

Interview with Florence Wald by Monica Mills for the Oral History Archive, Connecticut Women's Hall of Fame, June 10, 2003.

FLORENCE WALD: Just, one thing is that the three degrees, one of them is an honorary degree, and the other two were Master's Degrees, so I don't know whether or not you want—

MONICA MILLS: Okay, we can correct that when we come to that.

FW: One degree was a Master of Nursing, and the other, second one that I earned was a Master of Science, and then the honorary degree was a Doctorate of Medical Science, which it shouldn't have been, except for the fact that the nursing school at that time didn't qualify to have a Doctorate of Nursing. It now does, because it has Doctoral study.

MM: Okay, but actually I do say just, three degrees from Yale, and I can say that one of them is an honorary—

FW: Right. And then the only other thing is that the—there was the National Women's Hall of Fame, and the Connecticut Women's Hall of Fame.

MM: So would you rather I always refer to it as the Connecticut Hall of Fame?

FW: Well, I was inducted in both.

MM: Into both, into the National Women's Hall of Fame, as well as the Connecticut?

FW: Yes.

MM: Connecticut Hall of Fame? But I think the Connecticut Hall of Fame, you were inducted into that in 1999—

FW: Yes, I think that's right.

MM: Which would be—check the dates on that. Well, I had them check at the University—

FW: Yes, but the National one was 1998.

MM: 1998, okay.

FW: But you're right, the other one was 1999, the Connecticut one was '99.

MM: Okay. We'll interview him later [laughs]. Well, let's begin. The following is an interview on June 10th, 2003, with Florence Shorska Wald, a pioneer in the development of hospice care in the United States, past Dean of the Yale School of Nursing, and honored in Washington D.C. with the title of "Living Legend" by the American Academy of Nursing. Miss Wald is a world-renowned leader in nursing research, holding three degrees from Yale University, one of them an honorary degree, and she is a champion in the care for the dying.

This interview is being conducted in connection with the Oral History Archive of the Connecticut Women's Hall of Fame. The mission of the Oral History Archive is to record and preserve the voices of women who have been inducted into the Hall of Fame. Florence Wald was inducted into the National Women's Hall of Fame in 1998, and into the Connecticut Women's Hall of Fame in 1999. The audiotape and transcript of this interview will become the property of the Connecticut Hall of Fame, and will be available to scholars, and historians, and others interested in the histories of Connecticut women. I am Monica Mills, a volunteer with the Connecticut Women's Hall of Fame, and it is my honor to have the opportunity today to interview Florence Wald.

It is a pleasure to be with you today, Miss Wald. Miss Wald, you've had a remarkable career in bringing palliative care of the terminally ill to the United States. In this interview today, I hope to reveal your many accomplishments, and your passion for your life's work in palliative care. I would like to begin with some basic information for the Hall of Fame. This is to do with family life, and your background. What was your full name at birth?

FW: Florence Sophie Shorska.

MM: Where and when were you born?

FW: And I was born in the Bronx, in New York City, April 19th, 1917.

MM: And who were your parents?

FW: And my mother was Gertrude Goldschmidt Shorska, and my father was Theodore Alexander Shorska.

MM: What was their level of education, and what were their occupations?

FW: Neither of my parents was able to go through college, though both of them wanted to very much. And being in New York City, they gave themselves a very liberal education in the arts, and in literature. My father was a banker in what was originally the Deutsche Sparbanck, or the German Savings Bank, which in World War One the name was changed to the Central Savings Bank, for political reasons.

MM: And was this in Manhattan?

FW: That was in Manhattan, yes. And my mother was a secretary with a very interesting career that began in a sailing ship company, the Flint Sailing Ships, and proceeded through also the Hawaiian Steamship Company, and ultimately the Texas Oil Company. And she was the private secretary to the President of the Texas Company before she married.

MM: With her work, did she travel? Was there any opportunity for her to travel?

FW: No, there wasn't, but she—but her office was on the foot of Manhattan Island, on the Battery. So she became very well versed in what was happening in the shipping business, and she knew all of the lines, the various shipping lines that there were. And she also—oh, I had forgotten to say that she was also for a time with a legal firm, Sullivan and Cromwell, and she was there at the time that they were negotiating the Panama Canal, and knew a great deal about the politics that went on, and also the change from sail to steam, and as well, the rise of the automobile. So, she didn't travel much from New York City.

MM: She had a whole education—

FW: She had a whole education.

MM: Yeah, it's probably better than most people.

FW: I think so. I felt that we had a wonderful education in our own home that surpassed anything that we had in either high school or college.

MM: And I think having a mother who was working, too.

FW: Yes, well she—

MM: Oh, this was before?

FW: Yes, because when she married she took the old way of being a wife, and not to work, and once in a while she wanted to do something, for example teaching in the high school, and my father was very much against that idea. [Laughs]

MM: She had enough to do at home. Then I was going to ask you, who are your siblings?

FW: I had one brother two years older, and that's Carl Emile Shorska, Carl spelled with a C. And we have remained very close through our lives.

MM: And he's still living, of course?

FW: And he's still living, yes.

MM: And you said before that he is a historian.

FW: Yes, he's a historian, an intellectual historian, and his field has been primarily Europe, and leans very heavily toward what has happened in Germany and Austria.

MM: Has he spent much time in those countries?

FW: He has traveled a great deal. And one of the very interesting things was that when the Second World War broke out, he was doing graduate study at Harvard, and at that time the Office of Strategic Services were putting together a group of people knowledgeable in the

various countries that were at stake. And, so he had the opportunity to go to Washington before he finished his doctoral study, and had a wonderful experience there in working with many of the people who—many of them were refugees from Germany who had come before, and then there were other historians from around the country, as well as social scientists, political scientists.

MM: Quite an important time it was. A crucial period

FW: It was an important time. He was very fortunate to have that as part of his experience even before he finished his doctoral study.

MM: Yes. And when was your brother born?

FW: He was born in 1915, March 15th, 1915.

MM: Can you tell me anything about your family life, and your early years in school? When did you start school, how old were you?

FW: I started school when I was five, and what happened was that my parents moved from New York City to the suburb of Scarsdale. And they moved there because it already had a very good reputation in its school system. And so the education that we got there was very important. Our parents had married rather late in life. My mother was 32 and my father 44, and as I mentioned before, they were both very vigorously self-educated. So they knew opera, they knew music, the arts. They both read very much, and they both were very concerned with what was happening to the immigrants in the United States. At the turn of the century, there was a good deal of activity going on in New York City, in Lower East Side particularly, with the health conditions, the living conditions, the working conditions all were being examined both by city and state government.

And the volunteer arm of that was in the settlement houses, which were essentially helping people to understand what it was like to live in a democracy, and what their rights were, and how to pursue their rights, and also how to preserve their ethnic background. And this was particularly important in my future work because one of the people very much in the foreground of their thinking was Lillian Wald, who was a nurse who developed the field of community health. And she did it in every sector, so that it wasn't just people being sick, but it was also how to preserve their health, and that if there were protests being made by the unions, or by the socialist groups, that she would support their efforts, and ultimately set up the Henry Street Settlement House, which was—had the arts in it, and drama, music, and a place where they could hold weddings, and practice their ethnic celebrations.

And both my parents were liberal in their thinking. They were very conscious of social justice, and each of them had come from German parents, but both of them were born here in New York City. And my father, for example, subscribed to *The Nation*, both my parents were registered in the Socialist Party, and were champions of Norman Thomas, who was a socialist candidate for President. So we would go to all the Norman Thomas rallies.

