

Shirley Lynch  
Anoka State Hospital Oral History Project  
31 January 2014  
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[Music playing]

Neal: Hello

Shirley: Hello.

Neal: I am Neal Holtan. I am here to talk with you about your work experience at Anoka State Hospital. It is part of a grant to collect history from people who worked there as you did. May I call you Shirley?

Shirley: You may.

Neal: Thank you. The first question I have for you is, tell us a little bit about your background, where you grew up.

Shirley: I grew up on a farm outside of Champlain, and went I guess, that was kind of a good experience. We went to a country school; it is still standing. And, then I went to Anoka High School and graduated from there. And, following graduation, I began working at the State Hospital, on September 16, 1946.

Neal: And, how long did you continue to work there?

Shirley: I retired on April 28, 1987, 40 years.

Neal: Congratulations. Could you tell us what positions you filled?

Shirley: I worked in administration and my duties were varied. I started in medical records and switchboard, and then worked my way up from there into various jobs there. I eventually became secretary in the social service department, and I did the central office. I managed the central office there. We have 17 social workers and I really loved that job, that was my favorite job there. I oriented new social workers and did many things in the office to help them, all of them, and typed and typed histories, very interesting histories. I also worked with a patient, brushing up her typing skills, Mary B. She was wonderful and she was a very good typist and she eventually was placed in the community, which is the goal of all of us for the patients.

Neal: Well, I will be asking you some questions about each of those positions, but before that, could you say something about how you came to work there? How did you find...

Shirley: Well, we moved to Anoka from the farm where I graduated from high school. And, it was close, so I had heard about it and so I went and applied. And, when I applied, I came to the front door and there was this big dog guarding the door. And, I thought, oh, Lord, he is going to eat me up. Anyway, he was the superintendent's dog, and I will just never forget that. Anyway, I was hired right away.

Neal: And, before you worked at the hospital, had you heard much about it? What was your opinion of it?

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Shirley: It was never talked about, no, I did not. I knew it was a place to work, a state job, and I did not want to work on the wards, so I applied for office.

Neal: Did you live nearby?

Shirley: Yes.

Neal: When you were working there?

Shirley: Um-hmm, about a mile.

Neal: Let's focus on the medical records division. What were your duties during that period?

Shirley: Working with the charts and, gosh, I have to stop and think. It was a busy job. I got to know the patients by their diagnoses. It was just interesting. I did a lot of typing, notes for the charts, because that was our job in the department at that time.

Neal: And, what building were you in at that time?

Shirley: The old administration building.

Neal: Okay. You mentioned some of the types of records for the patients, the charts and the notes. Was that pretty much it, were there other types of records?

Shirley: Were there other types of records?

Neal: Yes.

Shirley: No.

Neal: Okay.

Shirley: It was medical records.

Neal: Were those records easily available to the staff or in the hospital?

Shirley: Oh, yes, um-hmm.

Neal: If a patient was committed to Anoka State Hospital and had been treated at another state hospital, would records be shifted?

Shirley: We would write for the records. We would write for records wherever they had been treated, a private hospital or a state hospital, mostly private hospitals in the Twin Cities.

Neal: In what form did they come to you then?

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Shirley: What they decided to send.

Neal: So, they sent the original records?

Shirley: Um-hmm, copies of course.

Neal: Oh, okay. And, what became of the records eventually? How long were they kept?

Shirley: I think they went on microfilm, as I recall. The records eventually, because, of course, the patients, the patients were there for extended periods at that time. I think we had 1130 patients, somewhere, I remember that number, 1130 patients.

Neal: That is a lot.

Shirley: That is a lot, um-hmm.

Neal: When did microfilm come in, do you...

Shirley: I do not know.

Neal: ...was it there when you started?

Shirley: No, not that I know of.

Neal: Okay. Moving to the social services, \_\_\_\_\_ [00:06:51], your favorite.

Shirley: Yes.

Neal: How did you transition from the medical records over to that?

Shirley: Well, I worked my way up and so when I say that, it is by, oh, well, I worked my way up. I got different classification and I was eligible for the kind of job. But, we typed a lot of social histories in the beginning, before I went into the central social service office.

Neal: Was that in the same building?

