

OREGON HEALTH SCIENCES UNIVERSITY HISTORY PROGRAM

ORAL HISTORY PROJECT

INTERVIEW

WITH

Carol Lindeman

Interview conducted April 17, 1998

by

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SUMMARY

This Interview with Carol Lindeman begins with a discussion of her upbringing and schooling in Racine, Wisconsin. She had an interest in nursing as a child and following high school she completed a nursing program in Milwaukee. Her nursing education also includes bachelor and master's degrees in nursing from the University of Minnesota, and a Ph.D. from the University of Wisconsin. During the time she was a student, Dr. Lindeman also worked as a private-duty nurse and began a family.

After receiving her doctorate, she joined the nursing faculty at the University of Wisconsin in Eau Claire. In addition to teaching nursing classes, Dr. Lindeman chaired the departments of mental health and community health nursing. Deciding to return to the practice of nursing, she took a position of Director of Nursing Research at Luther Hospital in Eau Claire. She describes a research project at the hospital which involved the study of the role of parents in the recovery of a sick child.

Dr. Lindeman is asked about her involvement in national organizations and research conferences. One opportunity that arose as the result of her professional activities was a position as co-director of a research project with the Western Institute for Higher Education.

Dr. Lindeman then recalls the interview process for dean of the School of Nursing, and remembers friends and colleagues on campus. She explains that one of her first projects as the new dean was a tour of the state to collect data to assist in determining the role of the School of Nursing. One of the outcomes of this study was the establishment of the first branch campus in LaGrande, Oregon.

The portrayal of the School of Nursing in the local media is also explored. Dr. Lindeman cites a successful capital campaign for the school as an example of positive image and community support. She also discussed the role of Senator Mark Hatfield in securing federal funding for the School of Nursing building.

Dr. Lindeman also takes time to comment on a roster of past deans of the Medical School, including Bob Stone, Ransom Arthur, and John Kendall, as well as the School of Nursing's relationship to the School of Dentistry and its dean, Lou Terkla. She also comments on the university presidents for the School of Nursing building.

A discussion of Dr. Lindeman's honorary degrees is followed by her thoughts on leadership, professionalism, time management and the importance of family. Lastly, a number of topics concerning the School of Nursing are examined, including being a part of a university, male and minority students, and technology and its role in patient care and nursing education.

This interview also includes Dr. Lindeman's account of how her family survived a plane crash that took place in Portland on December 28, 1978.

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Interview with Carol Lindeman, R.N., Ph.D.
Interviewed by Joan S. Ash and Linda Weimer
April 17, 1998
Site: BICC 531
Begin Tape 1, Side 1

ASH: This is April 17th, 1998. We're in BICC 531. Linda Weimer and Joan Ash are interviewing Carol Lindeman.

The first question I'd like to ask you is where you were born and where you had your early upbringing and schooling.

LINDEMAN: I was born in Racine, Wisconsin. My parents had lived their all of their lives. My grandparents had come from Germany and lived in that same community. I was the third child in the family and the only girl, so I was the youngest, and as I said, the only girl.

For the most part I went through parochial schools. There was a little school about a block away from where we lived, and my parents sent all of us there for our education. It was a school that had three rooms, and we had first through third grade in one room, fourth through sixth in the next, and seventh and eighth in the third, and you would have your instruction and then listen to what the upperclassmen were being instructed in.

It was a very close community, and everybody that I started school with in first grade was part of the graduating class when I graduated from twelfth grade, so we knew each other well and played together and studied together. A close community.

ASH: What happened after twelfth grade?

LINDEMAN: Well, even before twelfth grade I knew I wanted to be a

nurse. Of course, women didn't have a lot of options then. We hear the cliché about you either became a teacher or you became a nurse. I always felt I had a few more options than that; I could go clerk in a grocery store or something. But there was something about being a nurse that appealed to me very, very early in my life.

I also read a series of books that are no longer in print about a woman named Cherry Ames, who became a nurse, and the first book was *Cherry Ames, Student Nurse*, then *Cherry Ames, Staff Nurse*, *Cherry Ames, Head Nurse*, and continued on through, going into the military. And reading those books made me want to be a nurse, even more than I had before that.

I started practicing being a nurse. I would read a Cherry Ames book, and then I'd get out bandages and wooden boards and put a splint on my dog or try to take the temperature of my dog or things like that and act that out.

So I knew I wanted to go into nursing, and in twelfth grade I was offered a scholarship at Valparaiso University with the thought that I could go there and still become a nurse. But at that time it didn't make sense to me to think of going to a university to become a nurse because universities didn't have patients, and how could you learn to be a nurse if you weren't where there were patients?

So I declined that scholarship and got on the bus and traveled from Racine to Milwaukee and visited different schools of nursing in Milwaukee. I didn't really know how one made a decision, but I looked at the uniforms the students wore, and on the basis of that made a decision about where I'd go to school—because I was not going to wear brown, and I was not going to have black stockings. So I picked a school that had light blue uniforms with white bibs and the students could wear white shoes and white stockings. That fit my image, so that's where I went to school, and I graduated from that program.

Then I became quite frustrated with practicing nursing because when I graduated nurses were expected to report and record what they noticed, but not necessarily to do anything. The doing was the responsibility of interns, resi-

dents, physicians. We were just there gathering this information. And I don't mean to sound egotistical, but I knew that I knew as much as many of the residents, and more than some of the interns, because I'd have to tell them what to do with the information I was giving to them. And I was very frustrated knowing a lot more than I was allowed to do.

So I decided the answer was to get more education, that if I had more education, then maybe I could do more things. So I went to the University of Minnesota and worked as a private duty nurse, worked in the Hart Hospital in Minneapolis, took care of some of the first people that had heart surgery. But I worked as a private duty nurse and went through the bachelor's program.

Then I thought that maybe I'd like to be a missionary, and I was attracted to a country that was just opening up called Nepal. And I thought, you know, I'd been through parochial schools all my life, certainly they would think I knew enough to be a missionary. But I found out that they didn't think I knew enough to be a missionary, enough about religion to be a missionary, and I wasn't going to go back to school to learn any more about religion.

So I didn't get to be a missionary, so I decided I'd get my master's degree. So I stayed on at school and got my master's degree and got married during that time period. And then I graduated and I went to apply for a job in the clinical setting, thinking now I could get into the clinical setting and really do things for people.

And I couldn't get a job in a clinical setting because I had too much education, nursing supervisors were suspicious. Again, you have to think of the context and the era. It was the late 1950s, and women still were not that—I don't know quite the right word—but influential in the workplace. Anyway, people were suspicious of a nurse with a master's degree wanting to come into the clinical setting and practice, so the only job I could get was teaching. And so my career in academic nursing began at the College of St. Catherine, not by design but by default.

I was prepared in psychiatric mental health nursing, and I ended up teaching at a Catholic school, and it was an interesting interview because at that

time I was quite an advocate of Freud's psychoanalytic theory, and I also knew that the Catholic Church *per se* was not particularly enthralled with Freud's psychoanalytic theory, and I wanted to make certain that I would have academic freedom in the classroom, and they certainly gave me academic freedom and valued that. It was a very positive teaching experience for me.

But that's how I kind of got into academic nursing.

ASH: Then you went on to get a Ph.D.?

LINDEMAN: Right. Like many people, I always believed that the answer was to better prepare yourself. If the workplace and you were not quite moving along the same track, that maybe if you got more education you could bring more to the situation and it would become a better work experience.

So that was part of my thinking in terms of my Ph.D., but again I have to tell you the truth about getting my Ph.D.: My husband and I decided to become pig farmers, and we both gave up our careers and bought this pig farm. Now, I thought George knew something about raising pigs; I knew I didn't, but I believed he did because he'd been born and raised on a farm.

We bought this pig farm, and we got these pigs that were already bred, and George was busy creating a pig farm like nobody had seen. It had a liquid manure system and the pigs never got outside in the mud or the dirt, they were all in these clean conditions, and we fed them in terms of their body weight and everything like that. And, as you might guess, given two people who didn't know a thing about raising pigs, we started losing money, and I had to get a job.

I went to the closest hospital and could get a job working nights, and I think—I can't remember—it was \$280 a month or something like that. And I thought, "Well, I'll just go up to the university and see what would happen if I enrolled there and did a teaching assistantship." And I found out that if I worked 20 hours a week, 10 hours as a teaching assistant and 10 hours as a research assistant, I could earn more money, in part because it was tax free, than I could if I went and worked 40 hours a week as a nurse. So I figured why not go back to

school to get my Ph.D.

