

Ann Larson  
Anoka State Hospital Oral History Project  
14 March 2014  
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[MUSIC]

Neal: Good morning.

Ann: Good morning.

Neal: I'm Neal Holtan. I'm here interviewing Ann Larson for the Anoka State Hospital Oral History Project. Thank you for coming in.

Ann: You're welcome.

Neal: Could you tell us a little bit about yourself—where you grew up and maybe about your family?

Ann: Well, I grew up in Jamestown, North Dakota. I came from a family of eight. I had five sisters, two brothers. I went to school in Jamestown. We had no school busses at that time. We walked...I walked to school about a mile, mile and a half to elementary school. It was a little further to the high school. But, I graduated high school in 1942. And then, I went into nurse's training in Jamestown at a Catholic hospital—the name was Trinity. It was run by the Saint Joseph nuns. I went in there in September of 1942 and I finished in 1945. During that time I was mostly interested in the operating room. We went through many different phases of nursing. We lived at the hospital. We had to be in every night at ten o'clock. And, when we got late leave it was 11. We had one day off a week. We worked eight hours a day. When I first started the state rules were you had to work ten hours a day. But then they changed the state rules and put it down to eight hours a day so that we only worked eight hours a day. But, we went to class during that same period, over and above the eight hours on duty. I think I was there for two weeks when they put you on the floor to take care of the patients.

Anyway, when I finished my training I worked in the OB department—that's the baby ward—for about three months. And then they asked me to go to surgery. So, I worked in surgery there for about a year. Then, one of the nuns sort of told me that she thought I could do better in Minneapolis. So...she got me a job at Saint Mary's Minneapolis in the operating room. I went down there in 1946. I was there until I got married in 1947. Then I didn't want to drive from...my husband and I bought a little farm ten miles north in Anoka. I thought it was too far to drive to Minneapolis to drive to Saint Mary's. So I quit there and I went to work at a little hospital run by the Murk...Dr. Murks [PH], and it was a house on Fairy Street in Anoka. I worked there for a couple of months for \$100 a month. In the meantime, Governor Youngdahl came in to power at the state and he raised the wages to more for the nurses at the state hospital. So, I put in my time at this Murk hospital and got a job at the state hospital for \$198 a month. So, I thought I was doing much better. I was there for about 28 years, and then I quit and sort of retired.

Neal: So, what were the years at Anoka?

Ann: I was there from 1947, in July I think I started, till I finished in June or July of '73.

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Neal: Great.

Ann: But in the meantime, I had five boys.

Neal: So, you were a busy person.

Ann: I was busy, yes.

Neal: Prior to working at Anoka State Hospital, did you know anything about it? Had you heard about it?

Ann: Well, not really. When I was in nurse's training we had about, oh three or four days we went to the hospital. Three was a state hospital in Jamestown—North Dakota State Hospital. We went there for...we didn't endure much at all. We'd just observe for about four days. That's all I knew about psychiatry.

Neal: What position did you hold at the Anoka State Hospital?

Ann: I was grad nurse... surgical nurse too.

Neal: Do you think your work at Anoka State fit with your former training?

Ann: Yes, I do because while I was there they started an affiliation program with the University of Minnesota. The doctors were sent out to Anoka for training. We did most everything out there—any kind of general surgery plus lung surgery, eye surgery, a lot of orthopedic surgery. The residents from the University learned out there. We always had a staff doctor come out to work with them. The residents were there from, I think three months at a time now. The interns came every month, they changed. They had a month out there.

Neal: What would be an average day for you in terms of your duties?

Ann: Well, we went to work at eight o'clock and we sometimes got through at four, but if the operation wasn't over we had to stay until it was, until we cleaned up. So, some days it was long day. Other days you go home early. We could take some of the time off that we had put in—overtime. We never got paid for overtime. I was on call most of the time. I never got paid for that either. I just got the time back, for many years.