Shirley: No. We were located in the Miller Building, which was the newer flat building. I think they were all, yes, they were all located there. We had the whole hallway. I think there were 17 social workers. I learned a lot in that department.

Neal: So, how many people did each social worker serve?

Shirley: A ward, maybe, maybe 75.

Neal: And, would these be the separate cottages?

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Shirley: Yes, in the cottages.

Neal: So, a social worker was assigned to a cottage, and how did they interact with the people that were living there?

Shirley: With the patients?

Neal: Yes.

Shirley: I do not know. I mean, I was not on the unit, so I do not know. Someone could answer that who worked on the wards, yeah. They called them wards at that time. They are called units now.

Neal: So, you never sat in with them, with the social workers when they were doing their work with the patients?

Shirley: I did in their staff meetings.

Neal: And, what were the staff meetings like?

Shirley: They discussed issues relating to treatment of the patients and I guess mostly relating to treatment of the patients. And, they were always looking for something better.

Neal: Who was present at those meetings?

Shirley: Well, our Director of Social Service was Harriet Moon [PH] and she, well, just the social workers, and I had a poll worker in the office, so she came, too, Joan.

Neal: So, all of the social workers attended that meeting?

Shirley: Oh, yes.

Neal: And, did people offer suggestions and advice for...

Shirley: Oh, yes.

Neal: ...care.

Shirley: They kept \_\_\_\_\_ [00:09:23] and, um-hmm.

Neal: Can you think of an example of what might have come up?

Shirley: Well, when the fair weather program was introduced at the treatment center, you will be interviewing, I hope, Dorothy Berger [PH], who is, who brought that program to the State Hospital. It was a wonderful work program for patients, placement \_\_\_\_\_ [00:09:42] in a group,

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group, in a group and they did janitorial work. It is just a wonderful program, that kind of thing. There was much talk about that and the problems, too, within the system and they talked about that.

Neal: Were there ever disagreements?

Shirley: Oh, yes. Whenever you have intelligent people, you have disagreements.

Neal: And, could you give an example of what a topic might be?

Shirley: I think personality disagreements. No, I am not going to do that.

Neal: No. And, how about topics that people would disagree?

Shirley: I do not know. I just remember some, I guess, you would say they were hotly discussed. And, I think it was different philosophy maybe, even though these were all psychiatric social workers. And, we had students of the university as part of our curriculum in the department. We may have about six, five or six social, students, and they were supervised, of course, by the social workers. And, they had a supervisor from the university, Dagny [PH] Johnson. I remember her well.

Neal: Can you say more about why you thought it was your favorite position at the hospital?

Shirley: Well, because I agreed with their mission and I could see the help that they were giving the patients. And, I was welcomed there royally, and I had my own office. I learned a lot. I oriented the social workers, and did everything I could to help them, and also a lot of typing.

Neal: Could you say more about the orientation? What did that consist of?

Shirley: The different, orienting them to the hospital, more or less, the different departments, the rehab, the occupational therapy. We were then in the farm building, which was cottage 10, with the workers. And, so it was going to administration and, or going to, we had a farm, we had a big greenhouse, dietary, so it was orienting them. Well, to some of the issues or the, from the Department of Public Welfare, which is now Department of Human Services, I had a vast knowledge, because I worked there so long.

Neal: Did safety and security come up in the orientation? How did people...

Shirley: We had a safety officer, yes.

Neal: Okay.

Shirley: And, of course, our Director of Social Services was part of the medical staff meeting, too, which I later got into and took the medical staff meeting minutes. I was a stenographer. I had a good handle on shorthand, so I could do many things.

Neal: And, you learned that in high school courses?

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Shirley: Yes.

Neal: Did people use the tunnel system?

Shirley: Oh, yes, whenever the weather was bad, we used the tunnel system. And, I remember being chased by a patient, Margaret G. I will not give her last name, with a broom, and that was a little scary, yeah. I did not like to go in the tunnel unless I was with somebody.

Neal: And, did the tunnel connect all the buildings?

Shirley: Yes, and the office, yeah. For example, going over to get the mail in the morning. I took care of all the mail for the department. I opened it all and saw to it that it got to the right social worker.

Neal: Did that include the patients, too, or just the staff, the mail?

Shirley: Staff.

Neal: Anything else about the social services department that you think is important, that...

