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Lynne Price Memoir

Price, Lynne

Interview and memoir

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UIS Alumni Sage Society

Lynne Price, current director of Campus Health Services, discusses her forty year involvement, as both student and employee, with Sangamon State University and the University of Illinois at Springfield. Lynne discusses the evolution of the Health Service and how it has expanded over the years to become a key component of the UIS campus. Lynne relates experiences and encounters with many figures in the history of Sangamon State including Dr. Robert Spencer, Jerry Curl, Homer Butler, Judy Shipp, Chris Miller and Margie Williams. The interviewer is Cullom Davis, Emeritus Professor of History at SSU/UIS and founder of the University's Oral History Office.

Interview by Cullom Davis, 2010

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Preface

Lynne Price, current director of Campus Health Services, discusses her forty year involvement, as both student and employee, with Sangamon State University and the University of Illinois at Springfield. Lynne describes her early education and work experiences as a nurse (as an LPN and later an RN), before accepting the position of staff nurse at SSU. Lynne and Cullom explore Lynne's involvement in the development and growth of the Campus Health service and in turn, the development of the University itself. Lynne spends a great deal of time explaining the various health issues that have affected the University over the years including birth control and sexual awareness, state required immunizations of students, planning for the potential outbreak of contagions such as SARS and H1N1 and the implementation of sports medicine as the University's athletic programs grew. Lynne speaks in detail about her fellow health professionals that she has worked with over the years, including Dr.'s Douglas Gover and Glen Pittman.

Lynne also discusses her activities that helped to enrich both the campus and Springfield communities. These efforts included the establishment of an annual health fair, fundraising for the United Way, the use of speakers and presentations to demonstrate safe sex and birth control matters and the opening of a counseling center to provide students with both advice and a healthy outlet to express themselves. Lynne also speaks about her involvement with, and support of, the early feminist movement on campus. Lynne discusses her role, through her work with the Safe Zone Committee, in developing the UIS campus as a comfortable and welcoming place for lesbian, bisexual, gay, transgender, queer and questioning (LGBTQ) students.

Narrator: Lynne Price
Date: August 5, 2010
Interviewer: Cullom Davis
Place: Springfield, IL

Q: This is an oral history interview with Lynne Price, Director of Campus Health Services on August 5th, 2010. The interviewer is Cullom Davis. Thank you, Lynne. I have to preface this interview by saying you were valuable to me and this work not only because you have worked here for over 40 years.

A. I have.

Q. But also you bring an absolutely singular or distinctive perspective on the university staff because you are responsible for a very important office, and there is no one else really singularly responsible for it the way you were. So I feel that is very important, Ok?

A. I'm glad that you think its important (laughs).

Q. Now I have to begin very quickly about a little background. Mainly were you fresh out of nursing school when you applied for this job?

A. No, actually I had been in nursing. I was an LPN for four years and then I went back to school and worked and graduated in, from nursing from my RN Program in 1968.

Q. Ok and where did you graduate from?

A. I graduated from Belleville Area College. It was Belleville Junior College then.

Q. And so you had worked for a while as a Registered Nurse in the Springfield area or elsewhere?

A. Actually I had worked as an LPN in Springfield for about four years.

Q. Ok.

A. And then in Belleville for two. After I graduated then I was a Girl Scout camp nurse for a season in a primitive camp in Illinois and in Missouri for the same troop.

Q. What Council?

A. River Bluffs. Then I went to work for VA Research Hospital in Chicago for a year.

Q. Right in the city though.

A. Yes it was downtown. I think it's got another name now but it was VA research at the time. And the Vietnam vets were coming in there.

Q. Was that rewarding work?

A. Well, it was scary because I was a new graduate, but yes it was rewarding. It was sort of intimidating at times, but I learned a lot.

Q. I bet you did. Well I have to ask, what in the world motivated you to apply and how did you learn about the university?

A. Well I got married but then I left Chicago and my husband was going to Bradley. He left Bradley because he heard about Sangamon State University. I was working at Methodist [Methodist Medical Center, Peoria, IL] at the time and I thought, "Well, gee, I'll have to find a job in Springfield." I said to him one night, "Well, have they got any jobs for nurses in health at the college?" And he said, "I don't know, [I will] ask." So at one of the orientations he asked Homer Butler and Homer asked me to write up my resume.

Q. This was in maybe the winter, the spring of 1970?

A. This was the spring of 1970. Yes, spring. He said, "Well we've already accepted a lot of applicants, so be aware of that." And I said, "Ok." So I wrote my resume, and they decided they wanted to interview me. The offices were in the Myers Building at that time, and classes had not begun.

Q. Right.

A. I came for an interview and I sat down in the reception area. Jerry Curl's office was right across from me, and Jerry was working and I was being nervous waiting to be seen by... I was waiting to be seen by Bob MacAlister.

Q. MacAlister.

A. Bob MacAlister yes. Yes, Bob MacAlister. How could I forget? Jerry introduced himself to me and he said, "So, you're here for the position." I said, "Yes." He said, "Come on in and we'll talk." It turned out to be an interview.

It wasn't supposed to be, but it was just what it was. So he asked me all sorts of questions. One of them was, "Now, you're a young person and you're just married and you will probably want to start a family. We would like you to promise us at least two years. Do you think you could do that?" And I said, "Yes, I think I can promise you two years." And here I am forty years later.

I was interviewed by Jerry; then I met Bob MacAlister and he interviewed me. I spent a little time with Deloris Harris who was Bob's secretary at the time, I believe.

Q. Yes.

A. And then I was escorted upstairs where I met Betty Sorling.

Q. She was the Secretary to Dr. Spencer.

A. Dr. Spencer's secretary, yes. And then I met Dr. Spencer and sat with him for a while. And then there were two students and I really wish I could remember both of their names. One of them was the daughter of Mr. Brookens for whom the library is named.

Q. Marilyn Brookens.

A. Marilyn Brookens, absolutely and there was a young man with her who, and I, for some reason, his name escapes me. But the two of them sat down because they were students and that was how you knew back then.

Q. Right.

A. They wanted students to interview me because I'd be working with them. They asked me all kinds of questions, and we got into conversations I never thought I'd get into. About what would you do if a student asked you about this, or if a student, what would you do if, how would you feel if a student came to you about this?

I had to do a lot of thinking and it carried on and we wound up going to lunch where the conversation continued. I was there for four hours that day (laughs), all afternoon. I came back and it was, we didn't move until August, so it was sometime after that they finally, I had interviewed for other positions, and I was offered a position at the Springfield Clinic with a neurologist then but this job sounded so much more interesting.

Q. Yes

A. They also asked me to interview with Dr. Gover who was the physician on contract.

Q. Gover?

A. Douglas Gover, G-O-V-E-R. And he had me come out to his office and his big question at the time was, "Can you take shorthand?" I said, "Well, gee no, but I can learn." But I want you to know that I never did shorthand in this position, ever (laughs).

Q. Were you offended by the question? It seemed like...

A. No, I wasn't, not back then. I am now. I wasn't then because it was different back then. He asked me some other questions and he was kind of a gruff guy and he decided that I was Ok. So I passed muster and was ultimately hired. Dr. Gover retired here he'd been here twenty years I believe. He looked like Stu Anderson. Do you know Stuart Anderson?

Q. Yes, sure.

A. Tall, balding and he was actually one of the best choices, although for a physician as far as I'm concerned looking back over the history, he was a smart man and he really knew his medicine. He was also very gruff.

Q. Yes.

A. And sometimes less than politic, shall we say? So students didn't always like him and neither did some of our employees here. When I say employees I mean staff and faculty as well or administrators for that matter.

But he was always on target. When he made a diagnosis, he was on target. He started back then talking about how depression was a chemical imbalance and nobody else was talking about that then.

Q. Did you treat that?

A. Yes, well it's a disease, like diabetes, you have to treat it.

Q. That's a pioneer.

A. And people thought it was awful. They'd be hysterical. What? You think I'm crazy? Sometimes they would take the medicine and sometimes they would not, but most of the time when they did, they did better and [they] came to understand.

Q. And he was a general practitioner?

A. No, he was board certified in internal medicine.

Q. Yes, Ok.

A. He came to Illinois from Syracuse and he was a very, he was an intellectual; he had knowledge about all sorts of things.

Q. Of course, in my way of thinking and I've written a history of hospitals, treatment by doctors and nurses is traditionally really authoritarian. And he fit that mold although he was also respected.

A. He fit that mold but I will tell you that he's the one that taught me how to do pelvic exams. Nurses weren't doing them then. He taught me how to do a lot of things on my own that nurses were not doing, that nurse practitioners are doing now.

Q. Yes.

A. But weren't doing back then. And, of course, he wasn't on campus more than three or four hours a week but he was available by phone. And so I would call him and he would say, "There's no reason you can't do that, that's just a technical thing, just call me with what you find." And if he taught me to do something new, he guided me through it several times.

Q. That's impressive.

A. Yes.

Q. In other words, he obviously had a respect for your abilities.

A. He did and I think it grew as we worked together for a long time. I dearly loved him and I was heartbroken when he left. But we moved on and it was a good thing for the University. He was very good to be the first physician because he was such a good one.

Q. Why is it I have this memory that Glen Pittman had been...

A. Glen Pittman was, actually. After a year or so and I can't tell you the date, we decided that we really did need a psychiatrist out here. And they scrounged up some funds from somewhere and Glen Pittman had just started the Vine Street Clinic and he became our first psychiatrist.

So he would come out and I would make appointments for him and Dr. Gover normally would see the person. He'd say, "This person needs to see Dr. Pittman." Or he'd say, "The medicine isn't helping, we need to have Pittman evaluate this person." So Dr. Pittman...we had three rooms plus a small bathroom. Dr. Pittman would have the room on the left, Dr. Gover would have the exam room on the right and on different day, and I was in the middle.

I would send students wherever they needed to go. We had two chairs in the waiting room for students to wait on. We finally added a third one, but I don't think they were ever all filled at first. Dr. Pittman saw our psychiatric folks. And interestingly we worked on some things together that involved people who ultimately came to be a part of Sangamon State in other ways, too. Margie Williams, I'm sure you know Margie Williams, who ultimately became the director of our nursing program here.

Q. Yes, right. That is part of the academic program.

A. Right, the academic program.

Q. Wonderful person.

A. She worked in Psychiatry at St. John's [Hospital] at the time. And once or twice there was a student that was in the hospital and Glen would say, "You need to go out and talk to Margie about that person." So I met with Margie a couple times and we talked about this person and we kind of worked together. I would hear from her father who worked in Physical Plant here.