Neal: Did you continue to live on your farm during this period?

Ann: My husband had dairy cattle.

Neal: Okay.

Ann: When you first started working at Anoka State Hospital, did you have an orientation?

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Neal: Not really. Just went to work one day and they told me what to do.

Ann: Okay, and how about ongoing training? Did they offer you any courses or updates?

Neal: They did for the nurse's aides.

Ann: Was there a nursing director at the hospital?

Neal: Yes. Her name was Ester Nelson, when I went there. She was an RN and there was one other RN. Her name was Ida Clark. I was the third RN to work up there at that time.

Neal: Was she your supervisor or not?

Ann: Yes, well not really. I didn't really have a supervisor in the operating room. But, when I was on the wards...I was on the wards for several years too. I always had a supervisor then.

Neal: What were the wards?

Ann: The wards were the cottages. There was about ten cottages I think. In those cottages they left the patient as they had them according to their age, I think some of them. One of them was an infirmary—the whole building was physically sick people. And, the ones that had surgery were interview that unit. And then they opened a TB unit. They had an operating room there too. So, they had a TB operating room and a clean operating room. The clean one was in cottage ten. The other one was in...I think they called I the Miller Building.

Neal: Did you treat the patients with orders from the physicians?

Ann: Yes. We had doctors that were there all the time.

Neal: What kind of treatments would you do as a nurse?

Ann: Well, whatever the patients needed. If they had dressings to change or medications to give—you gave them their medicine when they needed it. Certain times of the day they got their medicine—like 8, 12, 4, and 8. Change their dressings daily, or whatever the doctors had ordered.

Neal: Did you have a role in setting up the treatment plan?

Ann: No.

Neal: Did you have meetings about the patients?

Ann: No.

Neal: Did you have any concerns about your own safety or not?

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Ann: I didn't worry about it because I had never saw any roughness going on with any other people either.

Neal: Would you say the entire staff felt that way?

Ann: I think so.

Neal: Did you use the tunnel, the circular tunnel?

Ann: Yes.

Neal: Could you talk about that—what was that like?

Ann: It was a big tunnel. Through there went all their pipes that the steam went through to heat all these buildings. I know the pipes were about that big around and they were coated with sort of a stuff. I found out later that it was a lot of asbestos in that material that coated the pipes. It wasn't being chopped up or anything so there was no dust coming from it. But once in a while, when we had a patient that had surgery in one of the buildings, we had to take her or him through the tunnel on the stretcher to the other building. It was kind of rough. The Anesthetist wasn't very happy about that. Her patient was kind of half-asleep yet. You know, it was in between the operating room and the recovery room. It was a long ways to go.

Neal: Did you...

Ann: It was kind of ancient.

Neal: Did you kind of dread going down into the tunnels?

Ann: No, no.

Neal: It was neutral?

Ann: It was always nice and warm down there. I never thought about anything happening. You don't think about it. You know you don't worry about it.

Neal: What kind of medical records did you keep on the patients? Did they have charts?

Ann: Every patient had a chart in their infirmary.

Neal: How often would notations be made in them?

Ann: Every day. Every day.

Neal: Was that the nurse's responsibility?

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Ann: Yes.

Neal: And what kinds of observations would you record?

Ann: Oh well, if a patient was anything out of the ordinary you'd have to record it. Like if they had a headache or had a pain somewhere else, you would record whatever they complained about.

Neal: What happened to the records eventually?

Ann: Well, there was a record room. I don't know what happened to them after I left and they closed the operating room. Because, we had a log book that we put down every operation that we did and what doctor did it, and you know if a specimen was sent to the University—that's where we sent our specimens.

Neal: You mentioned TB patients.

Ann: Yes.

Neal: Could you say more about them? Were they all...