Shirley: I worked there several years. Then it was broken down in, social workers were assigned to the, right to the wards. And, it was at that time that I was assigned to the new medical director, to orient him, and to work with him.

Neal: Well, why don't we transition on to that...

Shirley: I think so.

Neal: ...topic then. How did that happen that you switched from the social department?

Shirley: I was assigned.

Neal: Okay.

Shirley: Because, the central social service office was no longer needed, because they were on the wards, the social workers were on the wards. It was a hard time in my life. My husband was sick with a heart condition at that time and had surgery and it was just a hard time.

Neal: Who was the medical director?

Shirley: Dr. William Routt, R-o-u-t-t.

Neal: And, what were your responsibilities in that office?

Shirley: Orienting him to the hospital in the beginning.

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Neal: And, what, was that like the orientation for the social workers?

Shirley: Difficult.

Neal: More complicated, or what?

Shirley: Well, you know, everyone has a personality and his was not my cup of tea, what can I say.

Neal: Well, that is, you can say whatever you want.

Shirley: Yes, I can.

Neal: Do you remember the medical director's responsibilities? What did they consist of?

Shirley: He worked on, he, you know, I admired his working with, directly with patients sometimes, in addition to all the other duties that a medical director has for the whole hospital. And, of course, for the state, I am sure.

Neal: Was he responsible for the medical personnel only, or for...

Shirley: Yes, he was.

Neal: Were there other physicians?

Shirley: Oh, yes.

Neal: How many would you say?

Shirley: It varied, five, six, I do not remember how many at any given time.

Neal: Were those full-time physicians, or...

Shirley: Yes. Well, not all of them, not all. Someone else could better, I think, inform you on that.

Neal: Sure. Where did the medical director live?

Shirley: He lived in, out, where did he live?

Neal: Um-hmm.

Shirley: Well, the medical director originally lived right on the grounds in the, on the second floor of the administration building. But, he lived in, he lived on Christmas Lake, I think.

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Neal: Okay.

Shirley: Yeah.

Neal: And, what building was that? You said...

Shirley: In the administration building.

Neal: Okay.

Shirley: Was his office, along with the CEO.

Neal: Do you think that the medical director was responsible for interviewing and hiring other medical personnel?

Shirley: Oh, yes.

Neal: And, would that include nursing staff, too, or just...

Shirley: No, no director of nurses, we had a director of nurses who did that job.

Neal: Do you have any idea how many nurses worked at the hospital?

Shirley: No.

Neal: There were...

Shirley: I am hoping a person will come and tell you that.

Neal: I think we have some people that will cover that. Let's switch over to the topic of the auxiliary.

Shirley: Oh, the auxiliary. It was formed in 1982. I brought with me a small history of the auxiliary. I joined, I am not sure when I joined. It was, I was still working and I retired in '87, so it must have been '83, I think I joined. And, I became secretary to the auxiliary for about 20 years, and I still belong. We had our 25<sup>th</sup> anniversary about three years ago, and I volunteer there now under the auxiliary.

Neal: And, what was the purpose of the auxiliary?

Shirley: To do for patients what the state did not, in the form of entertainment or whatever, something that would make their life better. And, that is still the mission. I brought a brochure along with me, but where our mission is stated.

Neal: Do you remember how it started? Was there one person who got it going?



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Shirley: It was a person outside the hospital, and she was, she became president and was president for, well, it is in my notes. She was president for about, quite a while, and we used to belong to the state auxiliarians. It was a good thing, where we got ideas and to do for the patients, parties, dances, it was good.

Neal: And, you said there is a state, there was a state organization, was that all the state hospitals?

Shirley: Yes, um-hmm, auxiliarians.

Neal: Did that extend outside the state system as well, or just...

Shirley: Yes, which is always good.

Neal: And, how many people would be involved at any given time in that organization?

Shirley: Members?

Neal: Yeah.

Shirley: Small number, 15 maybe.

Neal: And, was there any budget for it?

Shirley: Any what?

Neal: Budget for your activities?

Shirley: We set our own budget, yes.

Neal: And, where did...

Shirley: Well, we had dues and once in a while we would have a fundraiser, which was good also, because that involved more people at the hospital.

Neal: And, what kind of activities in the fundraiser?