So I enrolled, and I was the first woman to be admitted into this particular doctoral program. And they would not take any references from anybody in nursing because they did not see nursing as an academic discipline, and this degree was a very rigorous research degree, and they wanted people that came out of their same discipline to have evaluated my credentials.

Fortunately, I knew people like Paul Torrence who had done a tremendous job in terms of creativity and had worked with people in educational psychology, so I didn't have any trouble getting those references, and they admitted me into the program, but had a lot of reservations: not only was I woman, I was married and I had a family, and they just could not understand how I would be able to be successful in the doctoral program.

Well, a year after I was in the doctoral program our pig farm was failing completely, so I had to hurry up and finish up my dissertation and my doctoral studies, and we moved from that area two years after we had started with our pig farm and moved up to Eau Claire, Wisconsin, where I accepted a position on the faculty of the school of nursing there.

ASH: You finished your doctorate in two years? Pretty amazing.

LINDEMAN: Including two foreign languages.

ASH: Including defending?

LINDEMAN: Mm-hmm.

ASH: That was probably a record?

LINDEMAN: Yes. Well, my major professor did chuckle because there was this concern about admitting me into the program and whether I would be able to be successful, and I was able to show what motivation can do, whether you're male or female.

Again, I look at doctoral education today, and I become concerned with all the requirements and all the hoops. One of the things about the program at the University of Wisconsin is that they really did build it around you, and you had a lot of flexibility.

We had to take all of these exams, and one of them that I wanted to take dealt with human development. And they said, "Well, you haven't taken any course work in human development."

And I said, "So what?" Anybody in nursing knows human development. And they were quite certain I would never pass the comprehensive exam, but they allowed me to take it, and I passed it. So you know, if it hadn't been for some of that flexibility and their willingness to say, "Go ahead. If you don't succeed, then you've got to start back here, but if you do succeed, fine."

So again that made it possible to go through the program and to feel good about doctoral education, instead of saying, "Why did I spend six years of my life doing that?"

ASH: Then when you were in your next position, post-doctoral position, you were an assistant professor?

LINDEMAN: Yes.

ASH: And what was the progression then?

LINDEMAN: Well, I stayed at the University of Wisconsin at Eau Claire. I was the second faculty member actually hired at that school; it was a brand new school, brand new curriculum. I ended up teaching almost all of the courses to the initial students because there were only two of us. And as the students progressed, then we would progress along with them. So the first class of students I remain very close to because I had them in so many of my classes.

But I was there for four years and became the chair of the department of mental health nursing, and then also the chair of the department of community health nursing. You know, as the school grew, then our jobs just kind of kept expanding.

I left that position somewhat disillusioned about academic nursing and the ability to really influence patient care, because you have to remember that my heart has always been with clinical—you know, the quality of care that people receive. So I was a little disillusioned about the ability to influence that and was very fortunate that one of the hospitals in that area, Luther Hospital, had closed its diploma program, and it was looking for something that it could replace that school of nursing with that would continue to stimulate the intellect of the nurses in that clinical setting—because students do that; you know, they ask questions, they push you about what you know and what you don't know—and the hospital administrator was concerned that when students weren't there in that same way there would be something lacking in the clinical setting.

So he and the director of nursing came up with the idea of starting a research program, and they talked with me about it, and I was really eager to have a full-time position, or a position doing research full time, in the clinical setting. So I moved from the university to Luther Hospital, took the position of the Director of Nursing Research, which I've always laughed about because there was nobody there but me, so I only directed myself, but anyway, I had that kind of a title.

And it was a fun four years in my life. My job was one of sitting with the nurses or interacting with the nurses on the unit, listening to their frustrations, listening to their questions, and then seeing if we could design research around those questions that could lead to improved patient care.

In the four years that I was there we conducted numerous research studies, some of which, you know, held up and some of which didn't—all of which got us into the politics of health care.

Just to give you one example, on the pediatric unit we did believe that if you involved parents in the care of the children that the children would actually recover more quickly, have a much smoother hospital stay, and the parents would be better prepared to care for the child after the child left. Now, that was what we believed. There was also the attitude, though, that parents are a nuisance. They bring the child in, and you tell them when to come back and get the child, and when the child's there, we take care of them, and we do these things.

So there's these two diametrically opposed views about parents. Now, the chief of pediatrics, who was also the pediatrician for my children, was frustrated with the nursing staff on that unit because he didn't think they did a good enough job on interviews, finding out more about the parents' parenting. So we kind of got him to believe that we were focusing on improving the skills of the nurses on interviewing and assessment, while we were really setting up a project to bring the parents into the process of care.

We knew he did all his paperwork in his office—clinic office, not in the hospital—so we sent over the proposal for the research project to his clinic office. He thought he was agreeing to the interviewing study when he was actually agreeing to the study to involve parents. Now, when it turned out well, of course he took full credit for having the idea.

But it was a good training ground in terms of politics in the clinical setting and how one tries to get things done that are good, we hope, for the patients involved.

But anyway, that was four years there. Then I had an opportunity to take a position with the Western Interstate Commission on Higher Education as a co-director for a project dealing with research, development, bringing together academic nurses and clinical nurses in the thirteen western states.

ASH: When you say you had an opportunity, your resume is so long partly because you were very involved in national organizations. Were you part of a network that let you know when there were positions available?

LINDEMAN: Yes and no. Because I worked in the clinical setting, I actually was less involved in some activities than people that were in academic settings. In fact, I would get phone calls from people saying, “Why are you wasting your time in a clinical setting? That’s not where good research is done. Good research is done by academic nurses. You ought to leave there and take this job or take that job.”

But I did get to go to the research conferences, and you have to remember there were probably only 500 nurses in this country with doctoral preparation. There just weren’t very many of us, and some of those 500 were no longer active. So we were a relatively small circle of people. But the American Nurses Association had research conferences, and I was invited to one of the research conferences, and there was all this hand-wringing about, “We aren’t doing any clinical research.” And of course I stood up and said, “Well, some of us are doing clinical research, and this is what we’re studying and how we’re doing it and the benefits of it, et cetera.”

And the person who was the director of the program, the research program at the Western Institute for Higher Education was at that conference, and she heard me speak, and on the basis of that, she approached me about taking the position.

ASH: One of the quotes that Barbara Gaines attributes to you in her manuscript is, “Thoughtful doing.” It sounds like in this period of time that’s what you were trying to do.

LINDEMAN: Yes. Well, again, I’ve always believed that the knowledge a nurse possesses makes the difference in the quality of care provided. It’s not the manual skills. I mean, yes, you have to have manual dexterity to do some of the things, but it’s not just the doing, it’s the knowledge.

We understand that in so many disciplines, but yet when it comes to nursing, people tend to think of rote memorization or physical activities or, you know, I’ve been to so many conventions, not recently but in the past, that started with somebody giving a prayer, and the prayer was always, “Give nurses

strong backs, strong hands, strong feet.” You go to a conference with physicians: “Give them intellect, give them ...” you know, this and that. Even the dictionary definitions of nursing reiterated the thought that, you know, it was your personality, or something other than knowledge.

But I’ve always been a believer that nurses are knowledge workers, and it’s their ability to manipulate the knowledge that they hold as they care for you that makes the difference. And so whether you call it thoughtful doing or by some other term, that’s always been my view of nursing.

ASH: I particularly like that term, which is why I asked you about it. Then you were with the WICHE [Western Interstate Commission for Higher Education] and the school of nursing at Colorado at the same time?

LINDEMAN: Yes. I had a courtesy faculty appointment at the University of Colorado school of nursing. I did some teaching in their research courses and some work with their graduate students in terms of masters’ theses.

ASH: Were there doctoral programs in nursing at that time?

LINDEMAN: By then, yes, doctoral programs were starting. When I entered my doctoral program, I think there was only one doctoral program, and that was in the East, in Boston. There may have been two at that time. But for most of those early years nurses were still getting their doctorates in other fields.

ASH: Then what brought you here?

LINDEMAN: Two things. One, because of my work with WICHE, I was working with people in this area: May Rawlinson, for example, and Julia Brown and Barbara Gaines. So I knew people here.