Ann: I heard that all the TB patients from the north of Anoka, in the institutions north of Anoka, came to Anoka. And this Dr. Connelly [PH] was in charge of those patients. He operated on the ones he thought needed surgery. I heard that he eradicated all the TB from the state institutions within about ten years. So, I don't know if that was true or not, but that's what we were told.

Neal: What kind of operations were they?

Ann: Well, he'd take part of the lung out that was infected. Most of the time he found a cancer in those lungs too, along with the TB.

Neal: How many operations do you think he did?

Ann: Well, he'd maybe do one a week at Anoka. I don't know about downtown, with operating downtown \_\_\_\_\_ [00:15:26].

Neal: Okay. Did you work with him?

Ann: Yes.

Neal: Was there any fear of getting TB from the patients?

Ann: No.

Neal: Okay.

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Ann: We were pretty careful. We cleaned up real good and autoclaved everything. Anything that fell on the floor had to be autoclaved if it was possible. Or else, you threw it away.

Neal: How many of these surgical patients came from the group at Anoka?

Ann: Oh, I couldn't tell you that.

Neal: Most of them?

Ann: No, I don't think so.

Neal: Okay.

Ann: A lot of them came from...I really can't say how many lung patients came from other institutions. But, if a patient broke her hip in one of the other institutions, they sent those people to us right away. We did surgery on them as soon as we could.

Neal: Were there elderly patients at Anoka that...

Ann: Yes.

Neal: And were they there because they had a mental illness or just because they were old?

Ann: Well when I first went there in the late 40's and early 50's they were there because there wasn't any place for them to go—any other place. I don't think there was a nursing home in Anoka at that time. They were there just because they were older and they had maybe broken their hip or something to that effect. They really weren't mental. They maybe were a little senile, but you don't call that mental.

Neal: Was that a lot of people or just a few?

Ann: Well, they had a big population when I first went there. They had their own farm. They grew all their own vegetables. They canned and froze vegetables. They had a dairy and they also raised hogs. The only thing they bought was beef.

Neal: And, you had a connection with the farm through your husband? Is that right?

Ann: Well what happened...when he got out of the Navy—the war was over and he was home in '45. He got a job there on the farm. That's here they raised corn and vegetables. They also had a...he was just worker there with the patients. And then, we got married. I met him there. We got married and they were going to put him on nights and he didn't want to do that. So, they put him in the...they asked him if he'd like to go to the bakery. He said, I don't know anything about baking. They said well, we'll teach you. So, they put him in the bakery. The second day he was there, the baker—his name was Norman Sebeck [PH]—he said I'm going on vacation. So he said, I'm sure glad you came. So, Marvin said well, I don't know what to do. He said don't work about it. The

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patients will show you what to do. So, they did. And, they were making bread for 2,000 people that lived at that hospital. I think there was between two and three thousand, the whole populations. They made bread and made rolls and donuts and all that stuff. He learned how to do it.

Neal: How long did he work there?

Ann: Well, maybe six months and then he \_\_\_\_\_ [00:19:26] was looking for an artificial inseminator. So, he took that job. He did that for two years. That's how come we bought the best calves that the farmers could use \_\_\_\_\_ [00:19:49]. He bought the best cattle that he could. That's how we got our start.

Neal: How did the patients come to work at the farm? Did they...were they assigned to that?

Ann: They must have been assigned to that. They were there when \_\_\_\_\_ [00:20:07]. They sort of knew what to do. Same way with the ones that worked in the bakery. They were there for years.

Neal: And that went pretty well?

Ann: Yes.

Neal: They could do the work?

Ann: Yes. I mean, they didn't drive the tractors or stuff like that, but they did everything else.

Neal: Do you think they enjoyed it or not?

Ann: Yes they did. They did.

Neal: Do you know how much of the food was raised at the farm?

Ann: Well, they said that it was self-...what do you call it?

Neal: Sufficient.

Ann: Self-sufficient, yeah. I think they must have had to buy something's—sugar and coffee and stuff like that.

Neal: Was any produce sold to the outside?