MM: And I assume you and your brother went to some of these rallies, too, with your parents.

FW: That's right, yes. And my father read the *New York Times*, my mother read the *Herald Tribune*, and so there was a lot of discussion about current affairs and politics going on.

MM: Were these family discussions at dinner time?

FW: Yes, and my parents both loved to travel, even though they hadn't traveled abroad very much. But once were old enough, meaning, I think the first time was when I was three years old, we always traveled with them, where ever they went. So, and I would say that the background of our family was very centered on Germany, where both of their grandparents—

MM: Their heritage.

FW: Which was their heritage, yes. My grandfather had come from Silesia, which is in Prussia, and he came during the Civil War, and when he arrived he was greeted at the dock with the proposition that he could be made a citizen right away if he joined the Union Army, which he did. And he became the Captain of a German regiment. And my mother's family—her grandfather came even a little earlier, in 1848, and he founded the first Reformed temple, Reformed synagogue, in New York City. So, my mother was of Jewish background, my father of Christian, and that caused—

MM: That's interesting, that's very interesting.

FW: It was interesting.

MM: That showed certainly a great degree of respect for each other, that they—

FW: It did, but it also meant conflict as well, and those were the hard times that they had to work through.

MM: Of course. But sometimes, conflict like that causes us to try to find a resolution, certainly when it's within a family.

FW: And when the Second World War broke out, and before that, when Hitler came into power, that was very difficult for our family to accept, because their roots in the arts were very

Germanic. So from that point of view, they shared some of Hitler's values, for example, the—Richard Wagner was for my father the only opera composer—

MM: Yes, I can understand that.

FW: And then it was very difficult to believe that the German people would get behind Hitler. And then mother had relatives that were still there, so that they were—they did get involved in bringing over refugees during the Second, or I'm sorry, before the Second World War, between 1933 and '41.

MM: That must have been very hard for them to see that happen.

FW: Very difficult, yes.

MM: And I think unfortunately it seems so much that that was happening, and the rest of the world was not able to understand what was going on, or didn't take the time to work that out. Coming from England, I still find that very difficult to understand, why we didn't realize what was actually happening.

FW: Yes.

MM: So, I was going to ask you about their political beliefs, and did they--their religious affiliations. They were both Christian and Jewish?

FW: Well, that was their background, but neither of them—but they both were free thinkers, and really never depended on religion as their spiritual resource throughout their life, even through death.

MM: So you were not, you and your brother, were not influenced by any particular religious affiliation--?

FW: Well, we were influenced to be anticleric. And my father's complaint was that the church had taken too much money from the people.

MM: Those who needed it?

FW: Yes, and the—

MM: I think that's a criticism today, too. That it's creating too much power, the monies they seem to obtain in many religions, I think.

FW: Yeah. But they were great lovers of nature. So, our Sunday mornings were always walks.

MM: Which is, too me, different from nowadays. Everybody is so busy. The children are too busy with all their activities, and doing this and that, that they seldom stop to see the difference in the leaves on the trees, and when they turn, and—

FW: Yes, I feel very grateful for having lived in a way in two different cultures, with that moving, perceptively, that it was a time in which one was certainly not as frenetically active, and there was a lot of time at home, and lots of reading, and exchange of books as well as of ideas. And their friends tended to be people in academia, or people who were somewhat like themselves, interested in ideas and concerned for social justice.

MM: Did they ever hold any political positions? Did your father hold any, within, say, in the community?

FW: No, no they didn't. Neither of them did, but were very active as citizens in campaigns for Presidents, for Governors.

MM: To put the right people in power, or to help to get the right people in power. Let's move on to, where did you attend college? Where did you first go to college?

FW: I went to Mount Holyoke College.

MM: In Massachusetts?

FW: In South Hadley, Massachusetts, yes.

MM: And how many years were you there?

FW: I was there four years, from 1934 and graduated in '38.

MM: What were those years like there? What were the years like there for you? Were they years that you enjoyed, and that you felt you made progress?

FW: It was in many ways a very good thing for me. What did surprise me was, of course my brother had started college, and went to Columbia. And then when it came to be my turn, then I discovered my father didn't think I should go to college, and I had never expected that. But my mother was absolutely adamant that I was to go to college. And so I—the first college I applied to was Barnard, and that, my father gave approval because then I would continue to live at home, and commute to school. But, I wasn't admitted to Barnard. So then there had to another very heavy campaign, which my brother and relatives pushed, and so when I was admitted to Mount Holyoke, my father—

MM: Do you know why he felt that way, why he was--?

FW: Well, he knew that I always wanted to be a nurse, and he did approve of that very much. But I really believe that it was his role—his view of the role of women, and in that he didn't lean forward, he leaned back, in terms of what it had been like in his day. And where a daughter stays in the household, in the parent's household, until she marries, and if she doesn't marry, then she stays in the household forever.

MM: Yes [laughs].

FW: Which was a frightening thought for me.

MM: It is nowadays, and I'm sure for you, for somebody that had a creative spirit.

FW: Yes, but my mother had wanted to go to college so much, that she was able to essentially develop the force to get the—

MM: To get you into college, to have him do that.

FW: And it was good in the sense that I was away from the family, and that I did tend—my brother was a very good student, and he was also very active in Boy Scouts, and in the Drama Society, and in Singing Society, and so it was natural for me to think of myself as Carl's sister. Going through the same school system, of course, I had his teachers two years later, and felt as if I'd never be able to—

MM: Which is sometimes a disadvantage when that happens, because you don't have to live up to what the other one did, because you're a different person. It must have been a little bit of a shock going away to school like that. It sounds that though you were a very close family when you were living at home. So that must have been—

FW: I felt very comfortable being away. I think it was harder on my parents. I think they did enjoy being parents, and being involved. And while they certainly had lots of outside interests, because they went to theater, they went to opera, they went to concerts, and they had a large group of friends. And for example, my father was still working. He and my mother at that time began to volunteer, and she volunteered in the Lincoln Hospital which was in New York City, and a hospital for Blacks. And so she volunteered in the clinics, and tried to make them much more pleasant for the patients who came into the clinic. And they also took courses at Columbia in their—Columbia's after school program. So they had plenty to do, but nevertheless—the family unit to them was very important.

MM: Yes, it's when the family unit changes. Usually the parents feel that very strongly. What degree did you earn then at Mount Holyoke?

FW: It was a Bachelor of Arts, and I majored in physiology, and I minored in sociology. And so I was essentially trying to get into the humanist scientific part of things, although I think that my—it was the social sciences that I enjoyed more than I enjoyed the sciences, the medical sciences, physiology, zoology, chemistry.

MM: It sounded as though you needed both with the career you were going towards. And then what advanced degrees did you earn, in what major field were those?

FW: It was in 1941, was my degree in Nursing. That was at Yale University.

MM: Why did you choose Yale?

FW: Well, at that time it was really the only school that was for college graduates, and the other thing was that when the Yale University School of Nursing was being developed, its first Dean, Annie Goodrich, worked together with the faculty at Mount Holyoke College on setting up the curriculum. So the faculty were—knew a good deal about the Yale University School of Nursing. Then we had something called a Big Sister Program, which meant that as you come in a freshman in college, that you would have a junior class member as someone to be, sort of, your big sister, your protector. And my big sister was Katherine Ketchum, and she was planning to go to Yale and preceded me by two years, so that I was—she helped to steer me in that direction.