But we had a meeting scheduled over at the coast in Lincoln City, and it was one of those beautiful days that Portland does have, like today, when I flew in, and Mount Hood was just gorgeous. I rented a car at the airport and drove

over to the coast, and it is no exaggeration to say that for the first time in my life I wanted to play hookey.

I mean, it was just gorgeous. You know, the drive over to the coast, these tall trees, and the air starts smelling different, you know, and it just captured me in a way that I hadn't felt in other settings that I was in.

And then I spent that first night over at the ocean, and I could hear the waves roll in, one after the other, and it was just a magnificent sensation. And my first reaction was, "I have to bring my family here. They have to experience this." And of course they did, and they loved it.

Then the position opened up, and May Rawlinson in particular encouraged me to think about the position. And I came for an interview, and I just—I was very attracted not only to the geographical setting but to the people. I don't know, again, a good way to express it, but the way I felt was that I was dealing with a set of people who would deal above the board, that if you could present reasons and rationale, there was the opportunity to make things happen. It wasn't some of the—you know, making deals in the other room or things like that.

I liked the people I met here. I just sensed an openness, and I've never really been disappointed about that. I think Oregonians in general are just a special breed of people. And whether you deal with the Betty Grays or the John Kitzhabers, the Lou Perrys—I mean, I worked with tremendous people on the Board of Higher Education. But there was just this openness and willingness to listen and to think, and what did it mean for Oregon.

I remember Becky Johnson. She and her husband Sam were at the Portland Airport one time when I was also flying out, and they said, "Now, Carol, how long have you been here?" And I think it must have been ten years or something like that at that point, and they said, "You've been here long enough. We can start trusting you."

But even up until that time I always really sensed this openness and warmth. So that's what attracted me.

ASH: Who was involved in the interview process? We had already become a university by the time you were interviewed; that was about the same time, probably?

LINDEMAN: Right. I think within a year or so. I was interviewed in—oh, I would say December or January. I know I accepted the position the end of April and then started in September.

But who was involved in the interview process? A lot of people. They brought people in from across the state, nurses from across the state. But I remember Don Kassebaum at one of the first meetings asking me some questions as only Don Kassebaum could do within a meeting setting, just kind of stopping everything and asking those questions. So he stands out in my mind.

But again, from the nursing standpoint, Donna Jensen was on the committee, Barbara Gaines, Carol Howe, May Rawlinson. Jim Metcalfe from the School of Medicine. There was nobody from the School of Dentistry that I recall being on the committee. Somebody from the library was in—not on the committee, but in one of the meetings, and asked the question—I can't even remember the exact question, but I knew I had to do a lot of mental translation before I could answer the question that I thought she was asking.

But the interview itself was very intense. Bob Roth from, I believe, White Stag, was the community person that was involved, and very, very involved in the interview process.

ASH: And Dr. Bluemle, I take it?

LINDEMAN: Yes, well, Dr. Bluemle and I certainly had conversation and interaction, but on that first interview he was really one step back and letting all these other people do much more interviewing and asking questions and so on. Bill Bluemle was impressed with the research I had done, and you know,

certainly I always liked him. I thought on the interview that there was good chemistry.

ASH: And then you had another interview?

LINDEMAN: Right.

ASH: With the same group, or others?

LINDEMAN: A smaller group, it seemed to me, and then I met more people in the School of Nursing, students and faculty. Many more specific questions, none of which a person is able to answer truthfully.

[End Tape 1, Side 1/Begin Side 2]

ASH: So how did the offer come about and what were your thoughts about it?

LINDEMAN: Well, President Bluemle called me on the phone and offered me the position, and I think by that point I was quite ready to accept it if offered. I also knew some of the other people that were hoping that the position would be offered to them, and I don't know that I should mention names on the tape, but anyway, I was very pleased to have been offered the position, and knowing some of the other people that were candidates, it also made me feel very positive about it. So I accepted the position.

Then we started the process of hunting for a house, and were not very successful in finding one. And my husband came back one time when I was not there, and Donna Jensen, whose name then was Donna Schantz, and Barbara Gaines went out with him and found the house that we still live in.

And then we sold the house in Colorado and packed up the family and moved out here.

ASH: I remember one of the first things you did when you came was do a Delphi study around the state. Was that the first year you were here?

LINDEMAN: Well, the first year that I was here we didn't do a Delphi study, but we did do some data collection, trying to pull together—we had a lot of questions that we were asking, but perhaps the primary overarching question is: What is the role of the School of Nursing in the state of Oregon, not just in Portland, but in the state of Oregon? What does the community expect of us? What do they want of us?

So Donna Schantz and I did this trip through the state and met with people, tried to meet with community people—they were harder to get to come to a meeting; it was easy to get nursing people to come to a meeting. But we met with a lot of people and talked to people; we followed that up with collecting data from people. But we also wanted, then, to look at health statistics because we felt that, again, if you were going to go forward and justify doing something, you had to have more than “we want to do it” or “they want us to do it.”

So we looked at data, and I always remember, for example, the data from Eastern Oregon, that showed that women there, when diagnosed with breast cancer, were much later in the cycle of breast cancer than women in the Portland area, that having nurses prepared to handle intensive care units in Eastern Oregon, one person, she couldn't get a day off because there wasn't anybody to replace her.

So we could look, then, at data and other kinds of statistics and link them with what we were hearing from the community to put together our first ten-year plan for the School of Nursing.

Then we also brought in community members to sit with us and to look at those data and make recommendations, and then could take that forward. But again, the Board of Higher Ed. was very positive with our first ten-year plan, and we eventually were able to establish the doctoral program, which was the final step in the plan.

Lou Perry was then president of the State Board of Higher Ed., his second term back on the Board. He recalled the commitment made when we brought our first ten-year plan forward, and that that was part of it. And they were able to see that every point along the way had been accomplished and that we had been successful in doing what we had proposed to do.

Part of that plan was starting the school in La Grande, and I think you went to some of those Higher Ed. Board meetings at that time. People thought we were doing something innovative by linking resources from Eastern Oregon with OHSU to make something happen. I never thought it was innovative; to me, it just made good sense. I mean, you know, that's just common sense. But I still remember the Chancellor talking about this in terms of this innovation.

But then some of the stereotypes came out. The Portland people on the board were saying, "Well, do you think Eastern Oregonians are smart enough to get through the baccalaureate nursing program," and you know, just these stereotypes coming out of the woodwork. And we just had to keep reassuring people that absolutely there's no reason to think—I mean, they come to Portland and are successful; why wouldn't they be successful with the program out there?

But it was interesting, and clearly we were in some senses carving out new ground.

Roy Lieuallen was the Chancellor, and you asked once before about why I came. I had worked with Roy Lieuallen through WICHE, had met him at some of the meetings, interacted with him, and as you may recall, he was just a very affable person. And certainly he encouraged me. I remember playing bridge with him in the airport one time as we were all waiting—this is before I took the position—but while we were waiting for our plane. And we had fun playing bridge. And anyway, he certainly encouraged me to take the position.

ASH: We hope we can interview him, and Lou Perry is already on the schedule.

Then the other thing I remember about right after you came was there was a plane crash on the east side of the city. Can you tell us that story?

LINDEMAN: Well, I can tell you that story. Our family was coming back from the Midwest; for Christmas we had visited relatives in Racine. We got on the plane in Milwaukee, flew from Milwaukee to Denver, had to change planes and then fly Denver to Portland, and it was right after the Christmas holidays, so it was cold weather and everybody with their Christmas bundles on the airplane, and planes were late and all of those kinds of things.

But all of us were on the plane, and we were about in the middle of the coach section, and I was seated with the two youngest children, Daniel and Michael, and my husband was across the aisle with the two older boys, Steve and Tim.

It was an uneventful flight up until the time they were approaching landing. And the pilot pulled the lever or whatever they do to have the wheels come down, and there was this loud noise, and the plane kind of shook. Everybody in the plane noticed it.

And pretty soon the pilot came on, or somebody from the cockpit came on, and they said, yes, it was correct that there seemed to be some difficulty with the wheels, and that they could not tell whether they had fixed in place, that there was a red light on in the pilot's area that would suggest they hadn't locked in place. So they were going to circle, and they were in radio communication with the repair area in San Francisco and getting information about what to do and how to approach it.

We circled for about an hour, and during that time there were funny things that happened, and there were things that were not so funny that happened. One funny thing was one of the pilots came back with a flashlight and wanted to look out the window of the airplane to see if he could see whether or not the wheels were locked in place. Now, that amused all of us that were there because that didn't reassure any of us.