Shirley: I am thinking, food, for one, a bake sale as part of the fundraiser.

Neal: Do you think that the patients differentiated between the auxiliary and the regular staff...

Shirley: I do not think so.

Neal: \_\_\_\_\_ [00:21:07]?

Shirley: They might have, but, we have to remember that I began there in '46 and in 1949 at the onset of the medications, the tranquilizers, the straightjackets were burned in the middle of the

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circle. Governor Youngdahl came and that was a big event, because the patients' behavior was controlled with straightjackets on the units, on the wards. Because, there was nothing else to control them. So, that was a big, I can remember a patient, Charlotte N., who had sat so long like that, that her neck was deformed in the back in a straightjacket. But, there was no other way to control the behavior.

Neal: And, what year was that?

Shirley: 1949.

Neal: Okay. And, was there a ceremony or...

Shirley: Oh, yes. I remember watching it from the office, though.

Neal: And, who was in attendance?

Shirley: Many staff, I think they were happy that these straightjackets were going. And, state officials, the governor, Governor Youngdahl was there and yeah, it was a big event.

Neal: It sounds like it.

Shirley: Yes.

Neal: So, the introduction of the medications really changed the hospital.

Shirley: The form of treatment, yes.

Neal: And, so you think the patients were happier about that?

Shirley: Oh, yes, I think they got better. You know, a straightjacket, you cannot imagine, only if you see it. Oh, anyway.

Neal: Were some of them able to be discharged...

Shirley: Oh, yeah.

Neal: ...with the medicines?

Shirley: Discharged?

Neal: Yeah.

Shirley: Oh, yes, eventually. There was a lot of discussion about discharging in the social service staff meeting minutes, too.

Neal: Okay. And, where would they go afterwards?

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Shirley: Home, or a public facility, group homes, and of course, there was recidivism, you know, they came back and some, kind of like a revolving door.

Neal: How did the auxiliary relate to the regular administration?

Shirley: Relate to who?

Neal: The administration of the hospital? Did it have a...

Shirley: We were a separate entity, and I think we had a good relationship. The administration appreciated what we did for them, for the patients. The patients have always been my central goal, always. And, I think that is why I still volunteer there. It is a sense of normalcy to come to the snack bar. I work in the snack bar every Wednesday, and that is part of the auxiliary. It is volunteer work, all volunteer. And, it is, they love it. It is a sense of normalcy for them. Anything that you can do for them that, so is the gift shop, which is next door to us. We have a library, or the treatment center has a library.

Neal: Very good.

Shirley: It is better now than it was.

Neal: When, after the governor came and the straightjackets were burned, were greater resources put into the hospital from the state?

Shirley: Not that I recall. Someone else might be able to answer that. I think it was monitored very closely by the state, Public Welfare.

Neal: Do you think there was a competition among the state hospitals for state resources?

Shirley: I do not know. Like the squeaky wheel gets the grease?

Neal: Um-hmm.

Shirley: There might have been, not that I saw.

Neal: Could you say a little bit more about the overall leadership structure of the hospital? You have talked a lot about the medical director and mentioned the nursing director.

Shirley: After I left the medical director's office, I became administrative secretary to the second floor, which was all administration. And, so I was able to see a lot, and I think that, yes, the hospital had a mission and we were all, you know, we were all supposed to follow the mission of the hospital.

Neal: And, there was an overall director over everything?

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Shirley: The CEO.

Neal: Okay.

Shirley: Chief executive officer worked closely with the medical director.

Neal: And, did that position change a lot? I mean, different people?

Shirley: No.

Neal: How long did people usually stay in those roles?

Shirley: Oh, gosh, Jonathan Paul, how long was he there? I do not know, seven, eight years. Someone else could speak to that.

Neal: Okay. Did they live on the campus?

Shirley: No. People lived on the campus early on. The chief engineer I know lived on the campus, and some of the doctors did. There were homes built out on the hospital grounds and some of the doctors I know lived in those homes. Nothing has been said about the tuberculosis building. We had treatment of patients with TB, and that, Dr. Burns was the medical director, was the director of that building. I cannot remember his first name. He was a great man and really interested in those patients. And, they had, that was kind of a separate area because of the nature of the disease for one thing. But, we had a lot of patients there. We were the central area for treatment of tuberculosis in the state, I think, and among the state facilities.