MM: When you were at Yale, what was your experience like there? And also, how was that different from, maybe, Mount Holyoke?

FW: Yes, it was a little bit difficult in the sense that the setting for the students was very protective. We had a house mother, and we had rules that we didn't have at college, that seemed to be petty and unnecessary.

MM: So you lived on campus then, at the campus?

FW: Yes, they provided the housing. But what was wonderful was that we had a great deal of clinical experience, and in comparison with what nursing students get now, we had a lot more clinical experience, which was a terribly important part of the learning. We also had the—our teaching faculty were nurses, but also physicians, and so the teaching was very good. The hospital atmosphere was something that I found too strict and confining, and I railed at that a bit.

MM: Do you think that was typical of those days? You would have found it in most areas, because it has changed now, hopefully.

FW: Oh yes. Well, to a degree they have, but I think the thing that has been a constant about the hospital is that it is—its rules and regulations are centered on making it easy for the doctors

and the nurses to work, and it really has left the family out, and that patients essentially were—they were the top of the list, in terms of their needs being met.

MM: So, you're saying that they didn't really, sort of, pay as much attention as they could have to the social well-being, and the family well-being, of the patient?

FW: That's right.

MM: Was there anybody, for instance, when a patient was released from the hospital, was there anybody checking into what environment they were going home to?

FW: Very much so, yes, and that was part of our education. So, for example, when I was on obstetrics, and one had one family that one was to follow, then it included not only seeing the mother and babies when they got home, right after they got home, but also at six months. And then we had three months of experience in community health, which was very unusual in nursing education at that time.

MM: Did you go out into the community to do that work?

FW: Yes, and loved it. It was a wonderful visiting nurse service in New Haven. And another very interesting thing that relates to nursing, I think, is a very important issue: that when the school was founded in 1923, by Dean Annie Goodrich, Annie Goodrich had worked at Henry Street, and she also had been an advisor to the Rockefeller Foundation on nursing education. And she worked with both Dean Winternetz, who was the Dean of the Medical School at the time that she came in, and C.E.A. Winslow, who was the head of the School of Public Health.

And Winslow tried to convince Annie Goodrich to have the nurses be in the community only, and not in the hospital. In other words, following the lead of Lillian Wald, but she decided not to do that, instead centered it in the hospital in the pattern that had been established since Florence Nightingale's day. And I feel as if that essentially made for the difference in public health nursing having been—while it grew, it was of second importance to hospital nursing, and the nurse being the physician's assistant.

MM: Yes, and it wasn't really taking care so much of the emotional welfare of the patient, too.

FW: That's right, yes. Now what happened was, after Dean Goodrich was in the school, and while she was there, about 1926, she and Dean Winternetz, and C.E.A. Winslow, and the Dean of the Law School, whose name I always forget. He was a very young and avant-garde teacher in the Law—hopefully I'll remember his name before I finish this. They attempted to set up an

institute of human relations that would link medicine and the social sciences and economics, so that the humanities and the social equality, so to speak, would be meshed with medicine.

And while the President of Yale, who was Roger Angell, was very enthusiastic about this, and the Rockefeller Foundation gave a huge amount of money to set this institute up, the faculty of the School of Medicine were dead-set against it. And one can understand their position, because they had recently been given the responsibility for making medicine a science, as it was in Germany, not as a practice that is learned by apprenticeship.

MM: Right.

FW: So, I mean, it was essentially taking away from their mission.

MM: Right, they didn't want that destroyed.

FW: Yeah.

MM: Yeah, I can understand that. When you were at Yale, how did your male peers and professors relate to you, and to other women there?

FW: Well, that was one of the more difficult things, was the professional relationships that we—in everything that we did, we did as though we were of a lesser, on a lesser level, than the physicians. So, it wasn't so much that you had to stand up when the physician came in the room. That wasn't so difficult to do, because essentially you were then giving him your full attention. But what I found appalling was that if I went to the elevator, that the doctor went first [laughs].

MM: Yes, you were kept in your place.

FW: Yeah, and some of the faculty were excellent, and others were not. It was a mixed bag. It wasn't all very good. But we did have some superb lectures. Milton Winternetz, who—by that time he was no longer Dean; the faculty had refused to have him as a Dean, and so he became a faculty member again, and but there were others, too, who were very, very good.

MM: That you remember. What percentage were women, in graduate school? I imagine in the nursing area, of course, there were—

FW: Yeah, you had to go to that—sorry, I don't know, but I was going to tell you, outside the library, there is a fountain, which is a great, big, round slab, and on it is the history of women at Yale.

MM: Oh, how interesting.

FW: So it starts from the center, when of course, there were none, and then you see where they all began to come in. And of course, when the school of nursing was started, in 1923, that was a

big bump up. And the year that women came into college was when my son went to Yale. It was in his class that women were admitted for the first time, and that was in 1969.

MM: That's seems so recent to me.

FW: Yes. And the other person that I know was one of the first women in the Department of Sociology was [pause] Brown, Esther Lucille Brown. And I put that at something like 1920's, end of the twenties. So, and to be—and then, but when the school was founded, in 1923, it was no question about the school of nursing not being under the medical school, which was common practice, but to have its own Dean, and its own school.

MM: That was a good idea. What careers were women pursuing, in your earlier years, in general?

FW: In general? I'm thinking of when I graduated from Mt. Holyoke, that very few went into graduate education. One classmate went to medical school. There were four of us who went to nursing school from my class in 1938. There was one person who went into the sciences, and that's all that I can remember, out of a class of something like two hundred. So the expectation was, and your success was, to finish college and to be married immediately. So, there lost a lot of very bright women, and that very few of my classmates ever did have a career.

MM: Because they weren't really encouraged to go on. There was nothing, or no one, to encourage them to go on further.

FW: No. And even in 1941, in my class, and we graduated forty-eight, again, very few of my classmates had a career, and I had some very able classmates, who were lost to a career.

MM: Have you ever kept track of any of them? Have you ever kept in touch with any of them?

FW: Interestingly enough, very much so with my nursing school classmates, and less so with my classmates at college. I feel as if I really only knew the people in my clique. But with nursing school, I think it's because we spent the three years in the same curriculum, and we were all headed in the same direction, that our bonds were stronger. And the alumni of the Yale School of Nursing have always been very strong in their link to the school.

MM: Yes, yes. How many years altogether, then, were you at Yale?

FW: Three, in that first—earning my Master of Nursing.

MM: What do you think today about the gender shifts in nursing, when it was originally a more feminized profession?

FW: Well, some men are coming into it, but it still is only about ten percent. And it's—

MM: I didn't realize it was as small as that.

FW: Yes, and it's unfortunate. I think it's the social expectation, that this is a women's profession, but we've had some wonderful men in it, and some of the men students coming in now, coming in—one from architecture, another one from business, another one who is a banker, and I'm talking now about the graduate program. So it really is a question, I think, of overcoming societal views—

MM: That it's something they shouldn't be—that's not really what a man should be doing.

FW: No, no, and as nursing is developing now, there are so many different options for a career. It can be in clinical practice, but it can also be in health policy, and it can be in management of health institutions, so that it isn't gender—what did I forget to say? What did I forget?

MM: Also, I think, it's, you know, medicine's definitely more—there's more technology nowadays, with all the specialized equipment, which is very technical, and hopefully the salaries better than they—in proportion to what they used to be, which I hope would attract men.