Q. Yes, Jim Ford

A. Jim Ford. He was our carpenter and he would talk about his daughter the nurse who ultimately became a student here.

Q. Yes.

A. Graduated and then went on and became one of our faculty members.

Q. And married a staff member.

A. That's right

Q. Dick Williams.

A. Dick Williams. And became really, she was a mentor for me after she came.

Q. That's wonderful. So she never had that official responsibility?

A. No.

Q. But she just, you were friends and you would always get advice from her.

A. Yes. I went to her so many times and then ultimately I went back to school so she was my advisor then.

Q. You went to school here?

A. Yes. And then I graduated and she continued in the role as mentor.

Q. With a master's degree?

A. I graduated from here with a bachelor's. Later I went to SIU Edwardsville and got my masters.

Q. I'm sorry. You got a bachelor's, excuse me, no, you got an RN at Belleville.

A. That's right. I became an RN.

Q. Bachelor's in nursing?

A. That's right.

Q. And then went on to SIU Edwardsville for your master's in nursing?

A. In family nurse practitioner. But Margie was advisor, counselor, mentor and friend through all of that and she is responsible in some ways and some indirect ways, for the Health Service growing like it did. She partnered with me and with Kathy, who was head of the Public Health Administration Program. Kathy, I'll have to think of her name later.

Q. It starts with a C? Or a K?

A. Vinehout, V-i-n-e-h-o-u-t.

Q. That's right.

A. The three of us partnered on the first health fair here. Kathy's students were part of it and Margie's students were part of it and I was, too. And we had about five hundred registered individuals come to the health fair that day.

Q. About when was this? Roughly the year?

A. Well, it would have had to have been about 1989?

Q. Ok.

A. Maybe 1988, somewhere around in there.

Q. How many, five hundred?

A. Five hundred, yes.

Q. So they got their blood pressure taken or this or that?

A. Uh-huh, but public health students set up computers and did a health risk assessment by computer. That was in the days when you got yards of paper.

And then those students who had abnormalities were sent to Margie's students who then counseled them on how they could correct it or refer them to wherever they needed to go.

Q. Interesting

A. It was amazing.

Q. What were the most common problems? Weight or...

A. Weight, nutrition. I think cholesterol was just beginning to be an issue back then. But lack of exercise was one of the biggest, smoking was another one.

Q. Yes, of course.

A. And things like seatbelt use, other kinds of health behavior.

Q. Ok. And did you repeat that health fair ever?

A. We have had a health fair of some sort annually ever since.

Q. Pardon my ignorance, I should have known that.

A. That's Ok. We went on with Margie and Kathy for a while. Then Kathy left and then I did it. Some years later, it was kind of getting smaller. Some years later I partnered with Remi Imeokparia, I'm not sure I said that right, who was the chair and chief faculty person in the Masters in Public Health Administration.

She involved her students in that so we partnered with the Public Health students. Sometimes we partnered with the Clinical Lab students. We continue now to partner with the Public Health students, the Graduate Public Health Student Association and we now have included Amanda Jillson who comes to us from the TRAC, the recreation center here.

Q. Ok.

A. We partner with Janetta Coleman and the first year students program. I know I'm leaving somebody out but we partner with a lot of folks.

Q. Sure.

A. And it's grown from just a screening kind of thing to we've had speakers. Next year we have some special plans coming up, too. And we just had our meeting today about that, but we have continued to include students as often as we can and academic programs, too.

Q. You mentioned Amanda but I didn't get her last name.

A. Jillson, J-i-l-l-s-o-n.

Q. Well that shows how little I know.

A. Well, she's only been here a couple of years.

Q. I'm sure the health fair has included safe sex and other sex matters.

A. It includes all sorts of things. We had Roberts Fish come out and cook one year. We had fifty vendors at our largest one, I think. Normally now, we have between twenty and twenty-five, and we won't have a lot of vendors. In the coming year, we will have some speakers and we'll do some things on our own and have people come in, but the hospitals, all of the public health agencies, our students who work in various public health agencies.

We've had some international students who are dentists from India who come for the Masters in Public Health program who've helped us by doing a dental... first of all, a presentation and a booth and we invited some children from the local schools to attend that one. So they got the tooth brushing thing.

Q. Yes (laughs).

A. And we've had some physicians from India who have helped us. We've had the blood bank folks; we've had our University police, anybody on campus we could grab or off campus.

Q. As a result you've not only gotten to know students who come here for help but also a lot of other students and faculty on campus and outside who are either alumni or have some sort of expertise that you can use in your program.

A. Yes. We have a wealth of resources on this campus and in this community, and it's only limited by our own creativity. So when there are different minds, we say, "Wouldn't it be a good idea to do this?" Someone says, "We've never thought of that."

Q. (laughs) That's great.

A. So yes.

Q. Well we've jumped [off topic] here, but it's a fascinating topic.

A. I'm sorry.

Q. No, no, I'm glad you did, that's exactly the idea.

A. Ok.

Q. That's something that is a total novelty to me. I want to ask a quick question, about your very brief interview with Bob Spencer. Was it just cursory, sort of?

A. Yes, it was very cursory and very brief, "Hi, how are you and my name is" kind of thing. I came to know him a lot more later on, of course.

Q. Yes.

A. But no there wasn't any real interview. I think it was just an introduction and this is our, he was president.

Q. Because he could sometimes touch on things that were of interest to him. It may not have happened then but you later learned that he was a very interesting intellectual in many ways.

A. He was, yes very interesting. He was interested in the Health Service and he was always asking about it when he saw me.

Q. Yes.

A. I think the Health Service was an odd kind of critter. Nobody quite knew where to put it. So I started out in Student Affairs, and one day Bob came over to my office. He said, "I'd like to talk to you for a little bit."

Q. Now this is Bob Spencer not Bob MacAlister?

A. Bob Spencer, yes. Were you talking about MacAlister

Q. No, oh no, I was talking about Spencer.

A. Bob Spencer, yes. This may have been, I think, after Bob MacAlister was gone. But Bob Spencer came and he said, "I want to ask your opinion." So I was very impressed, I thought, "Gee, my opinion?" (laughs)

He said, "We have thought for a long time about where the Health Service should be in the organizational chart." And he said, "I wondered what you thought about putting Health Services under Business and Administrative Services?" And I took this very seriously, of course, and I said... well, gave him lots of reasons why we should stay under Student Affairs, Student Services it was called. I said, "It's not really a business. It's a service and it's student oriented."

Q. Right.

A. So I just gave it my all and talked my heart out and he sat there and considered it for a bit and said, "Fine I think we're going to put you in Business and Administrative Services (laughs)." And I sort of sat there with my jaw on the floor and said, "Ok."

Q. Any hint as to why he felt that way? Was he under pressure or something?

A. No, I don't know. And I wasn't politically aware at that point of the bigger picture so it may have been budget, it may have been...I don't know. I think

they needed a supervisor for me and it may have had something to do with funding, I don't know. I had a number of supervisors after that, one of them was Chick Frances, who was head of Personnel. So I reported to him. For a while I reported to Larry Korte. Who was...well, I reported to him twice when he was here first. I don't know what his position he was then, but I reported to him. Then he left and I reported to Tom, he was...

Q. Goins?

A. Goins. I reported directly to Tom Goins. I think it was a little frustrating for Tom because he had no idea what to do with a medical thing.

Q. Right.

A. And about that time, Larry Korte came back.

Q. Was that in a housing job?

A. No, Larry Korte was Comptroller.

Q. Of course.

A. So the Comptroller supervised me for a while.

Q. Gosh that seems stretched.

A. Well, I think that they just didn't know what to do with me. And I don't know that I had had enough experience to be the administrator that I sort of developed into. And it probably would have been a mistake to put me in charge of me at that time.

But I learned so much. From Larry I learned the art of budgeting. They didn't want to break the budget down to a lot of managers but somehow, they didn't want to do it all themselves. So I got to do, I learned how to do the Health Service budget. And I remember going to Larry one time saying, "Well we really need something, (I don't know...a computer) our first computer."

I said, "I know the budget is short. I know we don't have much money." He said, "Well, we can always ask for the moon and if you get a piece of the cheese, you're lucky." So since then I've always asked for the moon and quite often I've gotten a big piece of cheese, sometimes a little one.

Q. It's a pretty great position, from which you were arguing.

A. Yes.

Q. But they don't want to mess with something that could represent a risk to students. I think, I'm just guessing.

A. I think you're right. One time, just as a joke, Larry always said I should have requisitions ready to go, in case he came in and said, "I have this little nugget of money. Can you use it?" So I put together a requisition one time and I asked for a Solar Irradiation Unit, which was just for a joke.

Q. Yes.

A. It was to be a sun room that students could come in and sunbathe in and relax in to relieve the stress. Well unfortunately, Larry saw it for what it was immediately so he was smarter than I gave him credit for at the time (laughs). So Larry and I went along for a few years and then he retired. Steve Chrans became my boss under Carl Long.

Q. Yes.

A. And so Steve and I went along for a while and then I think BAS (Business & Administrative Services) had a hard time with the service model. I would say to them, "We really are not going to have much money because legislators keep cutting the budget. I think we should do like other universities and institute a small fee."

No, of course, everyone in the division was all business oriented. Physical Plant, Accounting. I think sometimes they'd look at me like I was a little bit naive and weird. On the other hand, I couldn't understand how they couldn't understand where I was coming from. But again, I really learned a lot from all of them.

Q. Well that's good.

A. It helped me in later years. So ultimately, they gave me back to Homer Butler, and I've been part of Student Affairs since.

Q. Which really makes more sense. And it took you what, fifteen, twenty years to get back to your real home?

A. Yes.

Q. You were patient?

A. Well no I just kept writing manifestos and memos for things that I needed and thought we should do. But I think they'd just look at them and think, "Let's just give her back to Homer."

Q. (laughs) Well, it is, forgive me, an odd duck.

A. Yes.

Q. Especially in a small university, it's not as if you had a small hospital on campus and so they probably didn't know what to do with you.

A. I'm sure that they didn't and our sister university, Governor's State, had a nurse for two or three years and she and I collaborated. I mean she came a few years after I did, but ultimately they dropped their Health Service completely. They've stayed a two year university haven't they?

Q. Yes they have.

A. They have no Health Service there but Chicago does have a lot of public health clinics.

Q. Sure.

A. I don't know. She left and went somewhere else and they never filled the position.

Q. That never has been even in dire fiscal budget years, that has never been a consideration here.

A. Well, not that I know of. I've always been worried about it. Every time the budget drops I think, "Oh dear." It hasn't been as far as I know, there's never been a question, "Would we be better off without the Health Service?"

Q. It surprises me a little that Tom Goins and company, who were so used to getting money from chargeback services, that they didn't agree that, yes this is something we ought to charge back for health benefits. It used to drive me nuts in the academic realm that, within the university, we had to pay for this or that. Yet they resisted that.

A. Carl Long, I don't think Tom was part of it. I think it was during Carl Long's time and I don't know whether it was Steve or Carl. I'm sure Steve would go to Carl and say, "She wants a fee, and here's her documentation." I don't know why, but they would just say absolutely not.

Q. Well, with Carl, to me it's more...he may have felt this is something we owe students, whereas Tom had more of a monetary view on things. I guess I've been critical, but anyway.