Neal: And, do you remember what kind of treatment?

Shirley: Herbert Burns, I remembered his first name.

Neal: What kind of treatments did they have?

Shirley: Surgery, surgery.

Neal: And, was that kind of considered a separate and maybe dangerous place to work or not?

Shirley: I do not want to say dangerous, but a separate place.

Neal: And, did the rest of the staff ever go in and out?

Shirley: Not often, not that I know of.

Neal: Did they use what is called fresh air therapy?

Shirley: I do not know.

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Neal: It used to be thought that fresh air would help heal TB. You did not ever see that.

Shirley: I do not know about it.

Neal: Yeah, okay. How many patients were in that TB facility?

Shirley: I do not recall. It was a building, it had to be 100, it had to be about that many.

Neal: And, when did that disband, or has it?

Shirley: When TB become controllable. You must know that.

Neal: I do.

Shirley: When did it?

Neal: Well...

Shirley: I will ask you a question.

Neal: Probably in the 1970s, mid '70s.

Shirley: Okay, all right.

Neal: The drugs were much, much better.

Shirley: But, there were RNs working in there and I thought it was a good treatment center.

Neal: Were there any other specialized areas?

Shirley: Yes, we had, early, much earlier on in the Miller Building, where we admitted patients, we had a treatment area called the insulin therapy. Are you familiar with—I should not be asking you questions. Insulin therapy, I am hoping the nurse who was in charge of that will call Todd and come in for an interview. I saw her and she is well and I told her about it, so I am hoping she will do that. We also had a children's unit at one time, psychiatric children's unit. Dr. Ronald Kellerman was the psychiatrist for them. These were 16 and under, no 16 and older. What am I thinking, 16 and older, I think. It was teenagers, which was a good treatment center, too. These young people were mentally ill.

Neal: And, where did they live, the patients? Did they have a separate cottage, or...

Shirley: They had a separate unit, um-hmm, in the admissions building.

Neal: And, how many?

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Shirley: 23, 25, as I recall. Somebody else can answer that better. See, I did not work on the units, on the wards, so I...

Neal: How long do you think they would stay?

Shirley: I do not know, several months, but there was school for them, too. That was a big unit.

Neal: Could you say something about the surrounding community and how they viewed the hospital?

Shirley: The people in the community?

Neal: Yes.

Shirley: You never talked about it. It was the crazy house.

Neal: Did that stay the same over time?

Shirley: It did for a long, there was a lot of, what is the word I want, yes it did. It was just ignored, and it was north of the city, so...

Neal: Did that affect you personally?

Shirley: Pardon?

Neal: Did that affect you personally?

Shirley: No, not really, because I always talked about the hospital, because I worked there. And, you know, I would not listen anybody banter them.

Neal: Would people say negative things about it...

Shirley: Yes.

Neal: ...even knowing you worked there?

Shirley: A lot of prejudice is what I will say, yes. Because I worked there, no. I learned to speak up for myself, you know. I said, "They're people."

Neal: And, what were some of the stereotypes that they had in the community of the patients.

Shirley: Crazy house.

Neal: Were they viewed as perhaps...

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Shirley: They just ignored them. And, of course, patients would walk away sometimes, and I happened to live across on 7<sup>th</sup> Avenue from the hospital. I have four children, so it was difficult working at times, and we had, patients would come to the house. So, you just kept your house locked, and that no longer happens because of the new buildings. The patients are in the new buildings and it is around a circle.

Neal: So, how was it to work in this cottage system where there were these wards all separate? Do you think that affected the way people did their work?

Shirley: Oh, I think so. I would expect so.

Neal: And, do you think the patients identified with their cottages?

Shirley: I do not know. I think they had, they had meetings on the wards, too, with the patients and...

Neal: Well, I have kind of—go ahead.

Shirley: Of course, we had a good rehab department and the patients were involved in that. They were involved in the occupational therapy, and there were some good things. There were, we had a farm. When I first worked there, we had a paid farmer and paid herdsman, because we had, the hospital did all their own, they had all their own milk and they had all their, they had a huge gardens, the farm did. They canned tomatoes, you know, for cooking at the hospital. You know, it, there was good planning there, and paid staff, not a lot, but paid staff. I also want to, well, go ahead, any questions about that? It was a good thing. And, patients worked on the farm, in the greenhouse, in the kitchen, you know. And, they were paid a small amount of money, so it is...