But the flight attendants were unbelievably skillful, and I've thought many times if we could educate nurses to be as skillful as they were in that kind of a situation, we would be doing a good job. They engaged in educating everybody about if we crashed how to sit, what to do. And with the little children, they went through it individually. They gathered up pillows, blankets, to put around the children to make certain that their seat belts would be tight enough so that they would not be injured.

There were some people on the plane that were visually impaired and some that had impaired hearing, and again, they knew who those people were, and they took time to rehearse things with those people, so that should we crash, people would really be prepared for what they were to do.

Now, as they gave us those instructions, it then seemed to me that the two youngest sons that were seated one on either side of me, that the three of us would walk out as kind of a single unit, that we would put our arms around each other, not this way but as a column, because I was afraid that if there was panic children could easily get knocked over or pushed out of the way, and I didn't want that to happen. But we had time to actually rehearse how we would get up and how we would exit the plane. We were one row in front of the exit area over the wing.

Then the unbelievable thing happened. We crashed. Even with all the preparation, people just don't expect it. It was a very eerie feeling because the pilot had announced that we were going to go into the airport, they didn't know if the wheels would hold or not, that there were vehicles at the airport that were ready for us and so on. So we were preparing for this final approach to the airport when all of a sudden everything in the plane was black, and there was not a single sound.

The plane had run out of fuel. When it runs out of fuel, all the electricity goes out in the plane, so it was dark and an eerie silence, and yet we could feel ourselves going through the air.

I don't recall the exact sequence of events. I remember the flight attendant calling out, "We're going to crash; get into the safety position." That's the only voice that I remember hearing. There was no ability for the pilot to speak to us. She realized what was happening, and called that out to us.

At about that same time, the tail of the plane caught into the electrical wires, and that was a life-saving event, and it's just like the planes coming in on carriers, where they have those wires that slow them down, so it slowed our speed down.

I remember my son looking out the window and saying, "Mother, there are people there." We were close enough to the ground that we could see people on the streets and see the streets, and we knew we weren't at the airport.

Then we just felt and saw a tremendous noise, and I remember looking up when that sound occurred and could just feel the swish of stuff going by me, which turned out to be insulation from where the plane had broken in half—or it didn't break in half, but you may remember the nose went into the ground, and the plane buckled over, so the plane was sliced open. And there was the debris from that that flew around us.

Then, you know, we were still, and I thought the plane was going to explode. It didn't register that it was out of fuel to me, and that if it was out of fuel it couldn't explode. I'd seen movies, and in the movies the plane always explodes. So I was going to get the two youngest children and myself out of there.

And my youngest son, Daniel, couldn't get his seat belt open. He was really nervous, and he couldn't get it open. So I helped him, and then we did just as we rehearsed, only when we got to exit the airplane, the wing was not there because both wings had been sheered off in the descent. Again, talk about miracles, if one had gone off and not the other one, the plane would have tipped, but both wings were sheered off.

But we went through the door that's supposed to let you exit over the wing, and I had this period of disorientation because a tree leaf hit me as I tried to exit. It turned out that our side of the plane was resting against a small shed, and we had to crawl up the roof and then crawl down the other side. And you know, you think about all the things in your life, and when I was a little kid, we'd crawl out of the attic window and shimmy up the roof on hot nights and sit up there. So I knew how to shimmy up a roof and how to shimmy down the other side.

The first person ahead of us who opened the door jumped onto the roof and broke his leg. We couldn't tell because it was perfectly dark, all the lights were out, we couldn't tell how far down it was. But I jumped. I got my youngest son, he was willing to jump, and then I jumped and got him away from the airplane and then went back and tried to get my other son to jump, but he was afraid to jump. Finally he did jump, and we all got away from the airplane.

But you couldn't walk around because nobody knew where there were live wires or wreckage or anything like that, and it was dark. But a person let us into their house, and I remembered that if children experience something like that and feel totally a victim, that it's much harder for them to get over the trauma of the event. So I tried to think of something that Dan and Mike could do where they could give something to somebody else, and I thought by mobilizing them in that way, they would feel less of a victim and more having some control.

So the lady in the house gave us wet washcloths and things, and there were a lot of people that were bloody. We were not bloody, but there were little kids who had crashed into the seat in front and their teeth had been pushed up into their gums or they'd bitten their tongue, so Dan and Mike were able to help some of the others.

Then we all became concerned because we couldn't find the other members of our family. Eventually we were all united on a canvas that had been rolled out, and they were putting survivors there as well as the dead bodies. It was kind of gruesome, but nobody had expected the crash to occur where it had occurred.

Then they took those of us that were alive on a fire truck over to the church. We were talking about it the other day, and my son was telling me how cold he was. Part of it was the shock. But this fire truck drove like they were going to a fire instead of taking survivors to a church. And Tim said, you know, he just almost flew off a couple of times, that he was just freezing cold.

We got to the church, and the church was cold. We stayed there, and it turned out it was the place where they were taking the dead bodies, not the live ones. So we ended up being the absolutely last set of people, there were about 30 of us there, that actually got medical attention and could get on our way.

I got up and went to work the next day. And after I got to work, then people were saying, "Well, why are you here? You should be home." And I decided, you know, maybe they were right. But it didn't occur to me that morning that I should stay home; I mean, I was alive. I didn't have any injuries. You know, so back to the usual routine.

ASH: I remember reading about it in the newspaper, and they did mention you in the newspaper, and that brings up another question I wanted to ask. There were really a lot of mentions of the new School of Nursing Dean when you came in the newspaper. Throughout the years did you feel that the media were a positive influence?

LINDEMAN: Yes. I think that the media was positive. Sometimes there were things we thought were newsworthy that they might not have thought were newsworthy, and so we were always having to, in a sense, tell the significance of it. But I thought we had good relationships, both with the University relations here and then with the general media.

Certainly when you get out of the Portland area the School of Nursing got good coverage, like in La Grande, and then in the southern part of the state more recently. As we moved our programs into different parts of the state, our general feeling has been that people are interested, they want to give coverage to it, they want to tell what the significance is for their part of the country or

their part of the state. And because that was the way we always believed you developed programs, by making certain there was a significance, it was easy for us to convey that.

Now, again, I'd not be totally honest with you if I didn't say I always thought it was easier for Medicine to get something into the newspaper. But I never felt that we were, you know, shorted in any way.

I think when we did the capital campaign for the School of Nursing, and the community turned out in the magnificent way in which it did, and George Passadore from the First Interstate Bank being willing to chair that task force, and all of the support that we got, it suggested to me that over the years the positive image of the School of Nursing had been communicated to people, or otherwise they wouldn't have turned out that way.

Again, Lou Perry was one of the people that helped us obtain George Passadore as the chair of our capital campaign. I'd gone to see Lou Perry, and I'd also gone to see Don Frisbee, two community leaders having a tremendous impact on this state. And the two of them agreed to get together.

Now, I remember—though Lou Perry may not remember this, or he may feel a little bit differently about it—but he said to me, you know, “Carol, what you need to get is a vice president from one of the big organizations because every one of these organizations has two vice presidents; one's going to get to be the president, the other is not, and the difference is in terms of what they can do for the community—not how well they know banking or this or that, because they couldn't be a vice president if they didn't know that. But it's their ability to work with the community. So you have to think that you're going to give an opportunity to a vice president to really show their stuff.”

But he and Don Frisbee and their wives were out hiking and talked about this, and they thought George Passadore would be the perfect person. So they approached him on our behalf, and fortunately we had support like from Mary Anne Lockwood and some others, and they convinced George to lead the capital campaign.

And we were successful in raising more money than we had anticipated. I remember Don Frisbee saying, “Carol, don’t go after three million because nobody in the community will think that’s big enough. You have to go after five million because then it sounds like a really worthwhile cause.”

So we built in things not just for the equipment of the school but for programs that would enable us to do some of the other things, and we went for five million.

ASH: How far back did that effort start?

LINDEMAN: The capital campaign? Well, that was—and I’m not good at remembering dates—but when President Laster left—there had always been the commitment to have a School of Nursing building. Even Bill Bluemle had an intent to build a School of Nursing building.

Now, you may remember that prior to that, there were monies in the Nurse Training Act for building schools of nursing, and the federal government sent people here to convince this campus that they should ask for those monies. And the people in the School of Nursing said, “No, we don’t need a building; we just need some remodeling.”