A. No, I think you're probably right. I think he really was happier when I moved on to Larry, or somebody else.

Q. Sure.

A. He was a very busy man.

Q. That's remarkable. Did you ever have to deal with Board of Regents staff? Regency wide medical issues?

A. No, I did not. I dealt with the University attorneys but I never...in fact until, well it was quite late...I never got included in things at the cabinet level, for example. I usually, somebody else represented what I was asking.

Q. Even the Student Services Cabinet?

A. When I became, when I came back under Homer, yes.

Q. So you sat in on the student services.

A. I was part of the cabinet, yes and have been ever since.

Q. Well you should be.

A. I have also since then on certain issues been invited to the Chancellor's Cabinet, too, which was very interesting.

Q. Was there an issue before them that maybe required a health...

A. Yes, when Alex Lacy was president, he managed the United Way fund.

Q. Ok.

A. The university, the three schools in Springfield split the educational pie.

Q. Right.

A. I was asked to be on the United Way committee and I, of course, had a big lump in my throat and I said, "Ok." Ruth Giochetto who had more experience and was very well aware of things, was also asked to be on it. I don't remember the others but we were called to Dr. Lacy's office. I remember some things that are probably controversial.

Q. Go ahead.

A. I was called to Dr. Lacy's office with Ruth and my knees were knocking because I had talked to, there was a nun that was in charge of the Springfield College in Illinois part and Dr. Poorman, who was a good Catholic who was in charge of Lincoln Land.

The two of them would negotiate what the two schools would donate; what their share would be and then Sangamon State was left to figure out what we could get and try to meet their requirements. So I tried talking to Dr. Poorman to tell him, "This is your third." I was going to divide this up like a pie, like this is yours, this is yours, this is ours. No, he wasn't having that. So I thought, "Well, I'll call Sister and see what she has to say."

So I called her and I knew when she said, "No that's not going to do, we can't do that, you'll have to do a much larger share of the pie." And so Dr. Lacy said, "We're not going to be able to do that." So I thought, "Well now what do you do?" So I talked to Sister a little while longer. She said, "I'll tell you what. If you will accept a little higher portion, we'll go a little higher and I'll persuade Dr. Poorman to go a little higher.

She did, she talked to Dr. Poorman for me and I did that. Dr. Lacy called me into his office and Ruth and I sat down. "Who is the representative for these three units?" He looked at me and said, "You are." I'm positive it was on the spur of the moment. I'm sure he just looked at me and it came out. It should have been Ruth, she had the experience, she had... I think Ruth...

Q. She had kind of a stature in the community.

A. Yes! And relationships in the community; she certainly knew more about budgeting than I did. I think her jaw went down to the floor and mine went down two or three floors.

I did a "yes, but, but, but,"? Ruth did the same, but that's the way it was. So I went to all the community meetings, with my heart in my mouth and sat there and I was quiet. We came through it; we not only gave our share but we gave a little more. It worked out very well because of all of the people I knew on campus who helped with it.

Q. That's great. Here we have to give people credit but you had to have some diplomatic skills as well.

A. Well, I just sort of sat there and prayed a lot (laughs), "I hope I can do this. I hope I can do this." But it was a good experience for me and whether Dr. Lacy knew it or not, it added a lot to what I could do on campus.

Q. Now you said there was one thing from that meeting that was probably controversial? If you don't want to mention it, fine. But that was thirty years ago.

A. I don't. I don't.

Q. That's fine.

A. Some people are still around.

Q. Ok, that's fine. In those early years, I mean like the 1970s, was birth control a real issue on this campus?

A. Birth control's never been an issue on this campus. It was an individual decision to prescribe for a patient or not. When patients needed birth

control, we prescribed it. We were the first university in this state to prescribe birth control to students.

Q. Is that correct?

A. That's correct.

Q. Because there was a tradition there of, "It's a taboo."

A. It was a taboo at the beginning. I remember Margret Torrey, who was the head of the Health Service at ISU, and she fought to get that done for a long time. It was a big public thing—students wanted it and the university didn't. What we did was, a woman would come to me and say she wanted an appointment for pelvic exam and birth control. I said, "Ok."

We had been doing pelvic exams, so I said to Dr. Gover, "Can we prescribe birth control pills for her?" He said, "Why not?" So we just started doing it. We didn't make a policy, we just did it and that's the way we handled a lot of those controversial issues. We just quietly went about providing students with what they needed. So it was not a problem for me and that was a benefit of being a small university.

Q. I guess you're under the radar and the press never pushed you on it. But there were powerful anti-birth control voices including medical voices in this community, as you know.

A. There were very strong ones. I met once or twice with the committee of which LuAnn Atkins was head when she was trying to get Planned Parenthood here in Springfield. The big issue of course was birth control and abortion. We had some prominent members of the community come and speak to us about that.

I recall that Dr. Standard, who was from SOGA, well it wasn't SOGA then, came and spoke with us and said, "Well, I support that." But he said, "You'll get the birth control part in but you will never get abortion in Springfield." One of the reasons was that it's a very strongly Catholic area. That the physicians and OBGYNs at that time were very strongly Catholic and a number of them were very cognizant of that.

Q. Dr. Standard certainly was.

A. He certainly was, yes.

Q. Some of his colleagues were a little more...

A. But I think he would have supported it if he could get others to do it.

Q. Ok, that's interesting.

A. St. John's of course was a large hospital.

Q. Of course.

A. You couldn't do them there.

Q. Right.

A. So Planned Parenthood went on its way and abortions were not legal but we (i.e. SSU), maintained a registry when they started of abortion clinics throughout the country. We actually referred a few students to New York for abortions. We referred, I believe, to Granite City and Peoria may have been the second and third clinics. We referred folks to them when they became open.

Q. Now, did you seek Homer's or anyone else's consent to that?

A. No.

Q. Good for you.

A. I didn't think that it was...I thought that it was a medical issue. If a student wanted information on abortion, I gave them that information. I gave them a list of places they could go and what the costs were.

Q. You weren't counseling abortion. You were simply providing information at their request.

A. Absolutely, right. We also gave them information on centers where you could go and have your child adopted, and we talked to them about what they wanted to do.

Q. Sure.

A. And we still do that to this day. What is it that you have in your mind that you want to do? And they will tell us and we will say, "Ok, if that's your choice, these are what options are open to you. If it's not your choice, there are some others and we can talk about those but let's talk about this first." And we do that. There was a time that we referred students to Planned Parenthood and they did counseling because they became more familiar with all of those clinics and procedures than I could keep up with. We do now that; we also provide the Morning After Pill and have for a number of years.

Q. Again without any great furor, you just...

A. We did it. I mean that's what students needed and truthfully, when I talk to my peers at national conferences, they were doing that.

Q. Well, I think you did right. It took a little bit of spunk on your part. Particularly on the Morning After, to me it's obvious, but to a whole lot of people...

A. It's not. We haven't had a lot of controversy. We did have a person who was lobbying against abortion that went to...I don't remember which, if it was the Chancellor or the President, I think it was the President and wanted equal opportunity to talk to students and present information. By then we were doing, what did we call it...by then abstinence was a big political thing.

Q. Right.

A. And we were doing National Condom Week but I included abstinence amongst that.

Q. Yes, Ok.

A. And this woman came and said she wanted to be part of a presentation. They used some graphic illustrations that were...I just think that they were awful and they used some information that I didn't feel was right, on target, or accurate and it was scary. It wasn't really part of the decision making process. It was meant to be scary.

Q. Yes.

A. So I presented the Chancellor or the President with my information and it was not a problem. We did have a Christian group on campus and they wanted to come in and do part of abstinence and Condom Week, too. Their opinion was that a person...we came in and met together. There were a couple of staff members and a couple of students and their opinion was that you should be married. If you were married you couldn't get sexually transmitted infections and you didn't have to worry about getting pregnant. And I kept saying, "It doesn't matter if you're married or not (laughs)."

Q. No (laughs).

A. That's not the common denominator. And so we would meet and try to plan a program that we could do together. And at the end of the meeting, one of those students is still around, Todd is his first name and I can't remember his last name. Two of the staff members...I'll have to think of their names later. And I think that when they would leave my office, I would sit back in my chair and just sigh.

And I know they'd get right outside that door and do the exact same thing because we tried so hard to work together and not alienate each other and make this a viable thing. So they would bake cookies, and they'd do their

abstinence table. I wouldn't let them put anything that was religiously oriented.

Q. Right.

A. I said, "This is education, this is not..."

Q. Not a church.

A. "Not religion, this is not a belief. It is...we are educating students. So if you want to educate them about abstinence, you may do so but you cannot bring that sort of thing in." And they just did a great job for two or three years and then it kind of dwindled a bit, but it was a good alliance...a good effort on both of our parts. Although we never thought we could do it, but we did.

Q. Well good for you.

A. So yes that was...

Q. Is that maybe, wait we're going to have to change sides here in a moment.

A. Ok.

Q. Let me ask, is there anything else about that? Not to dwell on that but I know it was a revolutionary change you oversaw in the sexual habits and access to knowledge on campuses.

A. There's a lot to talk about that. We've had lots of things that happened and I'm happy to go into them if the tape's not too short.

Q. Well, we'll stop here.

End of Tape

Start new Tape

Q. This is continuing an oral history interview with Lynne Price on August the fifth. We finished an important section on birth control and sex matters, but there's a lot more to talk about so you can pick and choose. The one thing that prompts me at the outset, if a student came in to talk to you about birth control, I would guess there were other things on their mind as well. Did you find yourself playing counselor?

A. Well, not really playing counselor but listener. I learned in the early days who needs counseling and who need listeners and I know who to send where. But listeners, yes, listening, people needed someone to listen or to

talk to and to iron out some things. And yes I did that a lot. SSU didn't have a Counseling Center then.

Q. Yes that's right. Well, not at the outset but pretty soon you did with John Miller didn't you?

A. John Miller. SSU started the Counseling Center with John Miller maybe twenty years ago.

Q. Ok, I didn't realize that.

A. But I did talk to people and actually we had a faculty member back then, John Nolte, I believe, who was a Psychology faculty member, I think. He developed a psychodrama group. I told him I didn't know anything about psychodrama, but that I wanted to learn so that I could help students. \

So I sat in on his psychodrama group somewhere along the line. From there I think the counseling center grew. I think there were some grad assistants and a faculty member or two. So John Nolte helped to start that.

Q. Ok.

A. And then John Miller came along and it was a sort of unofficial counseling. Of course, back then faculty did counseling too.

Q. Yes.

A. If you had a Psychology faculty member or if you had somebody who had done any kind of counseling and the student came in, you might find yourself in a situation where you had to be helpful.

So then, at some point, they developed the Counseling Center; John became director. About twenty years ago, I don't know, Judy Shipp came and she was one of the psychologists. She's now the director of the Counseling Center. Among other things, the Disability Center services report to her and some other areas.