Neal: Was all the food cooked in a central place?

Shirley: Yes, a large kitchen.

Neal: And, it was taken into the cottages?

Shirley: No, no, no. Many of the, well, yes, but many of the patients came to, no, that was staff that came to eat there. Yes, it was taken to the cottages.

Neal: Was it quite difficult to prepare food for that many people?

Shirley: I do not know. We had chefs.

Neal: Did you ever see the food?

Shirley: Yeah, because I ate there once in a while, lunch.

Neal: And, what would be a typical type of lunch?

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Shirley: Oh, pork and sauerkraut and bagels, I remember that. Now, this food was carted through the tunnel to the wards. So, it was all, it was a process for all the meals.

Neal: Well, I think I have run through the questions that I had, but I would like to hear from you if there is anything else you would like to talk about.

Shirley: Yes, there is something else. I met my husband there in 1948. John was working, he worked first on the farm and then worked on the wards. And, eventually transferred to the laundry area. They had their own laundry, and became laundry manager. So, I met my husband there in 1948 and we were married in 1950. He was a disabled veteran of World War II, and sick a lot. It was difficult working there at times because of the time element. I have four children and, but I lived close. I was offered a job at one point to work in Minneapolis, based on my skills and I turned it down, because I wanted to be close to...

Neal: How did you manage four children and working?

Shirley: With difficulty. With being organized, but I worked, see, close to home and I did not have travel time, which was good. And, I was very, I was a good manager. I left my, I learned to leave my job at the job when I left, and my home at the home when I left there. And, the children were not allowed to call me unless it was important. Well, their definition of important is not the same as mine. Anyway, but we made it. My children are, I have four children, they are all doing well. I have right now, three grandchildren in college. One great grandson, who is a paratrooper in Germany. And, I have a 17-year-old granddaughter who is a foreign exchange student in Chile. We do well as a family, so I must have did something right.

Neal: Did they help out, did your children help out in the home?

Shirley: Oh, yes, we had written duties in my house and you signed off on a duty. I do not care what it was, but you had to sign off, because you lived there.

Neal: Were they posted on the refrigerator or something.

Shirley: They were, yes. And, there were times when I was a mean mother, but it all, I had to work, because my husband from time to time. So, but he did pretty well.

Neal: After World War II, did more women have full-time jobs?

Shirley: Oh, yes.

Neal: Than before the war?

Shirley: Um-hmm, also during point, because women worked during the war. I was in high school during that time.

Neal: Can you say something about attitudes about women working and how the war changed that?



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Shirley: I do not know how the war, well, I can see how the war changed it, but I was involved with the union after, which is one of the reasons why I did not want to be, work with the medical director, because it was a classified position and I was involved with the union. I was interested in the people who worked with the patients, especially the males, who were needed, and women's issues, those two things. And, I would not give that up, so.

Neal: Can you say more about the union?

Shirley: I can say a lot about the union.

Neal: I would like to hear that.

Shirley: Things got better. The union served a good purpose through the years. I think it is probably not so solvent now. But, it made working conditions better for the people who worked with those patients, and that was a goal of mine. And, women's issues, I was punished because I, punished by administration because I, because I was, you know, worked with the women. They had an equal work for equal pay, that was my thing, equal pay for equal work, I will just reverse that.

Neal: And, do you know when the union was organized?

Shirley: No. We had a representative from the central union, ASFME [PH], who came to, for meetings at the hospital often. We could call him.

Neal: What would be an example of something that improved because of their work?

Shirley: Well, they, getting more male workers, I think, was a big issue. But, you have to pay them, you know, a decent wage. What happened, I do not know, I just think that the administration would give the orders and so forth that the workers could not always do that. So, I do not know, I think it improved the, yes, certainly improved among the workers.

Neal: You mentioned the male workers. I thought it was the attendants on the units.

Shirley: Because, we had male patients and they were strong and after the straightjackets, you see, there was a program started called therapeutic intervention. I do not know much about that, except it was a program to deal with behavior of patients, some of them.

Neal: Was the union and the administration, did they have a good relationship?

