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Lynn Bertholf Westcot

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Meg Miner

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Meg Miner: Good morning.

Lynn Westcot: Good morning.

[Both laugh]

Miner: My name is Miner and I’m the Archivist here at Wesleyan. Today is June 10th, 2010 and we are on the fourth floor of the library in a quiet room and I am here today with Westcot and I’d like Lynn to start by introducing herself. If you could just say your full name and the—your affiliation with the university, we’ll get going.

Westcot: My name is Lynn Bertholf Westcot. I was on the faculty here from the School of Nursing from July 1969 and until July 1978 and I didn’t retire then, I went to Millikin to help start the baccalaureate program there with Mary Shanks who was the former Dean of this program, so that’s who I are…[laughs].

Miner: [laughs]…Great. Well, I just thought I would talk to you a little bit about your experiences here both as a faculty member and if you have any other comments you want to make about pre-faculty associations with the university, but what do you think is the biggest change you’ve seen at Wesleyan, while you were here or after, before? [laughs]

Westcot: Well, of course, there are more buildings.

Miner: Uh-huh.

Westcot: The School of Nursing, I think, has improved tremendously; however, in our time, we had a top of the line program. There was no question but that it was well-recognized throughout the—Illinois and nationally. Mary Shanks had made a name for herself as an author of a book on administration in nursing and it had been translated into Spanish—I’m not sure, I think there was another language but I’m not sure of it.

Miner: Mhmm.

Westcot: And so people knew her name and then defined her association with Illinois Wesleyan as a bonus.

Miner: Great, so the baccalaureate program was well-established and it had already been accredited—

Westcot: Yes.

Miner: By the time you started teaching here.

Westcot: Oh yes, yes.

Miner: What kind of changes did you see as the program matured or grew throughout the years?
Westcot: Well as it developed, we started using more hands-on experiences for students in the laboratory, in the classroom, and I think that was very effective because there was no pressure and they didn’t have any live patients that they had to talk to and administer to at the same time.

Miner: Mhmm.

Westcot: You know, that became—it was sort of like rubbing your head and patting your tummy.

[Miner laughs]

Westcot: But kids—and remember they were young and to thrust them into an atmosphere of life and death, serious illness, abandonment by family members sometimes when a person became ill, the family just disappeared, you know—

Miner: Mmm.

Westcot: They didn’t know how to deal with it, so our students were there to try to bridge that gap between loss of family and friends. We had a practice laboratory, I don’t even—I don’t know how to describe this—Bernadine Drake was the Professor of Psychiatric Nursing at the time and she would have students role play, and we had, at the end of the first floor as you walk into Stevenson Hall, go up the stairs to the first floor, at the end of that on the left was a laboratory with a one-way glass and she could observe the students as they practiced various situations which she had written for them and described.

Miner: Mmm.

Westcot: So that was one of the early efforts and I give Bernie full credit for that. She would like to know that she was mentioned someplace, so I hope that this will serve to let the world know that Bernie Drake did this.

Miner: How long was she on the faculty?

Westcot: She was on the faculty when I got here, so I think she had come a year or two before, so that would’ve been ’66 or 7 probably.

Miner: Mmm.

Westcot: In that era, and she stayed until, I think, about ’74.

[Miner laughs]

Westcot: So she left and went to Bradley.

[Text omitted at Westcot’s request]

Miner: So what was your specialty then in the program in the curriculum?

Westcot: When I came here, they needed a professor in pediatric nursing. I was an Associate Professor at the time. When I got my doctorate, then I became a full professor. So I agreed to do it for one year with the hope that either Alberta Hilton or Mildred Pflederer who both taught community health, one of those would retire—
Miner: Hmm.

Westcot: When it was time but they hadn’t made any move toward it, so I said to Mary, you know, “I’ll do it for a year, maybe two if I have to,” and I said, “I have no preparation in pediatric nursing.” She said, “You have two kids.”

[Both laugh]

Westcot: I said, “Well, enough said.”

[Both laugh]

Westcot: But one of them did retire. I think it was Mil—yeah, no, it was Mildred—retired in a year or two. I have to tell this, this is so funny and it’s—neither one is living now. The students…who were taking community health—and there was Hilton and Pflederer—called them Hit and Pfit.

Miner: Oh my goodness.

[Both laugh]

Westcot: Of course students always come up with some kind of a nickname for people, you know—

Miner: Sure.

Westcot: For faculty. I don’t know what they called me but—probably nothing very good.