Q. Ok.

A. But before those folks, John Nolte was the only person that I could turn to. There was another group of people that kind of brings us back to other areas, but it wasn't Barbara Hartman, it was...

Q. Barbara Eibl.

A. Eibl.

Q. Aren't you glad I'm interviewing you. I remember all these names.

A. I am, it's a good thing somebody remembers them. It takes a while to plumb them up. But Barb Eibl and some other folks, some other women on campus...feminism was just growing.

Q. Right.

A. And so they wanted to do all kinds of things for women, including health things.

Q. Yes.

A. And so sometimes, women with women's issues found themselves with Barbara or somebody else and I really am sorry but I can't remember the other faculty members because there were other women as well.

Q. Carol Moy?

A. Carol Moy. She came later, yes. She was around...who else did Sociology? Well anyway, maybe it will prime my mind but this group of women...Pat Langley was part of it, decided they wanted to do a woman's health event for the women on campus.

Q. Ok.

A. They asked me if I could get a physician to come in and talk about Vaginitis. So I said, "Sure." So there was a doctor here in town at the time and his name was Dr. Van Bergen and he was only here for a couple of years, but he was with SOGA also.

Q. Yes.

A. And he came from Effingham I believe. He was a nice young man, not too young, not too old, and easy to approach. So it was hard to find physicians back then who would talk about these things as they tended to be paternalistic and just plain chauvinistic.

And so I thought he might fit the bill. I invited him to talk about these things and they put us up...it was the Meyers building. They invited women not just from the campus but from the community I believe, so it was a big thing.

I sat at this table, this huge table with the doctor and a couple of other people and I introduced him and he went along quite well. He seemed to be doing alright. All of a sudden he mentioned "itchy foo foos" and I thought every woman in the audience was going to grab him by the neck (laughs). I thought they were going to carry him out on a board.

I saw Pat Langley's eyebrows go up. I saw just the expression on some of the women in the program and I was trying to get him not to say that. He used that word a couple of times.

Q. So it's a sexist.

A. It's very sexist...

Q. I'd never heard it.

A. It makes light of women's genitalia.

Q. Sure. That was a genital itch, I guess.

A. Yes, it wasn't professional.

Q. Right.

A. And I had no idea he would do that and I think he was trying to be comfortable, trying to be one of the girls, I don't know. It just brought up a lot of issues about women's doctors and physicians in town.

Women were comfortable coming to the Health Service. So they wanted us to do (laughs) a program at which women would learn to examine themselves using a vaginal speculum and a mirror. The only people doing those sorts of things back then were on the east and west coast. Women didn't look at themselves.

Q. Yes. What's the famous book, out of Boston?

A. *Our Bodies Ourselves*.

Q. Yes.

A. Yes, we used those. We had them in the Health Service, we handed them out. We used that book for a workshop that Barbra Eibl put together. We scooted desks together and women draped themselves and examined themselves and inserted a speculum in and that was like, really amazing back then.

Q. Can you approximately date this? I mean like mid-1980s?

A. It wasn't the 1980s. I think it almost had to be in the 1970s.

Q. Yes, Ok.

A. I don't know if I had any children then so it may have been very early. We were on this campus; I can't remember the year.

Q. That's Ok.

A. Anyhow, very early. There was a growing burst of feminism and feminism as it relates to health as well. That's part of how we got into the women's health business here with those folks. And they supported me; Jackie Jackson's another one. They supported me when I needed help. It was like, "Well, of course, you should do that, why wouldn't you?" And so that was good.

Q. You were very supported.

A. I had a group of strong women that were there, if I needed them.

Q. That helped a lot, huh?

A. It was wonderful, yes.

Q. But did these ever percolate up to some administrator who felt they had to...

A. I don't know because it wasn't a Health Service program. It was an academic issue. So I didn't have to worry about it and I did it...and I think I told my boss it was a women's health program, which it was.

Q. Sure.

A. And the women that were part of it...of course if you have an activity like that, you keep it amongst yourselves. It's confidential and it's private.

Q. Sure, it's sensitive.

A. Yes, and so we did. I don't know whether Barbara Eibl did more of those kinds of programs after that, but I don't think we would have had it had it not been for her and Carole Moy.

Q. Well good for them.

A. And of course the beginning too.

Q. Yes, right, interesting. Now, I interrupted you on that but you said there was plenty of other birth control and sexual practice issues or programs that you know of.

A. Yes. I think...people back then had a tendency to think that campuses were ridden with gonorrhea.

Q. Right.

A. Dick Cavett did a video that was very famous back then in which he waved a toilet seat around and said, "You can't get it from a toilet seat."

So we were called on to do programs about sexually transmitted...well it was called venereal disease back then.

Q. STD's

A. STI's now. It's gone from venereal disease, to sexually transmitted disease and now it is sexually transmitted infection.

Q. Ok.

A. So we were called on to do some programs about that and to do some testing in the Health Service. I looked around to see what we could do. and I began to do our own cultures. I learned that because of my association with the Public Health Department, we could send them down to the state lab...well I would carry them down. They would examine them, and send us the results. I did the interviewing about who the contacts were and treating and teaching people about STI's.

I decided I would probably not do as well as some folks in the public health area, so I volunteered for the VD Hotline at the Public Health Department hotline at nights. I had the experience of all of these folks from the Illinois Department of Public Health, the VD division, in learning what we ought to do out here.

I brought it back to the campus and got free pamphlets and posters. Before long, we began to talk about HIV. And condoms became a staple in the health system. We bought a bunch of them so that students could get them. I remember there was a pamphlet that I wanted, it wasn't easy to get pamphlets on HIV back then.

Q. Really?

A. In the early days, in the 1980s, early 1980s, the only place they were coming from was out of California and some of them were sort of risqué. I remember the Comptroller, Larry Korte, who was my boss at the time, trying not to become apoplectic after he'd read one of them. (laughs) The poor man, he was used to numbers and figures.

Q. Yes, something with graphic language...

A. But some of the language just sort of made him want to swallow his tongue (laughs).

A. We got through that and we wrote our own, and we got some others from California. We circulated those, and we began to teach students how to protect themselves. I went to a conference one year in Denver and there were a lot of nurses from Illinois. It was an American College Health

Association conference, lots of nurses and doctors. We all chummed together, and we shared rooms so we could share expenses.

Q. Yes, sure.

A. And that year we all came back with our suitcases packed to the hilt with condoms (laughs) because the condom representatives were there and most of us were not real young, maybe thirties, a couple in their forties and fifties. We all had children and so, here we are, coming back through the airport, through the X-ray machine with stacks and bags of condoms (laughs) of all sorts, and so we got them home.

Q. Had all the colors too?

A. Well, no, there weren't as many colors back then, but there were different styles. So brought them back to the University, and I set them out and I only had state money back then. It wasn't until we began to get non-appropriated funds that I bought condoms for the campus.

Q. Up to that point, you hadn't been able to buy them?

A. I got donations wherever I could get them. Students would bring them in if they were associated with the Public Health Department or Planned Parenthood. We always had a modest supply. Some years back we had a large enough budget that we could supply free condoms to students. We used them in educational programs.

Q. Sure.

A. The RA's come over to get them for their students in the residence halls.

Q. I hadn't thought of that, sure.

A. Yes, the students come over and they have programs on their own. The LGBTQ students have programs.

Q. LGB..L?

A. Lesbian, gay, bisexual, transsexual, queer and questioning. There are two Q's. And they got them for programs they had. But it was a great educational opportunity because students laugh and more freely express things. (laughs) We had games and everybody does this now, putting condoms on bananas.

Q. Sure, of course.

A. They suggested one time that I have a model of some sort. (laughs) The only models they were making in those days were these wooden things that had no, not much of a resemblance. (laughs)

A. So I remember we were all in Toronto at the conference again.

Q. Yes?

A. And we went in to... In Toronto it's very open, so we went into a sex shop that had lots of models. (laughs) I bought a large green phallus, penis. It's a rubber one.

Q. They'd have called it a dildo in that shop, maybe not.

A. I don't know what they called it but they could have, yes. I think it really was meant to...I don't know what it was meant for.

Q. Never mind, go ahead.

A. You know what? I brought it back and I had it for about ten years or so and when I go in to do a program, I stick it on the table. It has a suction cup on the bottom. (laughs) I stick it on the table with all of my things and it breaks the ice immediately.

Q. Of course, sure.

A. But it is a model, and we use it.

Q. It's at least, lifelike.

A. Right well, even if it is green.

Q. Yes Ok, well (laughs).

A. But it is lifelike. I think, still, people think that there's something about sexually transmitted infections and pregnancy on campuses.

Q. Yes.

A. And yes there was but I don't think it's rampant. I don't think it's like what they used to be. You used to, if you came to the Health Service for an STI, particularly if you were an employee, it was, "Don't tell anybody I've been here."

Q. Of course.

A. So yes, we've treated folks and made sure they've learned about it and I don't think we had a huge amount. I think that sometimes we had to change our programs a lot so that it appealed to students.

Q. Sure.

A. And now that we have freshman of course, that's a burning issue for them. Do I want to be active, do I not?

Q. And you have literature on that?

A. Yes.

Q. But there, also, don't you do a little bit of counseling?

A. I do. They come to us for, when we do programs for freshman, we do...they call them UNI 101's. I did a program, one session for Amanda Jillson, from the Rec Center, one year and talked about STI's. I did one last year for Jahnette Coleman, who is part of the first year program, and we've done several others.

And so the RA's will ask me come over to do them for their unit or their housing area. They do their own mostly now, but they'll ask me for supplies or ask me to come over and help. The last couple that they've done have been just excellent. They really do a good job and that's the best part is teaching them so they can teach others. But STIs have not been as frequent on this campus as you would think.

Q. No.

A. We've had our share. We've had everything for gonorrhea to HIV to...

Q. Syphilis?

A. ...crabs. We haven't had any syphilis; maybe I should knock on wood. And we've seen everyone...well, we haven't seen any administrators, Ok?
(laughs)

A. But we've seen people from all walks of life. I think the confidentiality record of the Health Service has been an important part.

Q. I don't know, I've never tested it, but it's impeccable. I know your discretion. If I had a problem, I would come here if I'm still eligible. I wouldn't have any fear that it would get around campus.

A. Well I'm glad to hear that.

Q. (laughs) Yes.

A. We did lots of other things, too. We've been talking about sex for a while.

Q. Right.

A. It's probably being boring.

Q. No, but go ahead.

A. (laughs) From the health fairs, there came interest in exercise and dieting and cholesterol. I began to see people in the Health Service saying, "I want to lose ten pounds, I want to lose fifteen." So I heard about this program from somewhere else and from that, I developed the Pigs and Stars program.

Q. Pigs and Stars (laughs)?

A. And people who wanted to lose weight would come in for an individual consultation and I would recommend diet and exercise. Then we put together a big board, it was a progress board.