So they got money for doing the remodeling in Mackenzie Hall, but nobody ever felt that was what they should have asked for, nor was there money then for those things.

Anyway, Bill Bluemle, when he came—because that was before his coming here, as well—but he felt that there should be a School of Nursing building. So there’s always this conversation about it. And again, you know how the state appropriations work: You create a laundry list, and you hope that ten years later you may get up close to the top and actually get some money, and of course when we got up to the top there wasn’t any money there.

But there had been a lot of conversation about the dormitory being converted into a School of Nursing building and a number of things like that. And then Senator Hatfield was willing to find money for a building on this campus, and Leonard Laster asked me if I would be willing to step aside and let the money go for another capital construction project. And at that point I really did believe the other one was much more critical than the School of Nursing building, that we could make do for a couple more years.

Anyway, Leonard Laster left, and within months the phone call came from Senator Hatfield saying that he was interested in finding a way to award money to build a School of Nursing building. He had made it clear over the years that if you were part of the team and your really worked as a team that your turn would come.

Now, it didn't mean you were going to necessarily get something you didn't need or wouldn't be good for the state. I mean, certainly anybody who knows the Senator knows that he has this standard that it has to be good for the state before he'd even consider it. So it isn't that you'd get something that wasn't needed, but there was that commitment to being a team player, and you had to have the confidence that your turn would come. And our turn came.

It wasn't easy for Senator Hatfield because nurses, God love them, are not quite the same when it comes to federal funding being distributed, and some nurses in other parts of the country were angry that we were going to get federal money for a school of nursing when they couldn't get money. So there was almost a little backlash. But the Senator found a way to handle that and move ahead, and we got a \$12 million appropriation for the School of Nursing building.

We also got some money from the State for infrastructure, so that we could have electricity on that part of the campus and a few things like that. Again, it's in the post Leonard Laster era, at the same time that Dave Witter was the interim president and we were moving ahead with the search for a president.

But building on this hill is very expensive, as we all know, and we had to make a decision whether the \$12 million should be cut back to equip the school as well as build the school, or whether we were willing to take a chance on a capital campaign to raise money to equip the school. I don't see myself as a risk taker, but when I look back at some of the decisions I made, I decided I had to be—because we took the risk about raising the money from the community and set aside the \$12 million for the building. But it was all in that period of time.

ASH: Barbara Gaines mentioned that your relationship with Hatfield goes back fairly far, even further back than when you came, the School of Nursing had friendships with Senator Hatfield.

LINDEMAN: Yes. Donna Schantz—that was before she was married—Senator Hatfield was the best man at their wedding. So it's always felt like we had access through that route.

But other than talking with the Senator about federal legislation affecting nursing, research funding and so on, we really didn't push that connection. Because again, much of the funding and more of the politics were on a state level, working with the Board of Higher Education and so on, rather than with Senator Hatfield's office.

ASH: But he came to you and the School of Nursing when he needed information?

LINDEMAN: Oh, yes. Yes, he would call and ask for information about this, or help supporting something else. Yes, he was very helpful.

I would have to say that the other person that we worked with in a similar way, although never in terms of building, was Ron Wyden, who has had a long interest in nursing, health care, gerontology. So he was also very positive in terms of trying to help support federal legislation for nursing. So we had a lot of interactions with his office in terms of statistics and data and so on.

ASH: I wanted to ask you about the deans you knew. There's a pretty long list, actually.

LINDEMAN: They came and went.

ASH: Who was Dean of the Medical School when you came here?

LINDEMAN: Bob Stone was Dean of the Medical School when I interviewed and was here for the first period of time.

[End Tape 1, Side 2/Begin Tape 2, Side 1]

ASH: It's April 17, 1998, and Linda Weimer and Joan Ash are interviewing Carol Lindeman in BICC 531. This is Tape 2.

LINDEMAN: So I felt with Bob Stone that it was more what one might consider the traditional physician-nurse hierarchical relationship as he and I would talk about issues. But he left when it was clear he was not going to get the position of president, and he went to Texas.

I don't even remember—I remember there were interim deans, but I no longer remember which ones were interim during which period. But certainly Ransom Arthur was then the next permanent Dean of the School of Medicine, brought here by President Laster. And I thought Ransom Arthur was a really superb human being. We were able to talk about common agendas and ways to work together and things that could move the university ahead.

I think although he was Dean of the School of Medicine, I thought he also had a feeling for the total entity and how all of it needed to be integrated. So I enjoyed working with him, but again, I'm certain that you're hearing from people about some of the crises that occurred during this era, one of them being the first evaluation of Leonard Laster and the feeling on the part of some of us that he was not the best president for this campus. And certainly Ransom Arthur and Don Kassebaum were two people that were seen as leading the concerns about Leonard Laster.

So Ransom had a lot of difficulty with his health because of all of the stress that he experienced during that period of time, and again, as we all know from the facts, he left shortly after all of that situation was resolved.

ASH: We have been told by two other interviewees that there was a meeting that Senator Hatfield apparently called in the president's office where all the deans and vice presidents were present, and Senator Hatfield said, "Either you back up President Laster, folks, or I will" and I've had two different versions; either he said, "I will make sure that federal funding goes to the University of Washington," and the other version he said, "I will make sure that federal funding just goes elsewhere and does not come here." Apparently it was shortly after that that Ransom Arthur left.

LINDEMAN: Certainly I was at that meeting. I don't recall either of those particular versions, and it may be that—I just do not remember Senator Hatfield making statements that strong.

I remember his making it clear that we had to look beyond personalities or ways of doing things and think in terms of what the university needed to do for the state and what it could do for the state, and that this is where the whole issue of being a member of the team—this is what I heard, not the threat of no money or taking money elsewhere, but that if you function as a team, good things will come to you.

ASH: Interesting the different perspectives. I like yours. Then you worked with Lou Terkla primarily as the Dental School Dean; most of the time you were here he was the Dental School Dean?

LINDEMAN: I don't remember when he came, but I worked with Hank [Henry] Van Hassel for a while, too.

ASH: And can you say a few words about the relationship between dentistry and nursing?

LINDEMAN: Well, there were several things that stick in my memory as important when you look back at that era. One was that Lou Terkla came to the union with a free-standing dental school and had to give up being a free-standing dental school to become part of a trinity.

When the university was created, there was the concept of parity between nursing, medicine and dentistry. So nursing—and I've linked it in the past to kind of being like when God took the rib out of Adam and created Eve, and then they were supposed to exist in some kind of parity; well, here the legislature or the Board of Higher Ed. took the School of Nursing out of the School of Medicine and said: Now exist at parity—in terms of decision making; not necessarily funding or anything like that, but in terms of decision making. And then dentistry was brought in as the third part of that equation.

But Lou Terkla had more in the way of certain resources, and he wasn't going to give them up to be a university. They had their own photography department. They had their own cleaning contract arrangement. They had their own library. And they had all of these things that they brought with them, and Lou Terkla was going to hold onto those. And he was very successful.

Now, what did that mean? Well, it meant at times that Lou was more interested in the School of Dentistry than the University. So at some of the administrative meetings, we didn't make much progress on some of the issues, particularly those that nursing was concerned about; we wanted some people in student affairs, or some of the things that we felt we had never gotten, that once the rib was taken out, we were just kind of bare-bone, period. So we were wanting some budget adjustments, and toward that end Lou was never really very supportive.

On the other hand, he was very positive toward me personally and toward being a help in any way he could with the School of Nursing, but "Just don't touch my resources or question some of the principles surrounding those."

I don't believe much progress was made in trying to deal with some of those issues till Hank became Dean of the School of Dentistry and Jim McGill was

able to start a process to look at some of the way those dollars were being used and allocated.

But anybody, I think, who knows Lou Terkla thinks of him as a very fine gentleman who ran a very excellent school of dentistry, produced great clinicians. At the end of his tenure, issues in terms of enrollments and quality of students—you know, needing to move away and invest more resources in recruitment—which again, look back at what Hank has done; one of this first things was to deal with the recruitment issue and nationwide approaches and building up the quality of the students coming into the dental school.

But I think we've always had good relationships with people in dentistry, but it's easy to have good relationships on a campus such as this if you aren't fighting with each other for the same resources.

ASH: Do you think we have become a university? How do you think that progression has gone?