FW: Well, yes, except I was-- just this morning someone gave me information that nurses salaries have not followed the increment that you would expect from the grand—what do you call it? The national product? Gross National Product. That their increment has really been sustained flat, and of course the difficulty is that in hospitals, which is where most nurses have been working, that the budgets always shortchange the nursing, and that new equipment and—

MM: Maybe upper management, as happens in the business world too. That's very true.

When did you develop your interest in palliative care?

FW: It began—

MM: Were you then Dean of Nursing?

FW: Yes, yes. It was in 1963, when I, by good chance, heard Cicely Saunders, who came from England, and she had been working on the notion of how to help patients and families with diseases that were not curable, in the kind of care that they got. And she was developing the St. Christopher's Hospice, which she would open in 1967. But in 1963 was the first time that she came to the United States, expressly to meet some of the people who were involved in end of life issues.

And she came to Yale as a lecturer, and when I heard her, that just opened the door to me. It solved the problem that both the faculty and the students were having in the

hospital, seeing patients, particularly cancer patients, being treated with curative treatment, and where it was very obviously not curing the disease, but the suffering was so great. The suffering was essentially not being part of the information, and so that they couldn't get the doctors to tell them what the—

MM: What the outlook was, what the future was for them.

FW: What the outlook was for them, or to consider a variety of ways of treating the situation.

MM: Again, going away from the emotional well-being of the patient, too. Going from that, did you ever come across any of the work of Dr. Bernie Siegel?

FW: Well, not then.

MM: No, it's much more recent than that.

FW: That's right. Yeah, Bernie Siegel came into the field in the 1970's, but he was at the time that I was starting this, he was a surgeon.

MM: Right.

FW: At Yale-New Haven, and it wasn't until afterwards. I think his inspiration came from Elisabeth Kubler-Ross, once he had heard her, that he gave up his surgical practice, and turned to support for the patient. The other thing that's very important is, when you think of 1963, that that was the beginning of the civil rights movement.

MM: That's right.

FW: It was the same month, almost to the day, when I heard Cicely Saunders, that Martin Luther King had the first march in Selma, Alabama.

MM: That's right.

FW: And at Yale, the Chaplain at Yale, William Sloan Coffin, was really the conscience of Yale, and he became very involved, and encouraged others to join the civil rights movement. And then, the protest of the war in Vietnam. And it was the strength of that protest movement that also reached medicine through the patient's rights movement. And so that, it was a time of much more open criticism, that it was tolerated. And not only tolerated, but even acclaimed.

MM: Which was a big step forward in itself.

FW: Yes, yes.

MM: Really, that's very true. How did you establish hospice, that is, establish hospice in the United States?

FW: Well, the first thing was making connections with all of these other people who were beginning to work in the field. Cicely Saunders was my prime mentor, I would say. Elisabeth Kubler-Ross, then in Colin Murray Park, a psychiatrist who worked in bereavement in England. John Freyer, a psychiatrist in Philadelphia. Carlton Sweetzer, who was the Director of Religious Ministries at St. Luke's Medical Center in New York City. Robert Fulton, at University of Minnesota. Henry Fifel in Los Angeles. All of these people, coming from different disciplines, began to come together.

MM: So did you make contact with all these people, and try to--?

FW: Yes, and there were, at the time there were new societies. In New York City, there was a society called the Foundation of Thanatology. And in Philadelphia, a society called the Ars Moriendi—Art of the Dying. And they gave programs, day programs, and one would go to hear the papers, or to give a paper.

So, there was all of these people concerned, and trying to do something that made a difference. And then, first thing was for me to find a Dean to replace me, and Margaret Arnstein was the woman who came into that position. And then I continued as a Research Associate in the School of Nursing, and started an interdisciplinary team—

MM: Right, I was going to ask you about that, too.

FW: --to care for patients and families who were facing the end of life. And this interdisciplinary team, we took care of some twenty-two patients over a two year period, and we made ourselves available to them whenever they needed us, whether in hospital, or at home, or in a nursing home, wherever they might be, and see them through.

MM: How many people were on this team?

FW: There were two physicians, Dr Ira Goldenberg, oncologic surgeon, and Dr. Morris Wessell, who was a pediatrician, the Reverend Doberhall, who was the Director of the Religious Ministries at the Yale-New Haven Medical Center, and another nurse, Katherine Klaus, myself, and then we added to that at times a Catholic priest, that was Robert Kennedy, and a Lutheran minister, Frederick Allman. That was the interdisciplinary team. And the way we chose the physician was we inquired of various people working in the hospital, "Who is the physician who stays by his patients all the way through?" And Dr. Goldenberg's name came up constantly. Dr. Morris Wessell I knew always to be very much concerned about the family, and what happens with illness and with death in the family, and so it was natural that he should be on it. And the

Reverend Doberhall, before he came, for his doctoral dissertation, he had done a study of widows, and what the widows really needed from their ministers, and discovered that the ministers essentially weren't any help to the patients—to the widows. So he was already going in this direction. So that was the research team.

MM: Very interesting, that team. What I wanted to ask you, too, was what were your feelings about hospice care in the home, versus in a facility?

FW: Oh—

MM: It sounds as though your work started out very much in the home, obviously with these twenty-two patients.

FW: Yes, we spent much more time in the home. And usually the patients came into the hospital only because there was some kind of a critical situation that required a hospital surround. And the care that we—of the patients that we did in the hospital—the way we constructed it was the observers were participant-observers. In other words, we were the ones who gave the care, rather than our watching how the nurses on the floor were giving the care. And we had to negotiate with the nurses, and of course with the whole hospital, for their permission and their understanding of what we were doing. Nevertheless, the way we were caring for the patients—obviously, if you're only taking care of one patient at a time, that you are able to give much better care—

MM: Yes.

FW: --much more satisfying care, as from the patient's point of view, and also from the view of the other caregivers. So, for example, they really—some of the things that we did they looked down on us for doing. For example, we had one patient who had two sisters who had been taking care of her at home, and they knew her needs, and they wanted to take care of her, even though, you know, she was in a very fragile condition. So in the case of that patient, I acted as an aid, bringing them the kinds of things that they needed, but they were giving the care. So, to the floor nurses it looked as if I was goofing off [laughs], and then in other cases, the nurses would come with tears in their eyes, saying, "If only we were able to give the kind of care you're giving to your patient, when this patient across the hall is even sicker, and needs us." And that they felt deprived that they didn't have the time to do it well.

MM: Yes. Do you remember any particular hospice patients, or any particular experiences?

FW: Oh, these patients—

MM: There must be so many.

FW: Well, no—are you talking about from the study?

MM: Yes.

FW: From the study, I remember all of them, and because while Kathy and divided it up, we would be the primary nurse for all the even numbered patients, and Kathy for the odd numbered. But at any rate, but we also always went over our work with each other, so that we got to know these people really very, very well. And I can't go around at all, even now, without thinking of the patients that, when I pass the houses that they lived in. It became a very depthful experience, and relationship.

MM: How were you able to deal with that at times, because it must have been hard to separate yourself emotionally sometimes, from the work that you were doing?

FW: Well, one thing that we found was that it was easier for each of us, with different kinds of patients. Kathy was a very quiet, very, very effective nurse who handled her nursing tasks, did them very, very well, and I tended to be more sloppy than Kathy was. And Kathy did very well with the patients who didn't want to talk. She could be very quiet. And she didn't like the patients who were always complaining, or wanting something else, or had a new idea. And so we realized that we were, sort of, the beginning of a smorgasbord, where we were more effective with different kinds of patients, and we followed that, as a rule.