Ann: Not that I know of. Not unless the dairy or a bull probably or heifers or something like that.

Neal: Getting back to the patients: Did they have a treatment plan?

Ann: I think they did, yes.

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Neal: And how would you monitor the progress?

Ann: Well, I know they gave a few electric shocks, but to too many, when I was there. And when I was in the operating room I didn't have much to do with that. I didn't know what they were doing.

Neal: Do you think there were disputes or disagreements about treating the patients?

Ann: I had never heard any complaints about it.

Neal: And, what did you think about the conditions that the patients lived in?

Ann: Well, when I first went there I thought they were terrible.

Neal: And...

Ann: Most of them lived in a great big room, bigger than this—a dormitory, low privacy area with very few private rooms in the infirmary. That's where I first went to work in the infirmary where they were physically sick or needed surgery.

Neal: How about the cottages? Were they...

Ann: That was one of the cottages that I worked in that was like that.

Neal: And were all of the cottages like that?

Ann: Well, I think most of them were. They had certain patients assigned certain jobs in the cottages. They had wooden floors and they'd polish the floors with big mops that were padded and they'd walk down the hallway or down the wooden floor and polish these floors. They were all nice and shiny and clean looking. But, wooden floors in an hospital, that's not the best. They don't do that anymore.

Neal: Did you see change over time?

Ann: Yes.

Neal: Could you talk about that?

Ann: Well, they never had any patients in what they called strait jackets when I was there. But when Governor Youngdahl came, remember he had...there was a lot of news that they burned the strait jackets, so that that was done with. But, they started giving them medicine then to calm the wild ones down. They gave them medicine. And then they built a new building at Anoka that had a swimming pool in it. They put a lot of agitated patients in the swimming pool to...and it was warm, warm water. It made them tired. That was a natural thing to do that calmed quite a few of them down—the younger ones.



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Neal: Were you there for the straight jacket burning?

Ann: No, I wasn't there then. I think they did that at night when I was off duty.

Neal: Okay.

Ann: And what did people think about that?

Neal: Well, I guess they thought it was alright. Most of the employees liked the fact that they got a raise. This was right after the war. And, lots of people had to give up a lot of things during the war. They were on rations and the hospital I think got what they needed. But the people...coffee was rationed and sugar was rationed and tires and quite a few things were rationed.

Neal: How much of a raise did people get?

Ann: Well like, when I started, I started out at \$198 a month and I...that was quite a bit of money in those days. I think maybe they were only getting maybe \$110 or something like that before. I don't really remember what they were getting before I started.

Neal: So it was a considerable increase then.

Ann: Considerable increase, yes. But they were pretty short of help during the war. You know, they sort of trained a lot of the bitter patients to help them with the work from what I saw when I came there.

Neal: So, they would use the patients to fill in...

Ann: Well, they never left them alone or anything but they helped give baths and stuff like that.

Neal: Do you have any thoughts about how the surrounding community viewed the hospital?

Ann: Well, I really never heard anybody complain about it because it brought money into the town you know. People who worked up there spent their money down in Anoka.

Neal: So, you'd say they were positive toward it?

Ann: Yes.

Neal: Were you aware of the patients going into town on their own and having problems or not?

Ann: I think some of them could go into town on their own, but I never heard that they had any problems about it.

Neal: Okay. What did you do after leaving your job at Anoka State Hospital?

Ann: Well, I worked at the East Main Clinic for a couple of years. I just filled in for the girls that went on vacation and sick leave and stuff like that. Then, I went to work at a grocery store. I just...I didn't want to go back to...I quit hospital because they closed up the operating room and I didn't want to go back on the wards. I did it for two years—I went back to the infirmary ward where the sick people were for two years. Then, I decided that was enough. So, I quit. And then I went to the clinic for a while. And then after that, I went to this grocery store. I was making as much money at the grocery store as I was in charge of an operating room. So I said, what am I doing? What am I doing? I don't have to rack my brain or have any big responsibilities at this grocery store. So, I just stayed there for ten years. And then, I retired for good.