[Both laugh]

Westcot: Doesn’t matter. So anyway, I taught pediatrics until Mildred retired. Then I taught community health.

Miner: And so was that two years or a year?

Westcot: I think it was probably two years.

Miner: Yeah.

Westcot: Then I taught community health and by that time Alberta Hilton was doing something else because a gal by the name of Jackie Baumgart who—it was her first year of teaching, she’d never taught—co-taught with me in community health. At the end of that semester, the students were doing their evaluations of the faculty and one of the students wrote, “Thank you Ms. Baumgart for teaching us everything you know,” and this was underlined, “everything you know about community health.”…[laughs].

Miner: Oh dear.

Westcot: But, you know, she’s just—she had never practiced as a community health nurse.
Miner: Hmm.

Westcot: She’d gotten her master’s.

Miner: Mmm.

Westcot: And…[laughs]…that was a funny comment.

Miner: Yeah.

[Westcot laughs]

Miner: So you had been in the field for a time then—

Westcot: Oh yes.

Miner: Before you taught. What drew you to nursing?

Westcot: When I graduated I did eighteen months in obstetrics as supervisor on the night shift. Then Miriam Ames who was a favorite faculty member of mine in community health, urged me to go to Peabody in Nashville and get my master’s. She said, “You know, you’re not going to go anywhere without a master’s degree and you like community health, so why don’t you go down there and do it and I’ll help you get a scholarship,” which she did from the state of Tennessee and so for five years I owed my life to the state of Tennessee.

Miner: Ohh.

Westcot: After I got my doctorate—I mean, after I got my master’s and that was a really good experience. I loved being in Nashville and I loved the people, the way of life. It’s an easygoing life and that suited me fine. I’m not a type-A—

[Miner laughs]

Westcot: Person. So after I got my master’s, I took all of my retirement money from the state of Tennessee—I’d worked for five years—and went to Florida and blew it on a good time.

[Miner laughs]

Westcot: I had a ball down there. I just had a wonderful time.

Miner: Good for you.

Westcot: Then I had a call from Mid-State Baptist Hospital, which is now just Baptist Hospital, asking me to come as Director of Nursing Education and Service.

Miner: And where is that?

Westcot: In Nashville.

Miner: Okay.
Westcot: So I allowed as how we could do that. I had no experience in administration but I had five years of experience in community health and a master’s degree. They didn’t have anybody with that kind of preparation—

Miner: Mmm.

Westcot: In the school and it wasn’t a very large school. It was—I don’t think we had more than twenty-five or thirty students.

Miner: Hmm…So what year would that have been?

Westcot: That was in 195—let’s see, ’47, ’49…’54—must’ve been ’54, and I enjoyed that very much and I had a wonderful administrator, hospital administrator, by the name of Gene Kidd. He called me into his office one day and he said, “I’m gunna tell you something I hate to tell you but I’m going to tell you because I owe it to you.” He said, “I have a friend in Florida,” and that was DeLand, Florida, “who has a hospital. He’s willing to pay a Director of Nursing $10,000 a year,” and I can remember getting chills.

[Miner laughs]

Westcot: He said, “Why don’t you think about it.” He said, “I don’t want to lose you but if you want to go down there, that’s where you should—you can go.” I said, “I don’t have to think about it. My father told me last weekend when I was home that he makes $8,000 a year. He’s been working all of his professional life. He’s Dean of the college at Western Maryland. $8,000, I can’t earn $10,000, it wouldn’t be fair to Daddy.”

Miner: Oh, you’re kidding, oh.

Westcot: So he said, “Okay, I’ll tell him,” and I didn’t and I don’t think Daddy ever knew that.

Miner: You never told him?

Westcot: No.

Miner: Mm…that’s very—

Westcot: But I—I—

Miner: Amazing.

Westcot: I’m so glad I didn’t because I had great experiences at Baptist Hospital. One of my students was Shirley Foley who was Red Foley’s daughter. He was a country music star.

Miner: Hmm.

Westcot: And one day she brought into my office a young man by the name of Pat Boone.

Miner: Oh my goodness.

Westcot: She said, “Ms. Bertholf, this is going to be the man I marry.” [coughs] Excuse me. And I allowed as how that was great.
Miner: Did she?

Westcot: Yep, she did, and they named their first baby after me.

Miner: Oh my goodness.

Westcot: Cheryl Lynn, her name is.

Miner: Hmm. That’s an honor.

Westcot: And so I’ve been friend with Pat through the years. Last time I saw him was in Branson, Missouri and I took a friend and went down there and he was playing—I think he was playing Will Rogers.