MM: Were they—some of the patients, where they still positive in their outlook, or still hopeful in their outlook, rather than being very depressed?

FW: Yes, yes. They varied. One patient, for example, wanted to try absolutely everything, and we helped her to do that, so that it wasn't necessarily a gradual coming to terms, and feeling fulfilled at the end. It sometimes was a fight to the finish.

MM: Yes, a fighting spirit, yes. Well, that's the nature of a person, sometimes.

FW: That is the nature of things.

MM: And I think sometimes a very—an illness that's so prolonged, and causes so much suffering, it's amazing the human strength that comes through with some people.

FW: Yes, absolutely, absolutely.

MM: You know, it's almost an enlightening experience for the caregiver.

FW: Absolutely, yeah. And in caring for breast cancer patients, there were frequently—the disease had been so—had really eaten into the flesh of the patient so enormously, and the

patients somehow or other had accepted the lesion as part of themselves, which to any person coming in for the first time, seemed like a horrendous wound.

MM: Yes, yes.

FW: And that the ability to adapt, the human being to adapt, was really wonderful.

MM: Yes, this is what I think is so amazing, in a way, about illness. It can sometimes even bring the very best out in a person.

FW: Yes, yeah, and one very important thing that we found is that if the patient was able to adapt their routine, or their expectations, that it was so much easier. But when they were struggling against the tide, that the energy and the anxiety was more intense.

MM: Can you tell me about the variety of work, and people involved with hospice care? I think we talked a little bit about that last time, when I saw you. Because it's a tremendous amount of different work that's being done, and that's involved with that kind of care.

FW: Well, I think we approached it more from the point of view of what a nurse, or a physician, or a clergyman can do for a patient, so really using our existing skills. And one of the problems that we had at the very beginning was the abhorrence of using any opioids, and that the thought of giving five milligrams of morphine just increased the angst of the people in the hospital, the nurses, the physicians—very unwilling to go along with this. And I would say that the first person—the first discipline that came in that we hadn't thought about was the pharmacist. And we were very fortunate in having a research pharmacist who had just been hired by the hospital, and he was able to know and advise us on the variety of medications. For a nurse to be able to encourage the physician to change the medication routine was almost impossible, and he could do it in a minute.

MM: Very interesting.

FW: It was partly his knowledge, and he has a very bright man. But it also, I think, was due to the fact that how the pharmaceutical houses educate the physicians. At that time, they did it by these salesmen coming in, and so the physicians expected the salesmen to come in with a pitch.

MM: Yes.

FW: So that fit into their usual pattern. Now, wait a minute. What was the other part of the question?

MM: Well, it was the variety of work. The pharmacist was one which I would have not thought of, though that's very true.

FW: Exactly, exactly. Then, I think that the next thing was the arts coming in. Sally Bailey was a minister, but she also was a musician, and she came into hospice. While I never worked with her, I've come to know her very well, and to know her work well, and she brought into the hospice work using the arts, not only in performance, to entertain, but—or to educate, but also for patients and staff and families, especially children in family, to be involved in doing paintings, or doing pottery, or metalsmith. And for those people who were not able to express themselves in words, that this was a new edition that we hadn't really thought about at all. And it's been a major contribution. And then in the eighties, the alternative medicines, and the alternative therapies came in, so that therapeutic touch, and massage, and aromatherapy—these additive, with a more holistic approach, has come into the field. And through that, too, that the humanism comes into the fore.

MM: Do you think this is filtering into the medical field? That doctors are paying attention to this?

FW: Yes.

MM: Because it seems to me that certainly they're feeling some influence there.

FW: Definitely, yeah.

MM: Doctors are not totally ignoring holistic medicine, or more natural work, which is to me very interesting. Did you—were there any children cared for? Did your work every deal with children that were perhaps sick, as opposed to children within the home environment?

FW: We didn't have—the youngest patient we had was twenty-one. Actually, we didn't take care of her over a long period of time, because she died quite quickly. So, my own experience with children has been more in terms of children in the family. In one instance we had a patient who was dying of breast cancer. Her husband had died of multiple sclerosis a few years before. She had three boys, thirteen, fifteen, and seventeen. So, we were helping them to get their life together, and also to help the mother be able to communicate with the children, which she was having difficulty with.

But there are others than myself who've done wonderful work with children, and I think that for my money the most interesting case has been done—work has been done by a nurse, Ida Martinson, from the University of Minnesota, who helped the children dying of cancer in Minnesota. And while they would come into the hospital at the University of Minnesota, then they would go home, and in order to help those children die at home, it meant that they were

hundreds of miles away. And so they set up a system where they found people who were, would be available at any time the family needed help within, and could be there within an hour. And then the team at University of Minnesota, by telephone, would guide the family, and/or the workers, to care for the children.

MM: That's a wonderful idea, to do that.

FW: Yeah.

MM: Because I think the trauma of being away from your own environment, as the children were, is horrendous.

FW: Exactly, yeah.

MM: I think the idea nowadays of these, is it the McDonald homes, that are often near a major hospital, or a place where people, where the family can perhaps stay, and be close to the patient--

FW: Yes, yes.

MM: --are an excellent idea. I wanted to ask you too about your work with hospice in the prison systems. When did that start?

FW: Well, hospices in prison began back in '89, 1989, and by a prisoner who was in the federal prison in Springfield, Missouri. He had been trafficking drugs, and he observed that there was another inmate who was just helping as best he could. And so he joined forces with him, and as the warden observed what he was doing, he was very impressed, and got the hospice outside of the prison in Springfield, Missouri to train the inmates as volunteers. So it really, it took off. Now, the prisoner himself was also a Buddhist, and he convinced his Buddhist community, that did many projects of this sort, to start the National Prison Hospice Association, and that took off about 1991. And in addition to the National Prison Hospice Association, which has helped projects in Pennsylvania, Maryland, California, and here in Connecticut, also the Correctional Health Facilities Organization, that has also developed hospices. So there's one, for example, at Angola in Louisiana. And they are beginning to pop up in various places.

So, my own involvement has just been here in Connecticut, knowing what the hospice is in Connecticut, we went into the prisons, and got to know what the prison system is like, and have hitched up the people in the various hospices who then are teachers in the course. And we are teaching inmates in both the men and women's prisons now.

MM: When did you become involved?

FW: I became involved, I think it was in '98 that I started, and really tangentially involved in it now. It's primarily Neely Zimmerman, who is a member of the National Prison Hospice Association, who is doing it. But I usually go up once during their training, and then also work with them on the curriculum. And one of the things that we are impressed with is how well the inmates do. They make wonderful caregivers, and for them it's—

MM: Both male and female?

FW: Both male and female.

MM: That's very interesting.

FW: Yes. We started with the men, and then we went to the women's prison. But it means so much to them to be able to do something which is considered good, because they have borne such a burden, recognizing that they have done things that are bad.

MM: Yes, and to be giving of themselves in such a human way, and caring in that way.

FW: Yes. One instance of a young man who had—before he went into prison he had left home because his father was dying, and he just couldn't handle it. So he left the whole thing to his mother. He felt very, you know, bereft. And then he came into prison, and he decided to volunteer for this.