Q. Was that like a chalkboard?

A. Yes, a big piece...

Q. Like an easel?

A. Yes, an easel or something. And we put down a name...well nobody wanted their name up there.

Q. Of course.

A. So they developed a name and there was like, Chubby Buns.

Q. (laughs) Chubby Buns and Big Butt.

Q. Right.

A. All those kinds of names and those people would come in. I was the only person that had the clue to the key. They would come in, and I'd weigh them. If they stayed the same or they lost, they got a gold star on their chart. If they gained, they got a pink pig stamp. We actually did have a student who lost over a hundred pounds.

Q. Good, that's terrific.

A. But she kept it off, well I haven't seen her for many, many years. She kept it off for two or three years.

Q. That's a big challenge.

A. Yes, she did it the hard way, dieting and exercise. She should have been so proud of herself, and we went through a lot with some of those folks. They lost weight, but they continued to think of themselves as fat. I had to

get some of the counselors around and see what we could do about that but it was very interesting. We did dieting.

Q. Smoking?

A. Yes, we did smoking. I did that individually because we used the patch for a long time and we didn't have much else to use. Now of course we use whatever we have available. We've done a couple of smoking cessation groups. They weren't as successful as I would have liked them to be, but they were good.

Q. Well, it's addictive I guess.

A. It's a tremendously addictive habit.

Q. Yes

A. And you, I don't know, you probably do recall when we opened the University you could smoke in the classes.

Q. Sure.

A. The faculty smoked in front of us, and we used those big number ten cans for ash trays.

Q. Correct.

A. They finally bought some little portable ones, so nobody thought it was so bad. I wasn't a whole lot better, I smoked.

Q. Sure.

A. I remember Homer came into my office one day and he said, "Well I'm not sure it looks so healthy to see cigarette smoke in the nurse's office." I thought, "That burns, he's right."

Q. Absolutely right.

A. So I quit. It wasn't that easy but I quit. A lot of other people quit around with me, and that was really good. Nowadays I think they do it out of Human Resources, but we do individuals for students. And not many people smoke anymore but back in those days, we sold cigarettes on campus.

Q. Right (laughs), that's right.

A. We had our last...when I was under the Comptroller, they put cigarette machines under the employee of the year pictures over in the PAC. And I went to them one day and I said, "We're supposed to be an institute of higher education and that is our grand entryway, the PAC. All the theater

folks go in that way, all of the students, everyone who sees employee of the year had a big thing of cigarettes. We should stop selling cigarettes on campus." They were profitable, that was the trouble.

Q. But Lynne (laughs)...

A. They whittled it down to two [machines] finally, and they moved that one. Ultimately, there were none and I was so pleased. Ned, from the library...

Q. Wass, Ned Wass.

A. Ned Wass, from the library, was a moving force in that. He continued to lobby for no smoking in the buildings. I did my best to help him, and ultimately it was done. Now, I would like to see no smoking on campus, period.

Q. Because you walk outside a building, and it is crazy.

A. Well, yes and you walk outside the PAC, and there are all these cigarette butts. It's ugly.

Q. Yes.

A. There used to be, as you were walking into the PAC, you'd get this odor of cigarettes. You don't know because they kind of control it a little bit, and you can't smoke within so many feet of a building and so that works. I'd like to see it not on campus at all.

Q. Of course. Was there ever any risk of a communicable disease, contagion of something, whatever you'd call it on campus? I mean, was there ever a time that you had to look in the possibility of dealing with that?

A. Yes.

Q. Ok.

A. In 1989, they passed the State College Immunization act, which meant that students coming here had to provide proof of immunity to measles, mumps, rubella, tetanus, and diphtheria. It was an expensive proposition for all of the colleges in the state because as usual, when they pass a law, they don't provide any funding for it. And it was a monumental task, plus the vaccines weren't cheap. We were sort of...I was a very strong proponent of the act.

I think administrations of many of the colleges in the state felt like it was just an expensive burden. I think here they knew they had to do it, and so they adhered to the minimum of the law. And one year, we were bringing students...we were recruiting in Chicago. We were bringing students down

from Chicago, and they'd spend some time on campus, probably a couple of nights or something, I don't know.

They brought a young man in from the south side of Chicago and he was huge, tall guy. I thought he was going to faint and knock me over. He was so sick. He'd come down on this bus and to make a long story short, we put him in the hospital that night. He had mumps.

Q. Oh brother.

A. This was before the Immunization Act, but we had to spend some time thinking about other students who had been exposed and all those who were on the bus.

Q. Of course, sure.

A. So we had to cope with that to make sure everyone was taken care of who had been exposed, and that he was Ok. He ultimately came back and graduated from here. He was just very pleased with everything. So he's a great guy.

Q. Happy ending.

A. Yes, he was actually on our student government, too.

Q. Ok.

A. But we also had one year, during the first few years of the Cap Scholars, about three or four days after move in day, which parents friends, relatives, boyfriends, girlfriends all attend with the student. A student came to me and she had this rash and she said, "I don't know what the problem is but it itches." She says, "I don't feel good." So I took one look at her, and she had chicken pox.

Q. (laughs) Oh gosh.

A. And we had put together a program the year before for SARS. So we kind of kicked that into gear and we got...

Q. SARS, I should remember that...

A. That was the avian flu.

Q. Of course.

A. So we got the RA's, the folks who were running the housing office, the personnel who were running the dorm, ORH and the RA's and we educated them all, sent information over and we educated them on chicken pox. Then we looked up to see who had been immunized and who had not.

Q. Wow.

A. Who had had the disease and who had not. We had them all call whoever had come with them on move in day, to let them know, so if they weren't immune they could get it taken care of.

Q. Right, right.

A. I contacted the Springfield Department of Public Health and by 11 o'clock that night, Public Health had finished immunizing anyone who wanted an immunization. Everyone in the dorm had been educated, and we knew who was immune and who was not and they knew what to watch for.

Q. What a relief.

A. It was wonderful.

Q. A busy day for you, but it shows how you can gang up when you need to.

A. It just sort of, it just really jumped started our power in the communicable disease part because, summer started, right around graduation, we had a number of Chinese students who were graduating, whose family we thought might come over from China. That didn't really happen but we developed a plan, I did, with the help of some other folks on campus. Jim Korte, Judy Shipp, and some other folks and figured out what we would do and put it through the Chancellor's office. That was the first time I think I went to a cabinet meeting. So I showed him my plan and how it worked, and we never had to use it.

Q. But you were ready?

A. We were ready. Then, a few years ago...well, I became a member of the American College Health Association Task Force on Vaccine Preventable Diseases. About four years ago, I became a member of an offshoot of that task force for...first it was SARS and then H1N1.

Q. Yes, right.

A. We were expecting a pandemic, so it was pandemic planning was what it was called. I was asked to develop a pandemic plan for the University, and it was just a huge, unwieldy plan. I had Chris Miller, who gave me a lot of guidance, and I developed a group.

He suggested certain people and so my group included John Ringle from Housing, Judy Shipp from Counseling, Jamie Voyles from Telecomm, Farokh Eslahi [from Information Technology], of course, Pinky Wassenberg from Academics, Dave Barrows from Physical Plant, Wes Weisenburn from Housing, Jonathan GoldbergBelle from International Studies and now Rick

Lane from the International Student Office. And I began to go to other things off campus, including public health conferences on it. And I dug out Carl Long's old Y2K plan. You remember Y2K don't you?

Q. Sure.

A. I put it together in that format, and it sort of morphed into its own.

Q. Yes.

A. But we do have a pandemic plan now, and we did actually go through a pandemic of sorts of H1N1 this last year. We had our first case on campus in mid-August before classes started.

It was a student who flew in from an area where there was a lot of H1N1, got to campus and we saw him for something else and he was fine. Three days later he was in my office with a temperature of 104.

Q. Oh my lord.

A. And so we started our program. We had a plan of what we would do with Housing and the students who got it. And I had the information that I got from the American College Health Association. We had students [who] would call us and "Say, I have a fever, these are my symptoms." I would say, "Maybe we ought to see you or you need to stay home and take care of yourself." We encouraged students to self-report.

Q. Yes.

A. We encouraged employees to self-report. We encouraged everyone to go home and stay home if they possibly could. And if they had parents who could come get them and take them home, since there's not very many in the Health Service to do that.

Q. Right.

A. We got through it. We probably had maybe a group of 150 students who got H1N1 last fall at different times.

Q. Ok so it wasn't a sudden, massive...

A. It was pretty close but it was continual...

Q. That's a lot of people.

A. Well, I sort of managed that part. I saw the H1N1 folks and managed it. Other folks in my office took care of other things.

Q. Ok.

A. Or pitched in if they needed to but we developed a flu kit. It had salt, lozenges, chicken soup, Tylenol, disposable thermometers, gloves, masks...and we dumped a bunch of them on the RAs. I would call and say so-and-so in apartment 3B needs a flu kit, and they would take it over there. Then I would follow up with that student every day or every other day.

Q. That's right.

A. And we'd see how they were and if we needed to, we'd bring them in. But that way we were able to manage this huge number. Faculty were encouraged to give students leeway with absences. Faculty these days are very different. When a student is sick, they want an excuse from the doctor and it's our policy that we have never done that. If there's an issue, faculty needs to know about and the student gives consent, then we'll call. So we had to persuade the faculty, and we did. They were very good for us and they did really well. (Laughs)

We got through it pretty well. We had N-95 mask for us; we had done training throughout the campus. Employees were encouraged to stay home. We did the hand washing, put hand washing stations all over the campus.

Q. Right, right.

A. The Chancellor bought those. He said, "Well, let's get those, let's do it now." And we did. Then there was graduation.

Q. That's right, I remember that.

A. We were all in this quandary. Do you shake hands or don't you and I said, "Well, that's a really good way to spread flu." So the other campuses were dealing with this and finally Dr. Ringeisen said, "Well, we won't shake hands and the Cabinet decided or who decided somehow that he would nod to them or salute or something.

Q. I remember that.

A. And he did throughout the whole thing and he was just very supportive of us. What was not supportive was the person who was doing the handshakes.

Q. (laughs) The handshakes, that's right, yes (laughs) that's right. Oh that was somebody else at the University who?

A. Yes, some other person on stage was doing that. It was good because I think it may have been a little bit overkill. But on the other hand that really is how flu spreads.

Q. Of course.

A. And it was a great teaching moment. The Chancellor of this University was taking precautions to protect the students and himself. He's been very supportive. He's been great about this.

Q. That's great to hear. That's a nice tribute to him. And I did read about that but before that, it probably hadn't made the local news or the campus newspaper probably was reporting it?

A. It...it may have...the first reported case on campus. We kept it very quiet and then we learned that people were talking about it. So we went public with it and Derrick Schnapp, the new Public Relations person, had started. He advised that we go public and I did [advise that], too.