Miner: Hmm.

Westcot: I sent word by one of the ushers that I’d like to see Pat during intermission. He came back and said, “He doesn’t have time during intermission. Why don’t you come as soon as the show is over, then he can spend more time with you,” so I said, “May I bring a friend?” and he said, “Oh, yes,” so Catherine and I went down there and saw him and visited with him. He told me that his wife was suffering from a severe depression.

Miner: Mmm.

Westcot: She had backed her car out of their driveway and run over their grandson.

Miner: Oh dear.

Westcot: Only over his legs, they were crushed but they were salvageable.

Miner: Oh dear.

Westcot: And everything was going to be fine but that wasn’t enough for her, you know, she—she was just so guilty, felt so guilty, and he asked me if I would call her. He said she was there. They’d just moved to Branson with a housekeeper, so I called her and we talked for quite a while and she said, “You know, I feel better,” and I said, “Oh please do, you know, this depression is—just drags you down and everybody around you,” so I don’t know how much better she was. One year when we had a Festival of Trees, they were doing celebrity trees and so I called Pat and I didn’t get him, I got his secretary and asked if she would send—tell him we need a tree and he sent one with his blue suede shoes or white suede shoes, whatever they were.

[Miner laughs]

Westcot: And all kinds of records and it was a really nice tree. It went for some good money.

Miner: And that was here—

Westcot: Yeah.

Miner: Locally? Yeah. Oh, that’s great. So how did you then decide to leave that position and—?
Westcot: I had an offer from the state of Tennessee and I felt I had an obligation to them even though I had paid them back—

Miner: Mhmm.

Westcot: With my five years of service. They asked me to be the first nursing home consultant with the division of hospital services and I thought, “That sounds like it has some good possibilities. I like community health, so I’ll be out working with people and sounds good.”

Miner: So there hadn’t been that kind of a connection in nursing homes then?

Westcot: No, no, they had not had any way to evaluate them; at least the state of Tennessee didn’t.

Miner: Hmm.

Westcot: I never found any other state that did.

Miner: Hmm.

Westcot: In the south anyway, so—but I was traveling an awful lot and going from one end of the state to the other and from Kingsport down to Memphis, which, you know, the state is this way. It’s a long, skinny state.

Miner: Mhmm, yeah.

Westcot: It was…it was well over three hundred miles, I’ve forgotten exactly what it was but anyway—and I was dating and I had waited until I was in my late 30s to think that I could do with something more than a career.

Miner: Mmm.

Westcot: So I was going with my husband-to-be at the time and I didn’t want to be gone all the time, on the road.

Miner: Hm.

Westcot: So we married and at that point I was invited to be the Executive Director of the Tennessee Nurses’ Association and I thought, “That sounds good. There won’t be any travel.” Ohh, I was wrong.

[Both laugh]

Westcot: There was a lot of travel. In fact, I was in Chattanooga giving a talk for some reason when I had been to the obstetrician. I was pregnant and he had called me and he said, “You’re not worried about being an elderly primipara, are you?”

[Miner laughs]

Westcot: And that means a person over thirty-five having their first baby.
Miner: Primeper?

Westcot: Primipara.

Miner: -mipira.

Westcot: Yes.

Miner: Hm, I have not heard that word.

Westcot: And I said, “I hadn’t really thought about it.” He said, “Well, I just wanted to tell you that I had a—I delivered a forty-four-year-old patient this afternoon of twins and mother and babies are doing fine,” so he said that there’s no rule of thumb that if you’re over thirty-five, you’re going to have a Down’s—

Miner: Mhmm.

Westcot: Baby or something like that. He said, “No.”

Miner: That’s kind of him.

Westcot: So—yeah, it was, but anyway, I think he—that had happened a few weeks earlier, then I get down to Chattanooga and I start hemorrhaging and I thought, “Ohh, I’m gunna lose this baby,” so I called him and he said, “Look, don’t worry about it. If you do lose it, you should’ve lost it, so just go back to work and—” Well, I stopped bleeding and everything was fine and Jon turned out to be a nine-pound three-ounce baby.

[Miner laughs]

Westcot: Great shape, just about ready for school when he arrived.

[Both laugh]

Miner: Made an impression…[laughs].

Westcot: That’s right, so after that, I worked until he was eight months old at Tennessee Nurse’s Association and then Bob decided we would go to Decatur. He was with Waddell & Reed at that point, which is an investment company.

Miner: Mmm.