Neal: Did you maintain any ties to the mental health field?

Ann: Just through the people that I worked with. I didn't go back to the hospital at all.

Neal: Did you do social events with them?

Ann: The girls that I worked with? Yes, we'd meet once in a while just to get together.

Neal: Do you have any thoughts or opinions on people with mental health conditions and their treatment in general?

Ann: Well, I think the public hasn't really accepted the fact that they're sick like a person is with a gall bladder or something. They're sick. They just think they're...I don't know what they think. They don't accept it very seriously, which is bad I think.

Neal: Do you have any ideas about how that could be changed?

Ann: Well, I think people are...some associations are trying to change it. Maybe they will in time.

Neal: Do you think there's been improvement overtime or has it...

Ann: Yes, I think so.

Neal: Okay. Any other areas that you want to talk about today that we haven't?

Ann: I think...I don't know when they started this—putting people out of the mental institutions to just go to halfway houses or live on their own. And they're not able to do that—most of them aren't. That's why they say there's a lot of homeless people. Where do they get their mail? Where do they get their medicine? Who watches what they're doing?

Neal: Was that happening when you were still working?

Ann: No, no.

Neal: That happened afterwards.

Ann: That happened afterwards. It started gradually I think.

Neal: And do you think people thought that was a good idea in general?

Ann: Well, I think the legislatures thought it was a good idea because they were saving money.

Neal: Uh huh.

Ann: At the people's expense.

Neal: And was the staff at Anoka...did they communicate with the legislators about that?

Ann: I don't know if they did or not.

Neal: Did you have much contact with the administration of the hospital?

Ann: No, not much. Huh uh. I don't know, the...the doctor that started our affiliation, he must have talked to the super intendant to get that affiliation going in the first place. I think his name was Barney Zimmerman [PH]. He was a surgeon from the University. He was one of them. And then another one that was very popular was Norman Shumway [PH]. I don't know if you've heard that name, but he left the University and went to Stanford, Palo Alto. He was the first doctor in the United States to do a heart transplant that was successful. And he was trained through our institution too.

Neal: So, people were pretty positive toward having the University connection.

Ann: Oh yes. Yes.

Neal: Was that unusual for state hospitals?

Ann: I think it was. They also had an affiliation at Rochester at the Mayo Clinic.

Neal: The Rochester Hospital had that?

Ann: Yes. They had an affiliation with the...there was a state hospital in Rochester, and the University doctors went there too just like they did in Anoka.

Neal: Were they mainly men?

Ann: Yes.

Neal: Did you ever have female interns or residents?

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Ann: We had a female anesthesiologist, she was. A female doctor that was an anesthesiologist. But otherwise we had a nurse anesthetist that gave the...put our patients to sleep.

Neal: And what would the interns and residents do on an average day?

Ann: They went around and took...looked at their patients and took care of the ones that they had operated on and checked on ones that were complaining about something that was wrong.

Neal: So these were surgery residents huh?

Ann: Yes, and they went up to Cambridge State Hospital to look at the little kids up there—mostly young people up at Cambridge.

Neal: Okay. I think I've run through the questions I had. Do you have any final thoughts?

Ann: Well, when I left that little hospital in Anoka that was in a house, the nurse that was in charge of it, she said to me you're going to just waste our education going up to the state hospital. And, I thought well that's the way it is I guess. Anyway, I thought she was wrong because I learned a lot up there. I learned a lot from those surgeons.

Neal: So, overall it was a good thing.

Ann: Yeah. For me it was. I liked it.

Neal: Well thank you for sharing your memories and your insights about what life was like.

Ann: Yep, well you're welcome.

Neal: And thank you for all your years of serving the patients.

Ann: You're welcome. I'm glad I did it.

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