They had a very nice ceremony when they finished their course and were given their—they were given a sweatshirt with the logo of a hospice volunteer on it. They invited the families of the prisoners to come for the occasion. And his mother was so heartened by the fact that he now was able to take care, even though he couldn't do it for his own father, that he now was able to do it for someone else. And so it just—had sort of a ripple effect.

MM: Yes, what an interesting idea, though, to work with the actual prisoners in the prison, to have them do the work, because I would think that they could be more accepted, even, by other prisoners. Where one of us, if you know what I mean, rather than just somebody from the outside coming in, who—do they really understand how we feel? I think to have a fellow prisoner work with you in such a caring way must be a tremendous experience.

FW: It is, it is.

MM: And I assume that the prison hospices are growing, the system is growing more.

FW: It really seems to be, yeah. But I must say that being in Connecticut, that we have seen many different kinds of projects that people have been doing in prisons. In other words, people in free society are reaching out. One book that has just come out is a group of stories of women

in prison, that they themselves have written. And the way that came about is that the novelist Wally Lamb went into the prison, and he had the women write their own stories. And they are beautifully written, I mean, with a style of their own. It isn't a—it isn't like a novelist's style, it's in their own words. And again, for them to be able to do that.

MM: Yes. Wally Lamb, you say, did that?

FW: Yes. The book that I just read of his is *This Much I Know*. It's a nine hundred page book, and yet I got glued to every page. It was devastating [laughs].

MM: [Laughs] And you're still involved with the prison system. You said that you go once—

FW: Yes, but tangentially, not—

MM: Right. Did you ever meet, or do you have any comment on Sister Helen Prejean and her work in prisons? Of course, that wasn't really hospice.

FW: No, only at a distance. I've seen the film; I've read the book, and I know about her. And I too feel that the death penalty is not useful outcome. I think we—the population is prison is a very mixed bag, and I think that with respect to the death penalty, that from anything that I know—[telephone rings] Do you want to turn that off?

MM: Yes. [Unclear] I do that, and then I fall over.

FW: Hello. Hi Sally. Oh, God. Yes, so the question really is, when—I think I mentioned Joy Buck to you already, haven't I? That it's—what we're trying to do is to do a survey of hospices, and one of the things that we're looking at is, what has the policy done to help and to hinder hospices? And she is at the University of Virginia, she's already has been learning about health policy, so she's way beyond me in it. And she's on the last day in June, is the 30th, and then the first, second and third. And I was hoping that you would have time to meet her. What I'll do is to try to send you something so that you can respond to it, even though obviously we don't have the protocol set up yet. That's what we're working on. So, it's a question of, it's a time—in that time frame, are you available? Okay. Monday. One to three-thirty. Yes, we'll work with that. Okay, it might be. I think—on the first? Okay. Well, why don't we make it one o'clock? Yeah. One o'clock on the first. Okay, good. Oh, that's wonderful. Oh yes, sure. Oh, wonderful. Thank you. Yeah, the biggest problem is, it's too big a project. Yeah, so how to get it down to something manageable. She's a doctoral student, and what she's been doing is a study of the first hospice; she took that as her theme. And she's a nursing history student, and as I've talked to her, she is so competent. She has been a hospice nurse. Did you? Yeah, and sort of tall, but

with a very nice, wide open face. And she, in order to do her doctorate, she was able to get a whole lot of very good help, in a financial way. Yeah, so I see her as up and coming, yeah. Yeah, to the school? Okay, yeah. Yeah, right. No, I have the directory right here. You bet, oh thanks, that's wonderful. All right, thank you so much, Sally. Bye-bye.

MM: I'm going to put another tape in here, I think. [Several words unclear]. You like to be stroked, don't you? Oh, yes you do. My daughter has a lab, a black lab that's part husky, and then a little—I don't know, we call him a little red pointer. He's a very tiny, pretty, very skinny type of dog, with the most beautiful legs. As we always say, if we could only have a figure like that.

FW: [Laughs]

MM: So full of life, and so different. The black lab is a very contented creature, very, very contented.

FW: A little doll.

MM: Yes, in a way, and the other one really starts on him, he jumps on his back, and how she ever can manage two! They're a lot of work, when they're young. We took them both out yesterday, and it was quite an experience.

FW: Yeah. Do you have a place where you can let them loose?

MM: Not really. You know, in my neighborhood you can't let a dog loose, and I didn't set my home up for dogs, so I don't have an electric fence or anything. They're very interesting, how these dogs discern who comes to the house, and they always know if she's coming home, or her husband's coming home. They just amaze me, these two. They're really very good, and you are to good, aren't you. You like attention, too, don't you? Yes, you do, you do, you do. I have to shake paws with mine, too.

FW: You'll get sniffed at when you go home.

MM: How old is this one?

FW: Willie's going to have his fifth birthday September 1st. A neighbor has just gotten a long-haired daschund puppy. It is the cutest thing! And Willie and Michael, she's called him, Michael, met this morning, and they had such a good time together [laughs].

MM: Do you take Willie for walks? You must have to do that.

FW: Yes, oh yes.

MM: Of course, he can't run around loose here, can he?

FW: No, no.

MM: I was going to say that, I would think no.

FW: But I do have places where I can take him, and let him off the lead, so that's very good. Some are in the woods, and some are on the shore. Yesterday we went to the beach.

MM: They take them up to the reservoir near us. I think there may be an area there that they can let them off, I'm not sure. But both my daughter and her husband are runners, so these poor dogs, they must run five miles at a time.

FW: Oh, wow.

MM: And when they come home, they're [pants]—tired.

FW: Pooped. Yes. The little one, wow.

MM: Well, the little one can run faster than any of them. That one's not such much, but the bigger one—anyway, let us get back to—

FW: How are you doing, are you--?

MM: I'm enjoying it, it's so interesting, you know, it's so fascinating to me. [Several words unclear] I don't think I have that new one in right. [Several words unclear] I think I don't have the tape in right, I'm not sure. That could be. It's not going to take it. Hmm. The other one is—isn't that silly? I must have it in incorrectly. They're so tiny, these things, now. No, it isn't right. I have the other recorder going—that's the idea of having two. I don't know that I can get it to go, for some reason. Isn't that silly? Well, I think we'll have to just rely on the other one. I was worried it would run out if—that's it, I think. No, it's not working, it's not moving. One of them is stuck slightly. Well, I'm going to go with this one, because I know that that one is working. We don't want to worry too much there. Do you still believe in hospice care as vital in the community? Do you still believe hospice care is vital in the community at large?

FW: Oh yes, yes.

MM: Do you continue your work with hospice, or are you working more in the prison system, or--?

FW: No, my main interest at this time is working with a young person, a nurse, getting her doctorate in nursing history. And she's chosen to look at the history of the first hospice, how it developed. And as I've worked with her, I've found her to be a very bright, perceptive person. And, so that's encouraged me, now, trying to plan to do a study of hospices around the country, and to look at the communities in which they have grown, and how they're integrated themselves

into the community, and what the obstacles have been, and what has helped them. Now we're something like twenty-five, thirty years from the beginning of hospices coming into being, and there are three thousand of them around the country, which is remarkable in itself.

MM: Yes, tremendous.

FW: But they differ, and of course, part of the difference has to do with the kind of community in which they are. Some are in rural communities, and some are in large, urban areas with big medical centers. And the kinds of principles and practices that they've begun have both been helped and hindered by regulations and patterns of reimbursement. One difficulty really being that hospice care, ideally, is something that is available in the patient's home, and that it would be a pattern of home care. But if you look at the medical care system in the United States, it's primarily institution-based. So, it's trying to fit into a system that's not ideal, and what is interesting is that people have found a variety of ways to sustain their principles, and practice the way they would like to, despite the fact that the regulations aren't that good.