Westcot: So we moved to Decatur, which made me very happy because Mother and Daddy were just in Bloomington here.

Miner: Right.

Westcot: And Daddy had called me when I was dating Bob, so this was in 1960, I think, maybe early ’61, and said, “You gotta get up here and meet our new Director of the School of Nursing. She is—she’s a live wire and,” he said, “I think you will get along with each other very well.”
Miner: Hmm.

Westcot: Well, it turned out we were very simpatico.  

[Miner laughs]

Westcot: And had a wonderful relationship as long as she lived.  

[Text omitted at Westcot's request]

Westcot: So then I came to Wesleyan.

Miner: Hmm.

Westcot: And I was fortunate enough to have the house that Mother and Daddy had occupied while he was President because they had built a new house for the Eckleys.

Miner: Yes, that’s right, the new President’s Home was built.

Westcot: Yeah, uh-huh.

Miner: So was it considered faculty housing, then, the old house?

Westcot: Yes, well—

Miner: Okay.

Westcot: It was at that time. I think I was the only one to occupy it—

Miner: Uh-huh.

Westcot: As faculty. Then they turned it into a residence, I think, for girls and then it became an office of some kind, I think. I don’t know what it is now.

Miner: Was that on Park Street as well?

Westcot: Yes, yes, 1307.

Miner: Oh.

Westcot: Yeah.

Miner: Okay.

Westcot: It was a lovely place and I had it for three years and, during that time, I was working on my doctorate and teaching full-time.

Miner: Oh dear, and you had your two kids.

Westcot: Mhmm.
Miner: Where was your doctorate? Where were you working?

Westcot: At ISU.

Miner: ISU.

Westcot: Mhmm, it’s in higher education administration. They didn’t have a nursing—

Miner: Mhmm.

Westcot: Doctorate—

Miner: Mhmm.

Westcot: At that time. And now they have the Mennonite College of Nursing there.

Miner: Right. Well you mentioned that you decided to have your career first—

Westcot: Mhmm.

Miner: And do you feel that that was an okay decision with your family?

Westcot: Oh yeah, my—of course, Mother, you know, every time I saw her she said, “Any husband in the offing?”

[Both laugh]

Westcot: And I just finally said, “Mother, quit talking about it. I don’t think I’ll be getting married.”

Miner: Yeah.

Westcot: “Oh honey,” she said…[laughs].

Miner: That’s an interesting observation for that time period.

Westcot: Yeah.

Miner: It was unusual.

Westcot: Yeah.

Miner: And how did you and your husband meet?

Westcot: I had a big house in Nashville and I had three students living there, just as roomers. If they wanted to cook, they could, but I didn’t prepare any food for anybody.

Miner: Mhmm.

Westcot: And one Saturday, one of the girls, Carrie Johnson, was going to Clark Equipment Company to meet her husband and he was off at noon and then they were going to go out some
place. She said, “Why don’t you go along with us? Bob has said—Bill has said—her boyfriend—that he wants you to meet his boss, Bob Westcot. He’s one heck of a good guy.” And I said, “Look, I’m in shorts, I’m not—I don’t wanna go.” At that time I weighed 138 pounds.

Miner: Hmm.

Westcot: I was pretty—pretty good.

[Miner laughs]

Westcot: So anyway, they talked me into it and I went out there and met Bob and he said, “Why don’t you all come to the country club with me this afternoon? We’ll swim and then we’ll have dinner and just have a good evening,” so we agreed. I went home and got a dress and a makeup kit, I think, and then we went swimming and I dived off the high board thinking I was going to create quite a splash—

[Miner laughs]

Westcot: Hit the bottom with my foot—it wasn’t the bottom, it was the side of the pool—

Miner: Oh dear.

Westcot: And broke my big toe and the toe next to it.

Miner: Oh no.

Westcot: And it swelled like a balloon and was black as your slacks.

[Miner laughs]

Westcot: And I thought I could not walk on it much less dance because he wanted to dance but I just grit my teeth and managed—he never knew that I’d hurt my foot.

Miner: You went dancing?

Westcot: Yeah.

[Both laugh]

Miner: Oh dear. Did you ever tell him?

Westcot: Oh, yes, yes, years later, after we married I told him.

Miner: Oh dear. You are something.

Westcot: He had—he was just divorced. He had two boys and one of the boys wanted to come and live with us, the older one, and so I was—I was pregnant at the time and Bob Jr. was very solicitous. He was a good kid but he didn’t have much get-up-and-go about him, so he laid around on the sofa most of the time and Bob tried to get him to find a job. He had an interest in old cars—boy we are really off—
[Miner laughs]

Westcot: The subject.