I thought it was better to come up front and announce it rather than have them find out and come to us. So there was a big thing in the newspaper about UIS has its first H1N1 case. But it wasn't a big deal then. It didn't get to be a big deal until later, and then no one was interested.

Q. Right, of course...of course. So that's another great episode. All of this is revelation to me, absolutely. We've got a little more time, but not a lot. Let me...well, I should ask, what other major challenges or issues did you face on campus of a medical nature or a health nature?

A. The budget's always been slim and getting a fee from the students was a big issue. The students have always been supportive about the Health Service but the first year I was under Dr. Miller, Chris Miller, I kept saying, "We gotta have a fee, we gotta have a fee." He agreed.

I told him how much we really needed and he talked to me and he said, "Well, everybody else has a fee and they're going to ask for it and we just can't ask for that much." He said, "But we could ask for more later." I said, "No, no if we're going to ask, we're going to ask for what we need." Then if they give us less, that's my theory then, we'll be all right.

But he didn't agree with that, so I had to take it to the Student Government, and I have never ever have had anything but positive experiences when I've asked students for things. But this little group chewed me up one side and down the other (laughs).

Well they had...they were given a lot of fees. Fees were built up because of the TRAC—huge, huge amount. I guess that was when I asked for an improvement. The first time I went, they agreed. They supported it, and we got a little bit of a fee. It was like eight bucks and I split it with the Counseling Center. The second time when we went, someone in our group told the students we wouldn't be back for a raise anytime soon. And of course the next year we had to come. And so they really were hot. And they

hauled up a newspaper article from the year before that said, "We won't be back for another raise." So that's why they were harsh on me.

Q. Yes.

A. And to his credit, Dr. Miller finally went up and said, "I have to take the fall for this because Lynne told me last year this is what we should be asking for." And I wouldn't...

Q. Another tax for something...

A. Yes, it was.

Q. But still, the damage...

A. The students were not happy, so that was one of the biggest challenges. And, of course, you have to take... It sounds like they're giving you a lot, but you have to take a little bit and make a lot of visible services for them.

Q. Right.

A. That's been difficult.

Q. Yes.

A. That has been one of the biggest challenges that I've had, is to let students know where their money's going and that we are really doing something when actually the amount is not...we...our fee has always been lower than anybody else's in the state by sixty to seventy-five percent.

Q. But if they'd been paying big fees further than that, probably to them it doesn't matter.

A. It does when you look at the percent.

Q. Yes.

A. If you ask for a two dollar raise, look at the size of the percent for five dollars or ten dollars. It looks like they're asking for fifty percent almost.

Q. Right.

A. So that was hard and it is still high.

Q. It's still high, I was going say, "They're still stuck on that."

A. But I think I've always been convinced, whether they paid for it before or now, they get excellent care here. I'm not just talking about myself. I'm talking about the physicians we have now and back then too. I added a half time nurse practitioner. I added an RN position. We've got some nurses who

work hourly. The clerical folks have a GA now. And so there's a lot there. Now we still get state appropriated money.

Q. Right

A. Thank heavens for that. Not much but it supports a lot.

Q. Well it's a much more active presence on campus than it ever was, and you're the one who's built it from the ground up. We may have to have another session because I have to leave in about ten minutes, but we still have a little time here.

Could I return to a couple of subjects that I haven't really posed? You may have in effect covered them but after about, I'm going back to the beginning of the University. Let's talk about five years or more before we had any housing on campus, the original kind of married housing apartments.

A. I think it was longer than that.

Q. Did that change your work at all? Did you have to visit students?

A. Absolutely. But I (laughs) visited students at home before then.

Q. Ok. At home?

A. At home. We had a couple of...not regularly, ok?

Q. Right.

A. But if a student lived by themselves and they called me, and they were terribly ill and they said they couldn't get in, I don't do that anymore—that should be clear (laughs). We had some folks who were suicidal. I remember going out with John Nolte because a student hadn't been heard from and she threatened suicide and we went to her house, to talk to her. The doors were locked and it was dark and nobody was there, but I did that sort of thing back then. There was a couple...I don't remember his wife was quite ill one time and I went, as a favor to him to give her a medication that was helpful. Off and on, I've done that forever. Now, I don't go any longer because too much can happen here.

Q. Yes, of course. Yes, your place is here.

A. It is.

Q. But how about the housing on campus? You...that's a little easier to do, you're in touch or maybe not.

A. I try to avoid that because again you don't know what you're going to encounter and I'm not fearful.

Q. I understand.

A. But you don't know what you're going to need when you're over there and if it's bad enough that they can't get to you or to me. Then I worry if I can even manage once I get there.

Q. Sure.

A. A lot of times they'll find somebody to bring them, or I'll listen to them on the phone and they'll need to go in an ambulance. I remember one year, a fella called me, this is kind of funny, nice. I didn't know him and he said he'd hurt his ankle and he wanted me to come to his apartment and see him.

I said, "What, it's like five o'clock and I really can't come to the apartment." I said, "I have things here that I have to do and we don't make house calls. Can you come here? I'll see you at the front." Nope. Then I said, "Well, why can't you come here?" [He said], "Well, I can't get down the stairs." I said, "Why?" He said, "My ankle hurts."

I said, "Just sit on the stairs and come down one step at a time and when you get to the bottom, have a friend help you into their car." [He said], "Well, I'm kind of a big fella." I said, "Ahh." And he began to describe his foot and his ankle and I said, "Alright, fine."

And I went over there and he was a big fella. He was a huge fella, very tall, very big and he probably would have hurt himself coming down those stairs. He really did hurt his foot badly, and he really did need to be seen. So it's probably good that I went over there (laughs).

Q. Yes (laughs).

A. But I don't make a habit of it

Q. Of course, of course....

A. It's just an individual kind of thing.

Q. Makes sense.

A. It made a difference though because the people on campus usually came from out of town and didn't have any medical care or know anything about it.

Q. So, if they were on their own and...

A. Absolutely and so they get...they got a little special care because of that in the early days and, of course, when we got international students living in the housing that made a difference, too.

Q. We're going to break here.

A. Ok.

Q. But this has been enormously productive.

End of Tape

Begin Tape

Q. This is an interview with Lynne Price on August 26, 2010, and we were completing an interview with her on her work for the University Health Service. Which reminds me, I don't think it was originally called the Health Service was it? Just the nursing office or the nurse's office?

A. It has always been called the Health Service. In those days, it was called the University Health Service.

Q. Yes.

A. But since we became part of the U of I, we can no longer be the whole University Health Service, so we're the Campus Health Service...

Q. Campus Health Service...

A. Campus, Springfield Campus.

Q. Ok, thank you. I for some reason thought that had changed but it hadn't. To be certain, the scope of your responsibilities has changed.

A. Yes, definitely. I think everybody thought of it as the nurse's office because I was a nurse/

Q. Yes.

A. And I was in the office.

Q. And you were kind of it.

A. Yes, for a long time.

Q. Ok (laughs), fair enough. There must have been some, not necessarily professional relationships...but campus relationships, that you got to know some of the people in the first wave of students and faculty and staff. You've

talked about a few—Homer Butler. Any you've got on your mind or particular opinions or allies?

A. I think Jackie Jackson has always been an ally, she's faculty in English I believe, and the Women's Studies folks.

Q. Yes.

A. Pat Langley...

Q. Right.

A. And several others of course, have always been supportive of the Health Service. Most of the faculty were supportive of the Health Service. I always felt that. I had no reason to think any differently.

Q. I can't imagine them being against it (laughs).

A. No I don't think anyone was. I think that they used us for referrals. Whenever they had a question about a student or an issue with a student they'd come to the Health Service. Now we have the Counseling Center, which helps a lot because the mental health issues usually go to Dr. Judy Shipp. We work very closely with her department, of course. Those people were always strongly supportive.

I think the Biology people were helpful. I know that in the early years I remember some of my biology skills, staining slides and things, Microbiology. One of the first faculty here was a woman and she took me aside and taught me how to do them or reminded me how to do them properly. Jim Veselenak came along and taught me all the secrets of gram staining. So that to this day I can do gram staining.

Q. I don't know what that is, gram staining.

A. A gram stain is a stain, is a microscopic slide and you use certain stains to make certain organisms stand out so you can identify them.

Q. Yes, Ok.

A. And we would do certain kinds of stains on the slides, and I could identify things that way. So Jim taught me all the secrets of how to do them, gram staining. And to this day, I can do a decent gram stain. (laughs)

There were people who helped me with budgeting; Linda McCaffrey has always been a staunch ally. Whenever I had a budgeting issue, or something I didn't understand, I could always go to Linda and she was the biggest help.

Q. She would give you straight help.

A. She does. She goes the extra mile beyond.

Q. I agree. Now you mentioned some woman before you mentioned Jim, someone in biology?

A. What, I do not remember her name.

Q. Not Anne...

A. Anne Larson was also a supporter. I didn't use her for reference so much as I did this previous woman who was a microbiologist, a lab person and she was only here for a brief period. Barbara Eibl is another woman or Barbara Hartman then who was, I always felt, a good supporter. And there's another woman that, well there have been several, I think, that have just been very strong.

Q. They took a personal interest because of their field or their values. In case of some of the Women's Studies people, did they push you or did you kind of go to them for assistance or they...how did that...?

A. I decided I wanted to be more active in women's issues on campus. So I became a member of the Women's Center Committee. That was before we had a Women's Center. From there it was natural to become a member of the Women's Studies committee, which incorporated women from not just academic fields but women from other areas on campus, too.

Q. Sure.

A. I sat in on their meetings quite a bit for a long time and learned a lot, I think they learned a lot about the Health Service, too. We shared information, and they were very supportive.

Q. That whole venture and focusing on women's health issues was I guess by any measure, an expansion of your... You always had health responsibilities but this gave you some focus. Am I right?

A. Yes, it gave me a background for what I had always felt instinctively and believed, but it also helped to hear them discuss issues and to be a part of that discussion. It was almost like taking classes from them. Of course, my strongest mentor was Margie Williams.

Q. Yes, you've mentioned that.

A. Margie was...I worked with her on several projects and she always encouraged me. She was always there for me when I had questions and problems. She helped me negotiate some of the political issues. She was also my advisor during my undergraduate period and even after that, long after that, she was there.

Q. You mean she had been when you were an undergraduate previous to coming here?

A. No I was here and then went back for my bachelor's degree.

Q. In nursing?

A. In nursing, yes.

Q. And she was your advisor.

A. Right, but even before that she was my advisor, she was there.

Q. Maybe this is one way to put it. If you had a Health Service's hall of fame, your star would be on there obviously, but who else would? Would Margie be on that hall of fame?

A. Margie would be up there certainly. Dr. Gover, our first physician would also. I think a lot of people felt he was a little tough. But he was one of the most brilliant physicians that I've known. He just had a good common sense, and he was excellent in his medical skills.