LINDEMAN: Well, I think that—you know, there are times when I think there are very positive strides towards that, and then again I think we are hindered, not by three schools that got joined together late in life, but by the clinical situation, and when the bulk of the money comes in through clinical—and now more of it's coming in through research, of course—but for a long time—you know, we used to say in administrative meetings the tail could wag the dog because that's where the bulk of the money was.

So I think we take some steps to really being a university and thinking like academics, et cetera, and then you run into the clinical issues, and it creates a sense of panic. And I think this university will continue to struggle with that as the federal funding, through Medicare and through the pass-through monies, continues to spiral downward. Every medical center across the country is struggling with that issue, having built up a medical faculty that now they can't support.

ASH: So it sounds like it's almost outside influences that are the factor in the fact that we're not a hundred percent a university now?

LINDEMAN: Yes. I think that, and then I think there's also—people who didn't come here because it was a university, who are still on the faculty—now, hopefully a large number of them may have retired—but they didn't come here to be part of a university. They came here to offer a specialty practice and to train residents. And now they're being asked to think in new ways and adapt new behaviors and value other sets of things.

Now, you can teach an old dog new tricks, if the old dog wants to learn them. But I think some of these people just have to retire, and I think you have to work with the newer people, indoctrinating them. I certainly think that there is a commitment to be a university; I think it just is taking a lot longer than anybody thought.

ASH: Let's go back to presidents and vice presidents you knew. There's a long list here, also. We've talked some about Dr. Bluemle.

LINDEMAN: Could I go back? I'd to just say something about John Kendall.

ASH: Yes. We haven't covered him.

LINDEMAN: For a number of reasons, I think probably I had a better working relationship with John than the preceding deans in the School of Medicine. Part of that was that I knew John before he was the dean, and he knew me because of the research that I had been involved with. So we established a relationship prior to being two deans. The other is that John has always wanted to be a reasonable person, and therefore, if you also see yourself as reasonable, it's easier to work together.

But during the time that John was the Dean of Medicine, we created a number of ideas for School of Nursing and Medicine working much more closely together, and even some things that initially may seem minor, but prior to John's being the dean, if somebody from Medicine would come and help preceptor one of our nurse practitioner students, we would have to pay them. Now, from

John's perspective, that's not the way a university works. If you're on the faculty and there is this need, you contribute to it.

So anyway, he was helpful from that respect. But we did put forward a couple of joint projects in gerontology, and we worked very, very hard on trying to get funding for a center in gerontology; it should be interdisciplinary—a lot of positive interaction between John and myself on that point.

We did some other things with money that the university had for other projects that ended up to be joint between the School of Medicine and the School of Nursing, and then we did the efforts with the Kellogg community-based partnerships.

So I really enjoyed working with John, and thought that if ever there was somebody in the School of Medicine who could see ways to mount joint programs and so on, it was John Kendall.

ASH: Thank you. Now the others. We have Dick Jones, Leonard Laster, Dave Witter, and Dr. Kohler, and then Jim McGill, Bob Peterson

LINDEMAN: And on and on and on.

One of the nice things was to become the institutional memory, because everybody else at the administrative table was changing, and I could remember things. Sometimes that was valued, but a lot of times it wasn't valued. Nobody wanted to know that a commitment had been made, X, Y or Z.

But again, I would want to say that I respected Bill Bluemle. I have always thought fondly of him. I was very sorry when he chose to leave. And one of the things I liked about him was, again, that he gave you a long leash. If you hung yourself, you hung yourself, but it was there.

And he would say, "Oh, yes, there are Sam and Becky Johnson down there in Redmond, you're going to be in that area, go in and say hello to them, tell them I said hello, but go and see them and visit with them. Get their opinion

about things.” And would open doors and tell you to go ahead. I liked that very much.

And he liked what I was doing in terms of a more data-based approach, more strategic planning, long-range plans. His feeling was, again, that that’s the way you had to do things at the university so you could get the plans laid out and get the competing ideas and so on. So he and I were very compatible.

But at one point he came to see me, and he said that he wished that my agenda had been slightly different and that I would have spent more time on this campus, particularly trying to deal with some of the issues in the clinical setting, rather than around the state. And again, as you probably know from some of your interviews, it turned out to be clinical medicine faculty that really objected to much of what Bill Bluemle was trying to do with this university and that led to his eventual decision to leave. And I think he thought had I been here more, rather than traveling around the state, I might have been able to be of help to him. I don’t think that’s true, and probably at this point he doesn’t believe that any of that would have made any difference, but I certainly did enjoy working with him.

With President Laster, it was very different, and he didn’t give us any leash. He wasn’t really interested in having us just go out and meet with people and talk with people. He, I think, felt a much greater need to control what went on.

Again, I think Leonard Laster brought to this campus this image of being like NIH [National Institutes of Health] and the Mayo Clinic combined. He also brought this view of research, that you went from the basic research to the applied research and so on, and started trying to develop us as a little NIH.

Now, to the extent that one knew how NIH operated, it seemed to me possible to understand why he was doing some of the things he was doing, and where his priorities were coming from. But for those of us who had this academic bent more than the NIH research bent, it wasn’t a good fit all the time, and that’s where some of the friction, I think, would come in.

But again, I think one has to look at what did the person bring, and you can always hope they would have brought some other things and maybe done some of those things in a different way, but I thought it was not a bad image in terms of NIH. I thought it was lacking and we needed to develop it further, but certainly in the last couple of years what I recall of our administrative meetings really focused around that NIH model.

And you know, the Vollum [Institute for Advanced Biomedical Research] being a clear example of this center of excellence in this kind of research, that then one would hope would trickle into the clinical setting and into the School of Nursing research activities, so that there would be these threads and links. So if we had people in the School of Nursing doing research, like Pat Archibald and Barbara Stewart, with the burdens of being a caregiver, that bored him, because it didn't get linked up with what he was seeing coming out of the Vollum or some of the other centers of excellence.

And again, I think you survive because you try to understand the other person. You don't survive by trying to get them to understand you. You find out how they tick, how they think, and work from there. So certainly I spent a lot of time trying to understand where President Laster was coming from. And again, I think he and I worked together fairly well over the years.

You know, I wasn't sad when he made the decision to leave. On the other hand, I thought he did some good things when he was on this campus.

ASH: When Dick Jones was named acting president, I remember saying to someone—I didn't know Dick Jones, and I love him dearly—but for one thing, the big question was why didn't they pick one of the deans to be acting president, and specifically, why didn't they pick Dr. Lindeman, who by then had proven herself to be a wonderful manager and well liked at the same time. So I'm trying to frame my question. My personal point of view is why didn't they select the proven manager as the acting president?

LINDEMAN: Well, and of course I wouldn't know the answer to that, in terms of that particular question. Certainly I was never asked if I was interested

in being an interim president, ever along the way, and had I been asked, I certainly would have been glad to serve in that capacity.

I don't know. It does feel to me at times that the good things we did in the School of Nursing and how we helped improve the image of the university, with our outreach programs and some of our "can do" attitude, just were never appreciated in some sense. It was kind of like, "Well, nursing is easy to administer. Anybody could do a good job over there. These are the real issues, the tough issues."

So I think people found reasons for not doing something on that basis, but I don't know the answer. All I can tell you is I never was asked; had I been asked, I would have been overjoyed.

ASH: We have to talk about Jim McGill and Bob Peterson because they don't always come up in the conversations we have with other interviewees. They were both vice presidents.

LINDEMAN: Right. Bob Peterson, in my mind, was as instrumental as Bill Bluemle in making me feel that this was a good place to work. Bob didn't seem to have a need to hide budget information or anything along that line. His attitude was, "I'm here to help you; you need to let me know what your needs are, and then I'll work with you." Always very positive, and I'll use the word "respectful," although I don't mean that—again, it was not a hierarchical kind of thing. It was just that he valued people, and because he valued people, he treated them with respect.

Again, just in terms of one little scenario about Bob Peterson, the first year that I was here it became clear to me that certainly we didn't have the money we needed in the School of Nursing, and it was very clear in the clinical skills lab that we didn't have the resources. The students were learning how to give injections with make-believe needles and syringes, and they learned how to defibrillate people using coke bottles, things like that.