To give you an example, when I was in San Francisco I went to the Zen Hospice, which was started by the Zen Meditation Center, and there the man who was starting it essentially wanted to help volunteers, people, to be able to relate to the patients, and to give them good care in terms of the patients' perceptions. So he spends a great deal of his time with training of the volunteers. And he was able to get a house with five bedrooms, and fortunately you can take care of people in a place with fewer than six beds without having to meet any regulations or special licensure. And what he has done is to make a relationship with another hospice called the Hospice of the Bay, and they provide the medical and the nursing and the professional care, and this place operates as a home. And so he has been working on the teaching of ordinary people, in other words, not of the health disciplines. So, that's one sort of thing.

Then, another place that I've seen recently has been the Hospice in the Berkshires, which is in Pittsfield. And there were two hospices, one in Lenox, and one in Pittsfield, and they both were thriving. But then Pittsfield had a large General Electric plant that failed, and so Pittsfield was in a terrible slump. So then what they did was to meld the two hospices into one, and Lenox being a very wealthy community, with arts and so forth going on, so that these two very dissimilar communities are able to serve the people in their own communities. And then the hospice residences that have been coming up, is essentially to—they

have a much more home-like atmosphere, and however not recognized for reimbursement. It depends on the community being able to—

MM: Support it.

FW: --to support without that help.

MM: Where does aid in general come from, for a hospice? Is there any government aid?

FW: Well, government aid is from Medicare and from Medicaid. It does not include the people who are too rich to have Medicaid and too young to have Medicare. So then, it depends upon the patients being in private health organizations. And so, for example, the people in prison, that's another way to get to that part of the population.

MM: You mean, they have some kind of coverage, insurance coverage?

FW: No, but in the prison system itself.

MM: Oh, I see, yes. Oh, I see what you mean.

FW: It's offered as a part of the institution.

MM: To conclude our discussion on your work with hospice, how do you feel about hospice at the present time, in general? Or, maybe specifically in Connecticut?

FW: I think it certainly is a viable system, and from the point of view of the public, I feel it does fill a need. From the point of view of the physician, it's very difficult for the physicians to understand it, because their focus and their drive is so much in terms of cure, that it seems as if it's not necessary, and that—

MM: Do you think they're thinking that it's a form of a threat, in some way, to their work?

FW: Yes, yes.

MM: Or, competition with their work?

FW: Yes.

MM: How much importance do you feel gender plays in hospice care? Do you think gender shapes this kind of care?

FW: Well, I do know that there are more women involved in it than men, but there are some wonderful men who make tremendous contributions. I'm thinking particularly of Balfour Mount in Canada, and Ira Byop in Montana, of Peter Selwin here, and he also works in New York City. So, it tends to be more attractive to women, but to the men who are in it, they've been wonderful.

MM: Then it's not confined just to women?

FW: No, no, not at all.

MM: In other words, it's not something that only women do really well?

FW: No, no, and here again, for patients who are dying, that to have men as caregivers is so helpful, and you do—and to have men as volunteer caregivers, too. There's no question they are able to fill roles that women can't.

MM: They must certainly bring a different perspective to it.

FW: Absolutely, yes.

MM: In the way that they would approach it.

FW: Yeah.

MM: As a woman, what did you experience, or what did you gain, through your work with hospice?

FW: As a woman?

MM: Mm. [Laughs] Tough question, isn't that?

FW: I mean, it's hard to differentiate as a person from as a woman. I suppose maybe it's the relationship with the physician, and this was not an easy lesson, or an easy victory, that even in our research team, for example, I was the principle investigator of the study, because I was the one who started it. But having the surgeon, Dr. Goldenberg, as a team member, we frequently found ourselves competing for the last word.

MM: [Laughs]

FW: And this was more of a struggle than I anticipated it would be, and I think not only because of his expectations, but also of my previous experience, and that I really hadn't incorporated in myself the realization that I was the prime mover.

MM: Yes, I see what you mean there. We've talked about the research team, and its members, but may I ask you why you resigned from the Board of Directors of Hospice, and when? Did others resign?

FW: No, and I did not resign. They asked me to resign.

MM: Oh, that's very different.

FW: And it's again, a very interesting situation. It had to do with what happened between 1983 and '85. While all of the steps that we were taking, in terms of getting the money, of finding a site, getting an architect, developing a home team, keeping up with our research—all of those tracts were on time. What was not on time was trying to get licensure in the state, in order to function. And it was a very critical time, because there was a change in the federal system of

health care, under Johnson, under Lyndon Johnson. He had developed regional medical programs that would incorporate more than a state; it might incorporate several different states. And planning was being done by the regional medical programs. But when Nixon came in, he made a shift. He disbanded the regional medical programs, and put in Health State Agencies. And while the regional medical programs had been all professional, the state ones were professional plus community members, so it was a different cast of characters. And at that time, in the state of Connecticut, the Commissioner of Health was about to retire, and he was having a bit of a struggle with himself, in terms of how does hospice fit into this situation. So we made two attempts to get our licensure, and they both failed.

And then we heard of a man who was a public agent who had worked with an urban renewal program, and the urban renewal program was disappearing, so he was available, and he came on as a consultant. His name is Dennis Rizendes. And we were finally able to get the certificate that we were looking for, the Certificate of Need. And that was just great.

But as he was working, and as I was working, we really had very different kinds of styles. I had tried to get a democratic style of management, but for his background, out of the Wharton School of Business, the University of Pennsylvania, I mean, that wasn't the way to go. He needed to be the boss. So we both recognized that we were having trouble, and at any rate, while I was on vacation, he had given the Board of Directors an ultimatum: either he was to come on as the C.E.O., and I was to leave, or he would leave. So, they first asked to resign, and I refused to do that, so I was forced out.

But, what I see in it is—two things. One has to do with style of management. But the other thing is that his expertise was in terms of making the—William, come on—it's essentially what the principles and practices of care are, and what is health policy. And the two things are important, and he was skilled in one, and I was skilled in the other. So—

MM: And they were prepared to go with one side.

FW: With him, yes. I mean, in hindsight, it seems like the wrong thing. But at the time, the kinds of problems that they were about to face, having somebody who knew how to work with the government was more important.

MM: The Wharton Business School won out [laughs].

FW: The Wharton Business School won out [laughs].

MM: Would you like to comment on your husband's involvement, Henry Wald's involvement with hospice?

FW: Yes, very much so. My husband has always been very, very supportive, and interested, and enthused, in my career. He couldn't have been a better husband, from that point of view as well as from others. During the research project that I was doing, and then our visits together to St. Christopher's, and to hospices in England, he became very interested.

He was educated as an engineer, and his work was primarily in illuminating engineering. He had done some very, very interesting things in that, and he had a business that was very successful, but it got to the point where he really wasn't enjoying it very much. So he decided to sell his business, and to go to the School of Architecture at Columbia University, where he took a course in health facility planning. And in that course, he did the feasibility study for the hospice. And so then he joined the Board of Directors as well, and he helped to find the architect, and then to work with the architect during the time of the building of the hospice.

MM: What a wonderful thing to do, because he would, through working with you, he also had an understanding of the sort of facility, of what you would need.