Q. Forgive me, his name, I know we've touched on it. The name, the name of the doctor?

A. Douglas Gover.

Q. Gover.

A. Yes, Dr. Gover.

Q. And I remember you saying how although he was pretty gruff, he increasingly delegated responsibilities to you that you didn't feel you had the right otherwise to perform?

A. I probably would not have had the opportunity to do it. I wanted to learn and I'd say, "Gee, I wish we could do it this way." He would say, "Well there's no reason that we can't." Or he would say, "It would be helpful if you would."

He sent me to Memorial Hospital for two weeks to learn how to do certain kinds of blood tests and urinalysis. There were some good people there that taught me and worked with me so that I could bring that information back here. There's so many people that I sort of hate to leave any out.

Q. I understand but these would be the ones that among a big group stand out.

A. Stand out in my mind. I think Larry Korte, who was one of my supervisors and very supportive and helpful. I would tell you that Chris Miller was probably on top of all of them. He's probably my top star.

Q. Is that right? Because he was just a very good administrator and cared deeply about?

A. Chris listened to what I had to say. He and I could discuss or argue a point. He was always supportive. He understood the need for funding. He understood and under his guidance we got the Health Service fee. He understood the need for a nurse practitioner, so we were able to get a nurse practitioner. He understood the need for more staff. He understood some of the issues that were involved in athletic health and in the health service.

And I felt like he trusted me always. I felt like he was honest with me and I was honest with him. Not that that wasn't true of some of the others, but Chris is probably and I've said it many a time, Chris was probably the best supervisor I've had and I've had some good ones here.

Q. Of course, sure.

A. He's probably the top.

Q. So I guess I'm inferring from that that in comparison with the others, you were able to grow and increase the program dramatically.

A. Absolutely, during his period of leadership, he was a strong leader. He, we were able to do tremendous things with the health service. He initiated the Safe Zone project of which I am co-chair now and encouraged me to lead that when I really didn't think I could. But I have and [he] encouraged me in so many other ways.

Q. That's a terrific tribute.

A. He was great as far as I'm concerned.

Q. Now the Safe Zone project, is that the alarm? What is the Safe Zone project?

A. The Safe Zone project is a group of people who, students and employees, who work together to help make the campus more comfortable and appealing to lesbian, gay, transsexual, transgender, queer and questioning folks. We offer training sessions for people who are interested in learning more about the LGBTQ population. We offer projects as well.

Some of us, there are times when the projects are together, so that we all do trainings and we do one complete set in the semester. There are two phases; they're four hour trainings. They are done twice a semester. Out of

that group partially has grown other kinds of issues with the LGBTQ population, so now we have a Diversity Center.

We have a resource center. We have the Queer Student Association. We've had activities on campus that students have done that are supportive, and I think we're growing a lot in that direction. We have a long way to go, but we're going well in that direction.

Q. Well, once again, we're certainly in his debt but also yours. But he also persuaded you that you didn't have to remain centrally involved in it, that it had a life of its own because you were spending a lot of time on it.

A. Yes, yes. He did but there is a committee that really does most of the work. I just kind of sit there sometimes but there are other things, too. I am now, I'm working with some folks in the Library and the Music department and some other people to bring a group called AMASONG, A-M-A-S-O-N-G, to the auditorium for a program next fall or next spring. It's going to be quick, it's getting close.

This is a feminist group that started some eighteen or twenty years ago in central Illinois in Champaign. It started out as a lesbian, feminist chorus, or choral group. They have since, in the middle of the Midwest, they have since produced I believe eight CDs and they have performed concerts throughout central Illinois and been accepted. Their music is feminist largely, but they take old songs and they sing those and they sing *a capella*, of course, and it's beautiful. One of the songs they have done is, it's *Strange Fruit* sung by Billie Holiday.

Q. Sure, sure.

A. And they have done some other, cultural feminist music as well. You should, if you get the opportunity, go to their website and look at their music, you should.

Q. I think I will.

A. But it's a huge group now. I don't know how many are in it but probably forty or fifty women? And it's been going all these years and so we want to bring them to the auditorium here, not to the Sangamon Auditorium but to Brookens Library.

Q. Sure, sure.

A. And do a concert. And then we would like to have a panel, a discussion, about how they brought this to central Illinois and how they grew there with their chorus and came to the point where they are.

Q. How would you compare the extent of growth and development and success of that initiative on our small campus compared to the much larger campuses? I'm saying proportionally, I mean, do you think there is a healthy, well developed initiative with gays, lesbians, transsexuals, and bisexuals?

A. I think it's beginning, yes.

Q. Ok.

A. I am delighted to see the students who are working with it. I am pleased that there are students interested in our programming and delighted that there are a number of LGBTQ students that are more comfortable in being out or in asking for help where they need it. So compared to other campuses, we don't have the funding or the history, but I would say we're doing quite well. We're speeding along a little faster than they might have in the early days I think because of our size. That's a benefit but I think it's growing.

Q. That's terrific and a major expansion of your offices and I'm sure you participate in these twice a semester.

A. Yes, I'm one of the trainers.

Q. Sure.

A. Yes.

Q. What about community or public reactions? Have you endured questioning or criticism?

A. No, actually we have had some folks from the community attend our programs. We've had some students from Lincoln Land come over. Actually, we had some staff members from Lincoln Land who wanted to do a similar program there. And there was a group from out of state that had heard about our initiative and wanted to know about our training methods and what we included in our training.

Negative things? I don't think so. I really don't. I haven't seen it on campus or if it's been there, there hasn't been a strong movement. I haven't heard anybody from the Springfield community.

Q. Write a letter or something?

A. No nasty letters. Maybe I should knock on wood, but we haven't. We've had tremendous support from the campus. I think some people are learning things whether they agree or disagree.

I think that it truly is a better place, not a perfect place for LGBTQ students. The further we go along towards the future, I think, the more we need those kinds of things for the University and the students. In 1970, I don't know if there were any LGBTQ folks on campus. I'm sure there was, I just didn't know it.

Q. Yes.

A. But now there are many and they're open and they're comfortable with it and it is growing. Just as our international student population is growing, we see very, very many people on campus.

Q. That it exists very healthfully and openly on this campus, I'm sure there's been resistance within the community, quietly at least, and yet you've got a group here that's very comfortable about their relationship to the academic community. Those initials L, G,...

A. B...

Q. Right I know that, bisexual, what am I missing?

A. B, T, Q. And Q stands for queer and questioning.

Q. Ok. Well, congratulations on that, that's...

A. It wasn't my success. It was everybody else's success. They really, if it hadn't been for some of the faculty and students, it wouldn't have been as smooth as it has been.

Q. But still when I think of the community when the University arrived, they wanted to have a university, but they weren't sure they wanted the kind of crap that goes with it that we were bringing at the time.

A. (laughs) That's right.

Q. But now forty years later, we can do this sort of thing and in that sense, it's under the radar. It's just not an issue. Let's turn to the development of competitive athletic teams and what responsibilities you had for that?

A. Yes, no we didn't talk a lot about it. We started out in the early 1970s with our first soccer team...

Q. Yes, right.

A. They didn't have any health requirements, so the nurse in me said, "Well, wait a minute, shouldn't they have physical exams?" Then they decided maybe they should. (laughs) And then they said, "Well if we're going to have

physical exams, then maybe we should have you out on the field, in case there's an accident."

I said, "Hold on." (laughs) We can do physical exams; we do that well, but I don't know anything about athletic medicine. I am not and never have been an athletic medicine person. All I can do is first aid.

Q. You're not an EMT.

A. I am not an EMT. I can do first aid. I can splint things, and I often ran afoul of that. I remember one time we had a club playing and their goalie was out warming up and he took a dive after the ball with both hands out. And he came to me with his little fingers bent at right angles, and one of them was bent at a second right angle. He said, "Can you fix these for me?"

And I said, "No, we'll have to send you to the hospital." Because that was... He said, "Can't you just pull them out for me?" And I said, "No I can't do that." I mean there's liability plus I'd never done it before. And it looked so painful to me, so we told him how to get to the hospital. And I looked up and he was out on the field playing again, and his fingers were straight.

And what had happened was he'd gone to one of his teammates; he was the only goalie that this team had. So he went to his teammates, and they straightened out his fingers. I thought, "This is not my field (laughs)!" But that's perfectly acceptable. Guys get hurt, they fix them up, and they send them back out.

Q. Sure.

A. But not me, I wanted to take care of them so that was kind of at odds for a while. Then, of course, I kept saying, "We need a trainer and we need an athletic physician." So now actually, we've had a trainer for about the last five or six years, give or take. Two years ago, we hired in the Health Service staff, an athletic physician who sees the athletes over there.

Q. He doesn't attend the games though?

A. No. Well, he can, but he doesn't.

Q. Yes, right.

A. He's there for kind of like a clinic call. If there are people that the trainer, athletes, who the trainer thinks I need to see, then he comes in and sees those athletes. So they've got two trainers, and they're experienced people. They got an athletic physician, and we don't have to tell a guy with a sprain that he can't play for the next several weeks because we know the athletic

doctor will make an evaluation and make a decision on that and they're pretty much acceptable of that.

Q. For a while and maybe still, I remember an ambulance being...

A. There was for a while, in the beginning and then the ambulance company said, "Well, when we stand by, we're perfectly willing to be paid for this. But when we stand by, it takes an ambulance out of the field." So we decided that we couldn't in good conscience do that. So if an ambulance was needed, we could get one quickly enough. I think it was kind of a tradition back then for high school and other sports folks to have an ambulance standing by.

Q. Did you find Aydin easy to work with on these issues or was he a little protective of his own?

A. Aydin was a typical athletic director. I just didn't know what a typical athletic director was back then, but he was always jovial and always laughing. Not exactly easy to work with but you know what, he was quite a character.

Q. Yes.

A. And I enjoy seeing him. Even nowadays, I'll see him once in a while and he gives me a big hug, and he always laughs that big laugh. But yes, it's hard because if we, for example, heard a murmur and took a player off the field and said he can't play until we get him seen by a cardiologist in three weeks, that was pretty bad.

Q. Yes, right.

A. And it impinged on his team tremendously, and he used to say that it psychologically caused problems for his players. And I laughed at that but I don't laugh at that anymore because I believe that it does.

Q. The coach has to be the authority.

A. The coach should be the authority but also, you can't play somebody that has a problem. You gotta make sure.

Q. Exactly.

A. Because the musculoskeletal is important, but truthfully, the real reason you do a complete physical on the athlete is the cardiovascular part.

Q. Right.

A. You can't have people dropping on the field.

Q. Right.

A. But at the same time it really inconvenienced him in those tough days, so we were kind of... Of course he brought in a lot of international players, at the last minute and he wanted them on the field that night.

Q. (laughing) That's right.

A. And I can understand that now but back then I thought, "He just doesn't understand?" And he thought, "She just doesn't understand (laughs)."