Shirley: No.

Neal: So, it was kind of...

Shirley: I did not think they did.

Neal: ...adversarial.

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Shirley: Yes.

Neal: Was there ever any kind of job action that the union took, like...

Shirley: No. Job action?

Neal: ...strikes or...

Shirley: Yes. We had a strike, and that was another reason why I wanted to get out of the classified position, because I wanted to be with those people.

Neal: What year was that?

Shirley: Oh, gosh, I do not, well, that was in the '70s. It is in my notes.

Neal: Was there a particular issue that brought it forward?

Shirley: Oh, sure, treatment of the employees on the units, on the wards.

Neal: And, by treatment, you mean...

Shirley: Well, you can only have so many for this and you got to do this and you have to do that, and I think it was, so we went on strike.

Neal: How long did the strike last?

Shirley: 20 days, I think.

Neal: And, how did it end?

Shirley: Who knows how it ends. There are never any winners in strikes, I know. That is my opinion, real winners.

Neal: So, anything else that we have forgotten to talk about?

Shirley: I do not think so. Probably when I get home I will think of something. No, it has been a long ride and I think, I live very simple, and I have a decent pension, which I never thought about until the end. And, I have, my husband has been deceased now 12, it will be 12 on Lincoln's birthday, and I have, I took my pension and I have traveled extensively in this country and overseas. I have been to Europe, I have been to Greece. Three years ago I went to Greece and that was kind of a, oh, a religious, spiritual journey, which was okay. But, the cruise of the islands south of Greece was wonderful.

Neal: So, can you say more about the pensions?

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Shirley: The pensions.

Neal: Are they state?

Shirley: It is a state pension, and I worked all those years, 40 years, and I feel I deserved it. But, it was more than I thought I would get, so it is, I am a good money manager for one thing.

Neal: Was that ever part of the negotiations between the union and...

Shirley: Oh, yes. I do not know if the pension was, but wages were, wages were. The pension was not. That was determined by the legislature I suppose. I am also active politically. I have been for years. I have been to Washington, D.C. for two weeks and that was a wonderful experience. Out of my congressman's office, it was a wonderful experience. I learned a lot there. I watched the burning of the flag on the steps of the Supreme Court. Well, maybe that is not a big deal, but it was to me.

Neal: When was that?

Shirley: When was that, about, oh, it has got to be 15 years ago.

Neal: And, how did that affect you?

Shirley: We are free in this country to live as we choose. It affected me in that I thought you can burn the flag, but if you do not like it here, go home. I just say it as it is. But, I spent time, I watched Senator Kennedy present a bill in the Senate, and that was really interesting, and of course, I watched Congressman Secourse [PH], he present in the House.

Neal: So, anything else that you would like to cover?

Shirley: No, I just think life has been good and I am going to continue doing what I am doing.

Neal: Well, thank you for all the service that you have given to the state and the patients.

Shirley: I \_\_\_\_\_ [00:47:40]. So, and I just, I do not know. I live a very busy life. I also, I am a \_\_\_\_\_ [00:47:50] minister at my church, so that is helping people. I think when I worked in social service, I just saw the value of helping people, and that is what I do.

Neal: And, thanks, too, for doing this interview.

Shirley: You are welcome. Thank you.

Neal: You are welcome, too.

Shirley: I think you are a pretty good interviewer.

Neal: Oh, thank you.

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Shirley: Anyway, no, I will probably think of something else, but I have a couple of things for you.

Neal: Okay, we will take a look.

Shirley: If I can leave them or give them to Todd, I do not know.

Neal: I could take them and give them to Todd.

Shirley: I also have my resume, but I would like a copy. It is old and I do not know if you want that or not.

Neal: Definitely want that.

Shirley: You definitely want that. Well, they can copy it here, whoever.

Neal: That goes with the interview quite well.

Shirley: Okay. It is a personal resume.

Neal: Okay.

Shirley: I have led a busy life. My regret is that I did not, was not, women did not go to college in those days very much, and we could not really afford to send me, so I had to go to work. But, my secret ambition in this life was to have my own radio talk show. I talk a lot, I am quite articulate and...

Neal: Well, we...

Shirley: But, maybe in my next life. So, thank you very much.

Neal: You are welcome.

[music playing]

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