FW: Oh, absolutely, yes.

MM: As opposed to an architect just coming in from outside. He had the insight into what should be done. Which is very—and obviously the question that I was going to ask you: was he supportive of you in your work in hospice?

FW: Oh yes, extremely so.

MM: Obviously he was.

FW: His first wife was a political scientist, and she was getting her degree at Columbia in political science, and he was very, very supportive of her. And she died suddenly, in an automobile accident, and—[telephone rings] Hello? Yes. I'm fine, Mary. Oh, yes. You bet. The one thing is, I'm wondering if you could give me another half hour? Well, let me—actually, in a half hour would be a good time for me, probably, and I'll give you a ring. Good. Thank you.

MM: I didn't [several words unclear].

FW: And so, it was just by nature, I think, that he understood. And sort of very different, for example, in terms of when you think of my father's objection to my mother working, or my going to college, that his frame was completely reversed. He supported her in that, and he was

also very supportive of—and he took pleasure in it, he enjoyed it. It wasn't just a question of my work and his work.

MM: He took pleasure in the work that was being done?

FW: Yes.

MM: Which is a wonderful philosophy, because I think that sometimes in a marriage, the husband may not be too happy with his wife's very successful career, or a career that might absorb so much of her.

FW: Yes.

MM: And it's so much better if someone can share it with you. Because he must have been very helpful, very creative, and maybe helped you to challenge yourself in your research.

FW: Oh, absolutely, absolutely. Essentially, he always, I think, was pushing me into the leadership position. He felt that it really belonged to me, it didn't belong to the others [laughs].

MM: Right, and helping you to go towards your true potential.

FW: Yeah, but the other thing is, you know, I don't know if I mentioned, our daughter is a nurse in Nova Scotia, and she's starting a hospice there. And recently she had an interview on the radio, and she commented that the reason that she was so interested in the hospice was because that was what we were discussing at the dinner table [laughs].

MM: [Laughs] In fact, I was going to ask you about—you have children? You have a daughter, and a son.

FW: They were Henry's children. They were six and eight when Henry and I married.

MM: Oh, how interesting.

FW: Yes. His first wife had died the year before, and so—and we've had, it's been a really very good relationship, too, between us.

MM: That was a hard role to step into, when the children were that age, too.

FW: Yeah, it's interesting. I think that—of course, I was already the Dean of the School of Nursing, so the thing that was most difficult for me was to make the decision of having such an important job, and being able to do the children. I was always a little bit worried about that.

MM: Right. I was going to say, how did you manage family life and the career, too?

FW: We had a full-time person in the house until the children were thirteen. So that worked out all right. And Henry and I decided to marry as soon as we could because we felt that the

children really needed a mother, too. And I think that was wise. We didn't wait a year; we waited for something like seven months. And so somehow or other, it worked out all right.

MM: So what does your son do?

FW: He is a consultant to businesses in how to present their ideas, and it's a business that's thrived. It's not a big business, but it's thrived, and he does a lot of foreign travel. He does a good deal in England.

MM: Where does he live?

FW: He lives just outside of New York City, in Bronxville.

MM: Does he have children? Do you have grandchildren?

FW: Yes, yes. He has two, and my daughter has three. He has two boys. My daughter has a boy, then a set of twins, a boy and a girl.

MM: Oh, my goodness! So how does she manage her career and--?

FW: Well, she had worked more part-time until the children were older. They lived in Halifax, so she could get to work and the children could get to school without too much difficulty. And now, all of the children are out of the house. One is in college, one is a chef, the other one is making his way in San Francisco [laughs].

MM: Good [laughs].

FW: And my other grandsons—our youngest graduated from high school last Saturday, and the older one is at Brandeis, and he's about to go into his senior year.

MM: Oh, that's wonderful. And they live outside New York, you said?

FW: Yes.

MM: Where did you live when you were married?

FW: We lived in Westport, Connecticut, and of course, by husband was commuting to New York, and I commuted to—

MM: And were you active in your own community in that area of Westport?

FW: A little bit in the P.T.A. And the only other activities we had were in the Vietnam protests and the civil rights movement, but we didn't hold office. We were both pretty much involved in our professions. And when the children finished high school, really, we felt as if the parents of their friends were the people that we knew. We really didn't generate friendships with our neighbors. And it was enough to keep up with our families [laughs].

MM: Doesn't leave you time for anything else. I wanted to ask you too, could you comment on your advocacy of hospice through publications and other media? Have you written books, and--?

FW: Yes, not books, but I have written papers, and chapters in books. I can give you my—what I can do is to give you some papers that I've—

MM: I'd be very interested. I was going to ask you if you had any materials available that I might look through, and did you keep notes on your hospice care? Or are they, are they with the material?

FW: Yes, we had the daily notes of the patient care, and of the interdisciplinary conferences, and those are in the archives—

MM: At Yale?

FW: At Yale, yes, in the main library. And I put the prison work there, too. What was the other question you asked?

MM: I asked about publications and other media.

FW: Oh, yes, and the publications. All of those awards, and so forth, those were essentially, I think, generated from two things. One is that, just in general, people like icons, and that the nursing profession, I think, recognized my being a pioneer, because the other people who were being the pioneers were physicians.

MM: Yes.

FW: Dr. Kubler-Ross, Cicely Saunders, and Balfour Mount. And so, that tended to gear them to me.

MM: Do you, as I asked you before, do you have any publications or articles here that one could look at?

FW: Yes, yeah.

MM: I'd love to do that at some point. I could come back and do it.

FW: Well, I can give you some.

MM: I had been to Yale, and started looking at some of the archives, but there's an extensive amount—

FW: There is, yeah.

MM: --in the main area. Are any of your records in the Medical Library, or were they at one time in the medical archives?

FW: Yes, I think they are, but you know, I'm not sure about that.

MM: I could look at that, I have a list of all the things at Yale.

FW: [Several words unclear] goes to the School of Nursing. There's something that's in the Medical Library, too, and I really am not familiar with those.

MM: I haven't gone to them; I haven't checked with the Medical Library, but I did get a list of all the other documents that are with the—in the archives in the main library.

FW: Right.

MM: Then, I think you touched on the civil rights organization. I was going to ask you if you could remember what major legislation impacted your work during the career. You mentioned that hospice started around the time of the civil rights legislation.

FW: Yes.

MM: Were there any other historical events in the sixties and seventies?

FW: Well, there was getting the Medicare legislation for hospice care. That came in 1982, and I did testify at the hearings, and the testimony that I gave was essentially not to have a cut-off of funds, or to make it a choice between curative treatment and palliative care, but I was not successful in getting that change. We had, it was Senator Dole, who was the head of that committee, and he had a very good woman who was working with him. And she gave us all the help that she could, but it really wasn't quite enough. One of the problems, I felt, was in the testimony—that various disciplines came in, and they tried to see that each of them were included, and not cut out.

MM: Right. Then I was going to ask you, did you ever know Hilda Standish, and her work with birth control? Did you even come across her?

FW: No.

MM: No? Because that took place in the sixties. And finally, are there any other questions that I might have forgotten to ask you?

FW: [Laughs] At this point, I would say no.

MM: [Laughs] That's the easiest way, I think. I wanted to thank you for this most informative interview, and it's been a delightful and interesting experience, especially for me personally. Thank you very much for your willingness to share your life's work and experiences with the Connecticut Women's Hall of Fame, and especially with me. Thank you.

Interview ends here.