When I heard these stories from the students and verified them with the faculty, I then went to Bob Peterson. And Bob was amazed because in previous years the School of Nursing had given money back to the University at the end of every fiscal year. Now, that comes out of the thought that a good manager gives money back. I mean, clearly you don't survive that way today. But you know, money had been given back, so Bob was totally unaware of any of that, but immediately joined with us in the School of Nursing to try to see what we could do to rectify that kind of a situation. And he always was there being supportive.

Now, my memory, and we'll see if your memory is the same on this point—the students got involved that year; it was the first year I was here, and they were going to help get more money for the School of Nursing, so they contacted radio stations and got these little community announcements, only they talked about how they were not prepared, so when they went in a clinical setting they might actually injure a patient, and the phones started ringing on this campus.

Now, this is where my memory says you and Jim Morgan were down in Klamath Falls for a Board of Higher Education meeting. Donna Schantz and I flew in; you met us at the airport. And shortly after that, I got this phone call from Don Kassebaum, who was on this campus, saying I had to get back here right away and answer to him for what my students were doing because he was getting all these phone calls. And of course I zipped back here, and we were able to help correct the situation, assure Don Kassebaum that we had not written the script, we did not know about it.

But the students didn't stop there; they went to Salem. And they could get in and talk with the legislators on the ways and means committee, and that year we got eight new faculty positions and additional money to help get supplies for the clinical skills lab. And although Bob Peterson took a lot of heat from other people about it, he held onto that money for the School of Nursing. So he's right up there with my favorite people from this campus.

And Jim McGill was again in my mind just a godsend for all of us, in terms of bringing a rational approach to doing things, laying things out in the open. You

know, during that era we would get equipment replacement money as part of the budget, and Jim decided that he would institute a process whereby every dean or every administrator would get to request monies, and then we would all sit together and learn how to make priorities and award the money. But it was done above the board, it was done openly, we all knew how much money was there, and I valued that about Jim McGill.

It might have been when Ron Parelius was interim in that office that we dealt with the salary issues in the School of Nursing, and we were able to get a special adjustment from the legislature to increase faculty salaries, and then we could also add a surcharge to the tuition for doing that.

But you know, I felt that we always had help in that office, and certainly Jim McGill and I have maintained a friendship for all of these years, even since he's left campus, based on our experiences and our sense of working together.

And just one thing about Jim, we would hold weekly meetings, and one week it would be in his office, and then the next week he would come to my office, because he wanted to say, "We're peers. We're both equally important, or equally unimportant, to this institution. Just because I'm the vice president, you don't always come to this side of the campus."

We could take an issue and talk it through and talk about strategies. And Jim acknowledged there were some discrepancies in funding that needed to be addressed, but he said, "Carol, the only way I'm willing to do this is to nibble on the edges, so that each cycle we'll try to funnel a little bit more money in for this purpose or that purpose, but no major readjustments because this campus can't handle it."

So we'd talk about strategies and agree on approaches. And I thought he did a magnificent job.

ASH: He was working for Dr. Laster the entire time Dr. Laster was here, I believe.

LINDEMAN: He was hired shortly after Leonard came.

ASH: Could you describe the relationship between the two of them? This is to prepare me for interviewing him.

LINDEMAN: Sure. Well, I would have to say that at some points it was positive, and then at other points it was negative. Initially—and again, I was here before Dr. Laster came. But he had the ability to attract high quality people to this campus. That was one of the things, I think, he did very, very well, and one of them was certainly Jim McGill. So he had that capacity, and I think to some extent that meant a good working relationship.

My sense of where things started to fall apart in terms of the two of them was when the Board for this university—I don't remember what it was called at that point, but it was this group of community people—were concerned about internal operations and felt that President Laster did well externally, and that's where he should devote his attention.

[End Tape 2, Side 1/Begin Side 2]

LINDEMAN: That was a turning point in their relationship, and part of that was that the board really liked the openness that Jim brought to the discussions, and as the board saw him more and more positively, I think there was more of a threat that President Laster then experienced. And again, I think given his need for control, it then created an impossible situation for the two of them.

ASH: But Jim McGill survived.

LINDEMAN: Yes. He's quite happy.

ASH: This is very much an aside, but all the time you were dealing with all of these issues here on the campus, you were still so active in professional organizations. I looked at your resume, and I'm exhausted because I see so much effort you put into every aspect of your professional life and your deanship here. You have a string of honorary degrees like no one else on this campus has ever received.

LINDEMAN: I'm getting another one next month. Duquesne University.

ASH: Congratulations. I wanted to ask about the Thomas Jefferson one because that's where Dr. Bluemle went.

LINDEMAN: Right. Well, I'm certain that Bill Bluemle and Bob Peterson and John D'Aprix were very instrumental in bringing that about. The Dean of the School of Nursing told me that John D'Aprix in particular had mentioned his belief that I should be so recognized and so on.

But more than that I couldn't tell you about Thomas Jefferson.

ASH: Were these given to you when you went to give presentations, or how does this happen?

LINDEMAN: Well, every campus has a different approach for making those decisions.

Last year I received an honorary Doctor of Laws degree from Valparaiso that was a total surprise to me. I just didn't know I was being considered. I had not received a request for any information. I checked with people on this campus; nobody in the School of Nursing had received requests for information. And yet they had information about me going all the way back to grade school.

In most institutions there's a committee that reviews the credentials, according to their criteria, and either the person is approved or not approved, and then if you are approved, given the opportunity to go to that campus. Most often you don't have to give a presentation, like with the Thomas Jefferson one I think I had two minutes or something like that at the convocation—or at the graduation itself.

The one in Duquesne, I will actually be giving the commencement speech. So that's a little different. But as I say, each one is different. This time there are other people at Duquesne getting honorary doctorates: Eunice Shriver is one,

and certainly she's a person that I've admired, and I always give to the Special Olympics, I think it's a worthwhile cause, and she was critical in getting that up and running. And then the other is an astronaut, and I don't know his name, but this will be the second time that I've received an honorary doctorate with an astronaut.

ASH: I wonder if this is symbolic? Well, you're getting an honorary doctorate not just because you were such a wonderful dean here at OHSU, although that's part of it, but because of your professionalism, professional activities. And again I want to ask you how had time to do it all?

LINDEMAN: Well, you know, none of us can answer that question. You look back at what you do—and I think women in particular, that society expects so much more of women, and the roles are still pretty tightly defined, and the expectations are very, very clear. So I just think in general that we don't take enough time to pat each other on back for accomplishments. But I think we look back, and we don't know how we do the things that we do. Nobody does. I don't, and sometimes I don't know why I did them; that's the other part of the question.

Again, I think if there is a theme that kind of brings all of it together, is the same concern for health care in this country and that to influence its quality you have to take on multiple assignments, if you will. You can't just be a dean, or you can't just be a researcher. It seems to me that society calls on you to say, "What talents do I have, and where are they needed," and if so, to be willing to use them.

I heard Barbara Roberts when she was campaigning for governor—and it was probably an old statement, but I hadn't heard it till I heard her say it, and that's that society can't afford to have any of us saying no when asked, but when we say yes, then we have to also give another yes to something for ourselves. Otherwise, we dry up, and we don't have what's required to give to whatever that cause is.

So whether that's a rationale or not, I've always enjoyed saying yes to things for me. You take time out to go to the beach, to the ocean, or to drive up

in the mountains or someplace, but you take time out and give something to yourself as really meaningful and enjoyable, or you just let yourself read some dumb novel, without feeling guilty about doing it.

But again, with the parochial school upbringing that I had, I certainly believe that we have an obligation to give to society, and it seemed to me what I was called upon in terms of my life was this area in terms of nursing and health care. So I said yes to more things than I said no to, and it was a major commitment, and yet I also had a lot of support from my family. My kids are—we still talk about some of the things that they remember, and my one son teasing me that I'd write a grant for 50 cents if I thought I could get it.

I'd bring people into the house, people that were working on research projects, and it was a very stimulating environment for them, so that it wasn't like this is my work and this is my family life; there was the wish to try to integrate it and to make them feel part of what I was doing and so on.

So they have as many fond memories as I do. I remember one of the kids coming home from school one day and saying, "Do you know so-and-so's mother doesn't work? What would a woman do home all day?" They didn't ever feel deprived or without attention or what they needed, and they just couldn't imagine that there was any other way of life. So I had a lot of support, and that also made it possible to do things.

ASH: Did any of your boys end up in health care?

LINDEMAN: No. That's the other part of the statement. But they've still got a ways to go.

