down a little bit?

Sister: No, I don't think it's watered down at all. You could go up to

Canada and go to mass. It's in French, and if you don't know French, you really can't follow it. Go to Italy and go to mass. It's in Italian and you don't know it. When you went to mass with the Latin, every place that you went, it was exactly the same. Even though you might not understand it, it came at the right time and you knew what they were saying. The communion prayers you knew. You knew the introduction to the mass and that sort of thing. That universality is lost. I don't know if that's good or bad. I don't like it. I liked the Latin for that reason. I just love the English version of it because I think everybody understands it. I would imagine that the Spanish and the French and the Germans all feel the same that have made the change with some degree of meaningfulness. I think there are still people who would like to go back. I think the biggest change as far as religious life is concerned was the freedom that they experienced in taking on responsibility of their own lives instead of having direction for it. I have some very strong feelings about structure. I think that everybody needs structure, particularly in their young life so that when they meet problems in later life, that they have something that is worthwhile falling back on that they can remember. I dislike no structure in religious life. I think that probably the freedom that the lack of structure created has caused some of the defections in religious life. There have been a lot.

EH: Religious life?

Sister: Just religious life itself--leaving religious life and going into some other. I think that--and this is very personal--there should

be something that identifies you as a person who has said, "I am committed to the life of Christ." I guess that there isn't anybody that enjoys the clothing that we wear, the change, any more than I do. I still feel that we need to have an identification that says that person is a religious. I guess I don't think a pin, or a cross, or something identifies you because anybody can. I feel that the veil does do it. I'm a person who will believe that until the end of my life. I suppose that if we were to decide that no one was to wear a veil, I would probably go along with it because I do have a vow of obedience and I would follow that. It would have to be a regulation that said, "You have got to do it."

EH: Do you think that will ever come to pass?

Sister: No, I don't think so. I doubt that. No, I think it has to be within the individual to have that, to want to be identified. I think it has to be. I'm not saying that the people who dress totally as a lay person, they're just as good as I am, but they lack that public image of "this is what I am." I think there are times when it's probably real nice not to have to. You don't have to wear your religious garb at any time if you don't want to. I feel strongly that it means something for people to know. The soldier is identified. The policeman is identified. There is something that is good about it.

EH: From a professional standpoint?

Sister: That's right. That's what I think, but that's just my own opinion and I try not to push that on other people. I'm sure that I

probably do by my attitude. Sometimes you can't control your emotional feelings.

EH: When you feel very strongly, it's very difficult.

Sister: Yes, it's very difficult not to show it. I'm sure that I do, but anyway, that's part of life, too.

EH: In the '50's when you were in the Mother House, I imagine that that would be a difficult job.

Sister: Yes, it is. It's one that you are responsible for the spiritual lives of other people, as well as their physical life. You have a dual responsibility. You never feel really quite capable, at least I never really felt quite capable of doing that. You just do the thing that you think is right and try to give an example of what you believe and hope that somehow it takes. There are certain obligations that you have and you try to carry those out. It's not easy, It's like a parent's life. It's not easy.

EH: How many sisters were there?

Sister: When I was there, there were about 350.

EH: How many are there now?

Sister: A hundred and sixty something.

EH: Does that make you sad?

Sister: No, you know, I just feel this way. If people are unhappy and feel that they're not--they're better off and so are we. If you're not happy and if you feel that things are not right, you show it in the way you live. You might just as well do the thing

that's going to make you happier. I always think, you know I have enough trust in the Lord that somehow we're going to be taken care of.

EH: Have we covered everything that you'd like to cover?

Sister: I think so.

EH: Well, thank you very much. I really appreciated this. This was wonderful.

Sister: You're very welcome.