Q. (laughs) Right.

A. But we managed to muddle through it, and it went pretty well in the long run.

Q. What about the coaches here now? Do you think they're sensitive to or do they require?

A. Yes, I will tell you the coaches that we have now seem to be really supportive. When I ask them for things, they send it right or way or they do whatever I need. They do everything they can to get their players in when they're supposed to be. They've been very supportive. I've been asked to help with certain programs that they're doing, and I've enjoyed that. So no, I think this is...this is a good time. And we have the TRAC now, so we do the physical exams over there. Trainers do the musculoskeletal part.

Q. The building? T-R-A-K?

A. T-R-A-C [The Recreation & Athletic Center].

Q. T-R-A-C, right. Excuse me, go ahead,

A. Yes. The trainers do the musculoskeletal part, and we do the medical part. And it works out pretty well. It's kind of a joint effort, and we work on sharing information, which is difficult because of the HIPAA law but I think we find ways around that. So it's a work in progress still after forty some odd years.

Q. Well, it has to be. There now must be, if you count all the intercollegiate sports teams here. There must be more than a hundred students who...

A. We have about one-hundred-five athletes the last time I counted. I don't want to list them all because I'm afraid I'll miss one. There's men and women's soccer. There's baseball, there's men and women's basketball, there's volleyball, golf, men and women's tennis.

Q. That sounds right.

A. I said soccer, didn't I? Don't let me forget soccer.

Q. Yes.

A. But we've grown so much and especially now that we are NCAA Title

Q. Division two.

A. Which is a big status.

Q. That itself imposed health and medical related regulations that effect...?

A. Yes, yes it does. They are much more picky about what medicines athletes can be on even prescribed ones. They have some recommendations about testing for sickle cell now because athletes who unknowingly have sickle cell trait can have serious crisis in the field. If they haven't been previously diagnosed and don't know what to look for. So in that way and I'm sure that there will be more, as time goes on.

Q. Sure. I'm glad I asked about that. That's a big controversy. As you look back on forty years, you are so young, it's just hard to believe.

A. Yes.

Q. I know you've talked about several possible medical problems on campus, of a contagion of some kind. And you weren't involved, obviously, in that terrible killing of a University employee, Mark Vasconcelles.

A. Mark Vasconcelles. Mark and I served on the employee of the month year committee together. We had had a meeting that afternoon. but it occurred after five.

Q. Yes.

A. And so I had left work for the day.

Q. Sure.

A. Of course I, they wouldn't have called me anyway because it was a police matter. I didn't know about it until I heard about it on the news, of course.

Q. And there hasn't been, well I don't remember, I'm sure there has been but any incidents in the housing or in classrooms of life threatening.

A. We have through the years had students who, there's some domestic violence going on or partner violence or assault claims. I don't think we have a lot of them and compared to other campuses, we're quite fortunate in that. We have a strong support system in our counseling center, of course, whose available pretty much 24/7.

I know there have been students taken to the hospital because there's a certain level of depression and problems. Have we had anybody shooting the campus up with a gun? No.

We've had University police now for several years. I mean they have actual city police powers. The chief is Don Mitchell, and he's a very balanced, steady man and he's very sensible and realistic. He's very calm and good with issues like this and his team of police officers as well. They have a special job because being a police officer on campus is different than being a police officer in town.

Q. Right.

A. We all in Student Affairs, and I think other places on campus, expect different things of our police. So there's a certain amount of training that goes on with sensitivity and things like that, and they've been very good at participating in those. We've had some good officers but there was an accident one year out on the ring road in which there was a death. But I don't think... we did have one student who successfully committed suicide off campus. That was not too long ago, and a faculty wife some years ago off campus.

Q. Yes. I remember earlier in Sangamon State's history, a great controversy mainly among students and faculty about the campus police carrying weapons. What's your own opinion on that?

A. Well I was... I have a military background. My father was in the military all his life and I was in the Navy Reserves for a number of years. I was never a staunch gun supporter (laughs) even with that background. I shot with a club, .22 rifles when I was a teenager. I never thought that we ought to have guns on campus. Of course, that was close to Kent State.

Q. Yes.

A. I think we all were affected by that strongly. The other part was, I think, when they had them, they were hidden...

Q. Yes.

A. They weren't just, and I don't meant to say just, but they weren't handguns, some small thing. They were big guns, rifles or shotguns or something. And the way they were discovered was probably a shock to everyone, so that didn't help.

Plus the level of people and the level of training was very different back then. Our officers today have the same training that the other police in town get and the state police. They get Continuing Ed. They are very disciplined

and knowledgeable officers. And yes, they carry guns, and I don't like that. But I guess you can't be a police officer without a gun. I don't know. It's kind of like being a nurse without a stethoscope, I guess.

Q. Yes, yes I guess so. It seemed always unnecessary on campus but if that is a, one element... the other element of special authority, so I'm torn.

A. We did have a student who was killed at a gas station up here a couple of years ago by a boyfriend, and he shot her.

Q. Up on Stevenson?

A. Yes, right up here, not two miles away. And we have had some guys beating up on other guys, people beating up on LGBTQ folks in the past. And of course, college students are away from home. They tend to drink sometimes when they shouldn't, and there's a certain element that drinks more than they should and sometimes they have some problems. So I guess if that's what makes the difference, then I guess it's understandable, but I still don't like it.

Q. Yes, there are many college campuses where alcohol abuse is a serious problem. I don't sense that it is. Maybe it is.

A. It is a problem on our campus. We're not any different than anybody else. We have freshman and sophomores who haven't been away from home. They get here and it's, "Oh boy, I'm footloose and fancy free." So they experiment, and they are pressured by their peers. So yes, alcohol is a problem on this campus.

That's another thing Dr. Chris Miller did was he led us into developing some guidelines for housing and for students who were drinking on campus. So we do have that, and we have a process if students are drinking in the dorm or where they shouldn't be and we become aware of it. There's a procedure that we follow. So it's not a thing where, well, should we say anything or not? He's been a good kid all this time; we won't do anything this time. But it also directs the student into counseling.

Q. Ok.

A. So if there's a real problem there, they get counseling.

Q. So it is against the rules to drink in a University dormitory or facility?

A. Yes. Dormitory.

Q. Right.

A. I believe that students who are of age might be able to drink in their apartments, their individual apartments, if they're of age.

Q. Well thank you, that's edifying to me. My alma mater... drinking... I was always worried about that but it's hard to deal with.

A. It is difficult.

Q. Let us unless you have something we haven't covered?

A. I don't know what it would be.

Q. Ok. Let's engage in kind of some final reflections. You've been recollecting events. Now you're going to reflect on those from today's prospective looking back. So do you have any final reflections on the evolution of SSU and of UIS? You don't have to do it from a nursing perspective, just an institutional perspective?

A. It was hard to see SSU go. It was hard to see U of I taking over our campus. It was in the middle of social change and all kinds of things and as I look back there have been some very positive and strong things that have come about because we are part of the U of I. I miss the old Sangamon State University. I miss the people who were here and their spirits but we have some new folks now and they're just as unique in their own way. We don't have any long haired hippies. We probably have long haired folks, but they're not hippies anymore?

Q. Yes.

A. But we do have some folks who are rebels in their own way.

Q. Yes.

A. And we do have some folks that are trying strongly to lead this University to where it ought to be. I don't mean just the administration, I mean the Faculty Senate, the Staff Senate, our strong leaders. They are very strong about being sure of what we should be doing and calling that to the attention of the administration. So these are kind of exciting days. There are lots of new things going on, and yet we're still not a U of I model. We're still very different. We're still small, and we still have all the advantages of a small campus. I think there's a lot of politicking.

Q. That's such an accusation. I didn't know how you felt about it, but we are all sentimental about those days.

A. (laughs) Yes.

Q. There's few of us remaining who go back that far. But I think, by and large, it's been pretty good. And I think Naomi was the right person to oversee that transition. She was sensitive to the sentimentalities, but it's happened and I think it was a positive thing.

A. I think it was a positive thing, too. We needed to step into the future, and it's hard to leave the old ways.

Q. Well that's one of the ironies because we began as a place that was always going to be looking to the future, but once we thought we found it, we wanted to freeze it in time.

A. Right.

Q. And that's nonsense so I have welcomed that intellectually as a healthy adjustment. Now you're going to...yes, I'm going to ask you to try to gauge your own personal impact on the University's development. And you are going to say, "I was just one little person," But in your case, it's different and I want you to be utterly candid about this. Don't feel you have to display a false modesty, but can you measure over forty years your impact on the University's development?

A. I just, I have been one of many. I hope that I've had an impact on how people thought about their health and took care of their health. I have enjoyed the trust of a lot of people here, which I appreciate. But the impact? Maybe just by quietly going along and doing what needed to be done or trying to do (laughs). Sometimes the budget was a little difficult.

Q. Right.

A. But I think that's been positive and it's been detrimental. It's kept me in the background and now when I'm more active, we need funding and those kinds of things. I was pretty young when I came here and that may have been part of it. I just hope that I had an impact on people's health.

Q. I know you did. Ok, that's a fair way to put it, a modest way, but I'll take it. Now, let's reverse it. How has your experience here affected you? Have you grown professionally and personally as a result?

A. The effect of the University on me has been huge, absolutely huge. When I look at what it would have been like working in a hospital or a clinic all these years, it's amazing. I am so glad I came here, but I've grown in ways that nurses probably would not have had opportunities to. I have learned so much about all sorts of things here.

I mean, whenever I had a question or I wanted a good discussion, there were faculty and staff around who certainly didn't mind engaging in

conversation. I took classes here and I learned exactly really what higher education was about and why you should participate in it. Not just because you want to go out and get a big job but the sort of esoteric parts of it.

Q. Sure.

A. I've learned things I probably never would have learned. I've been exposed to things, and I've been forced to learn things and to grow. So I'm really a product of this community. I think that I returned some part of that, I hope. But it certainly made me a better person, a smarter person, a more aware person, socially, politically. I'm not exactly astute politically but kind of manage.

Q. Well that's a great statement. When are you going to retire?

A. Well, I'm not through expanding. It's allowed me to expand and so I'm still expanding.

Q. I understand.

A. And I don't want to retire until I'm fully expanded (laughs).

Q. No. So you still have awhile to go. Do you have a timeline?

A. No I don't. My timeline is two years, but it's been two years for the last five years.

Q. (laughs) Right.

A. Every time I think I'm ready to retire, I want to retire, something new comes along, some new challenge or something. I think, "We need to do this before." I really believe it's time for somebody new to come in, Ok? I have a new supervisor, Dr. Barnet, who is Vice Chancellor of Student Affairs. He's been here a year, and so it's not fair to dump this on him. We've been short staffed. We will start building up again, but we've been short staffed so it would be pretty unfair since he's not familiar with the history.

Q. Right.

A. So I hope to work with him, and I hope to retire sometime in the next two years.

Q. Well, it will have been a distinguished tenure in your department, and I congratulate you and thank you for this.

A. Why thank you, Cullom.

End of Interview

2 hours 16 minutes 13 seconds