ASH: These are the topics I still have here: the role of men and minorities in nursing, curricular changes. We talked about space and the School of Nursing building. We talked about organizational culture, I think in the discussion about becoming a university. So we want to talk about men and minorities, town-gown relationships. Technology and information needs, I have to ask about that.

All right. I think we can do this. And then I'd like Linda to have a few minutes, too.

WEIMER: No, you just finish. I think you've done it.

ASH: All right. If you think of anything, let me know. The role of men and minorities in nursing: The first man graduated from the School of Nursing ...

WEIMER: In the 1960s, I believe.

ASH: What have you seen over the years?

LINDEMAN: Over the years we have admitted more men, and I can't speak for the 1960s, but I can say from the time that I was dean on that we admitted more men to the School of Nursing than the national average, and I think we've been very successful in having very well qualified men coming into the School of Nursing.

I remember one young man that we admitted, and he had been a car mechanic. And when I talked with him about why he had come into the School of Nursing, he said, well, you know, there he was fixing cars, and it kept occurring to him that if people would engage in preventative maintenance, they wouldn't have so many problems with their cars. And as he continued to think about it, he said he thought that's what nursing was really all about, working with people to stay healthy. And so he came into the School of Nursing, and to my knowledge is still an excellent nurse. Many of the male students, I think, fall into that category. So I'm pleased with that.

Is it easy for a man to go through a school of nursing program? No, because there are a lot of people in nursing who are resentful of men wanting to come into what they see and think should remain primarily a woman's field, and so there is discrimination. Our students at times feel it in the clinical setting, not necessarily in the classroom, but in the clinical setting when they run up against some of these people. And whether we like it not, there's still the myth that if a man comes into nursing, either (a) he couldn't get into medical school, or (b)

he's gay and that's why he's coming into nursing. So they struggle with those stereotypes and those myths, and it does make it difficult.

I think we've tried to create support for the men in the program to make them successful in completing their careers. Now, again, if you look at the data, men in nursing, the average salaries are higher than female nurses, and there's a shorter period of time for their promotion into administrative positions. Now, whether that's because just high talented men come into nursing—you know, nobody understands why, but some of those data then tend to backfire.

Minorities, as you may again know, we set up very early on after I came here—well, first of all I'd say the admission process in the School of Nursing was not a good process when I came. If you looked at the people that were admitted, they all looked like the faculty. It was kind of cloning, rather than looking for people that really might do well within the discipline.

So we moved to a blind admission process, where nobody could see—we didn't have pictures any longer. You couldn't tell when a person had gone through some of their course work so that you couldn't discriminate in terms of age. A very different admission process.

In addition to that, we then looked at every ethnic minority who had applied who hadn't been admitted through the blind process and did a separate interview. And anybody that was likely to succeed based upon the interview—and the interview was developed by people from ethnic communities, anybody likely to succeed was admitted, over and above the number that we were to admit. So if we were to admit 80 students, we may end up admitting 85, the additional five coming out of this pool of likely ethnic minority students. And the faculty consciously made a commitment to in a sense work harder by taking in more students than they had to and give this opportunity to ethnic minority students.

Now, I don't know if that admission process is still being used, but it was up until the time I left, and that's one of the reasons that we did have the

diversity that we had within particularly the undergraduate program for the School of Nursing.

ASH: Your technology and information needs. Of course, you were here when the whole idea of the BICC [Biomedical Information Communication Center] first started, so maybe I should start by asking you your impression of how it started.

LINDEMAN: Well, it seemed to me the concept of the BICC changed as we interviewed people, and everybody we interviewed seemed to have an idea of what it might be or could be or what-have-you. We started with the library of the 21st century, and that created one image on the part of the many of the people that were here. And then we started bringing in these other people who saw all these other opportunities, and so it seemed to me every time we interviewed somebody, then we'd get a new idea of what this was going to be.

I don't know that I was very clear at the time Bob Beck was hired what BICC was going to be. I just would have to say it wasn't that I slept, it was just I wasn't clear, and the only thing I was clear about was that the interests that I was hearing him express were far different from what I had thought we were—the path we were going down in terms of the BICC.

Now, having said all of that, in terms of technology and health care and education, it seems clear in my mind that we still are only seeing the tip of the iceberg of how technology is going to change what we're doing. We get excited when we can read x-rays from some rural community or this or that, but in the next ten years, you look at what the futurists are telling us about technology and the ability to identify people that are going to have strokes before they have them, the ability to replace parts of the eye that have never been able to be replaced up to today—but technology in one sense is going to transform all health care, and it's certainly going to transform the role of the faculty member.

I may be wrong on my time lines, but I don't believe I'm wrong on my vision of how faculty roles will change. If you look at a faculty role today, every campus has a curriculum committee; with 1500 schools of nursing in the United

States, every one of them has a curriculum committee. Every one of those faculty spend time—every one of those school's committees spends time: Should we teach this? Should we teach that? Should we teach this first? Should we teach that second? And they keep spending time changing, changing, changing.

I don't see that continuing into the future. It's a waste of time. All the energy gets put into it, and yet the curricula look the same across the country. But technology will enable—and that's not perhaps related to technology, except in my mind what I see is that we will have a group of experts develop a curriculum, and it will be used with some modifications across the country, rather than every school developing their own. And that will be possible because of technology and the input of technology.

Now, I also think that we will have national testing banks, rather than every faculty creating their own tests and testing it on this campus, because of the mobility and because of health care systems going across state lines and people working in systems. So I see national testing banks rather than faculty-made tests being corrected—and again, possible because of technology.

I also see that students will receive more education through independent learning activities, and the faculty, instead of being there telling you, the faculty member is there facilitating your learning and your acquisition of knowledge, but a very different role for faculty because students now have the opportunity to acquire more up-to-date knowledge than that faculty member has through the worldwide web or through other kinds of chat groups or discussions or what-have-you.

So I see this tremendous change. I pushed our school, which it hasn't done, to form a collaborative relationship with two or three other doctoral programs across the country and offer the doctorate in nursing over the internet. For the most part, there are no courses that couldn't be done that way. And I think that the first school of nursing that does that will have a monopoly on students—because again, technology makes it possible for us to offer this course work, to get the expert in qualitative nursing research anywhere in the

world and have him on our faculty. So that your niche, in terms of a student population, is not going to be geographically determined any longer. It's going to be determined in terms of the quality of the faculty that you have to offer, the quality of the instruction. That's where education is going and because technology makes that possible.

So I see this tremendous revolution that is occurring in bits and pieces but will fall into place in health care—I mean, you don't need to go to an obstetrician to find out if you're pregnant. You don't have to go to get this test done or that test done. The self-diagnostic technology is available and as good as what you can get elsewhere. And if anybody thinks that that's going to go away or that the public doesn't want it, they're mistaken.

So I don't know if that's exactly what you had in mind in terms of technology, but it's not just our personal lives that will be revolutionized, but it is our work role. I just get so irritated with academic faculties who think that they can hold the world still and do things the way they've always done it. They're going to go out of business.

ASH: Well, I think your vision is coming to reality and that the virtual learning center that Jim Williams has been working on sounds very much like the doctoral program you envision for the future.

LINDEMAN: Sure.

ASH: I also wanted to ask you what you are most proud of in what you did here throughout your years as Dean of the Nursing School?

LINDEMAN: Well, I think what I'm most proud of is that I believe we certainly did improve the quality of nursing care available to Oregonians, and I think we did that by bringing in ever more qualified faculty to this campus, by promoting the research activities. But in my mind the bottom line is still: Is the world any better? You know, it's not: Did you bring in more research dollars or did you bring in more of this or more of that, or even the bricks and mortar of the building. The bottom line is, is society better off because of what you did, and I think absolutely yes.

I go lots of places and meet our graduates. In fact, I was here last month doing photography over at the V. A. [Veterans Administration Hospital] for a textbook that I'm working on, and this one person came in willing to be photographed—I don't remember which series of pictures we were asking her to pose for, but it was clear that she was a great nurse. She knew all the techniques, but she also knew the human part.

And after she finished, I just had this urge to thank her for what was obvious in terms of the quality of the care she gave, and she said, "You don't remember me, do you?" Of course, she didn't expect me to, but she graduated probably about ten years ago; it was one of our own graduates.

When I see those people, then it makes me think we're doing the right thing, or we did that right thing, and that's the bottom line.

ASH: Well, Linda and I would both like to thank you.

[End of Interview]

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