Miner: That’s okay.

Westcot: I’ve wandered, I’ll get us back. Anyway, after the kids and I came here to Wesleyan, I—well, I knew I had to get my doctorate.

Miner: Mhmm.

Westcot: So I did that and Mother took the children during the week and I had them on weekends, so they formed a very close bond with the grandparents—

Miner: Hmm.

Westcot: For which I was always grateful and they talk about them now. Jon particularly remembers all of the help that Grandpa gave him.

Miner: Hm.

Westcot: Papa, he called him.

Miner: Hmm.

Westcot: So, let’s see, where are we? After I had spent nine years here, Mary had gone to Millikin to start the new baccalaureate program and I had said to her that, “Sometime in my career, if you ever start another program, I wanna be part of it.”

Miner: Hey.

Westcot: So she said, “Roger Miller,” who was the President of Millikin at that time, “would like to have you come down for lunch on Friday. Could you do that? He is very interested in having you join the faculty.” I said, “You bet,” so I went down and we had a great conversation at the table. We ate at the—it’s called the Faculty Club, what is that place called?—and it was downtown Millikin, and at the end of that he said, “This is an offer. This is a bona fide offer—”

Miner: Hmm.

Westcot: “Are you willing to join the faculty?” I said, “Yes, as soon as I can retire.”

Miner: So you retired from Wesleyan?

Westcot: Yep, retired—well, I didn’t retire, I—

Miner: Yeah.

Westcot: Resigned.

Miner: Resigned.
Westcot: Yeah, then I retired from Millikin six years later.

Miner: Hm.

Westcot: Took early retirement, I was 62 and Mary was—I guess I was nearly 63—Mary was 65 and she was ready to retire, so we took off and went to Europe.

Miner: Oh, really?

Westcot: And knocked around and went up to Boston because my daughter had—in her senior year she had gone up to Boston in April and gotten a job at Mass. General.

Miner: Hmm.

Westcot: So that as soon as she graduated, she was employed because there was no grass growing under her. She was always a go-getter.

Miner: Where did she go to school?

Westcot: She went to Millikin.

Miner: Okay.

Westcot: Yeah and she did it in—let’s see, she did her high school in three years and then she did Millikin in four but she graduated in ’84. John had graduated in ’83 and he was ready to strike out on his own too.

Miner: Hmm.

Westcot: I was going someplace with this.

Miner: You went to Europe.

Westcot: Oh yeah.

Miner: And then Boston.

Westcot: And when we got back, my mother said, “When are you girls going to start doing something worthwhile?”

[Miner laughs]

Westcot: And I said, “Mother, I’ve did something worthwhile for over forty years.”

[Miner laughs]

Westcot: She said, “There’s no moratorium on worthwhile-ness.”

[Both laugh]

Westcot: Well, with a comment like that you can’t lay around, you know.
Miner: [laughs]…I guess she wasn’t gunna let you.

Westcot: No, so I went to work at Lincoln College in—out on Raab Road—

Miner: Mhmm.

Westcot: Teaching Health.

Miner: Hmm.

Westcot: And then I had an offer of a position with the Woodford County Health Department in Eureka with the Healthy Moms, Healthy Kids Program when I was a case manager. I did that for two years and they ran out of money.

Miner: Mmm.

Westcot: And so I didn’t feel like working without any money.

Miner: Right, that was a state program?

Westcot: Yeah, so I quit, came back to town, and was in the Normal Public Library, ran into a gal from our church who sang in the choir with me. She said, “Hey, I understand the position of Parish Nurse is open.” She hardly let the words get out of her mouth and I was gone.

[Miner laughs]

Westcot: And I got in my car and got over there as quickly as I could, saw Jim Bortell who was the pastor at the time in the hallway, and I said, “I want that job.”

Miner: And tell us which church this is.

Westcot: First United Methodist—

Miner: Thank you.

Westcot: In Normal.

Miner: Okay.

Westcot: And Jim said, “Get in line.”

[Both laugh]

Westcot: There’s nothing to deflate an eager applicant like that—

[Miner laughs]

Westcot: But in two or three days he called and wanted an interview and I met with him and with Phares O’Daffer who was chair of the Staff-Parish Relations Committee. In our church, the Staff-Parish Relations Committee does all the hiring and firing.
Miner: Hm.

Westcot: They also provide liaison between the employee and staff-parish—

Miner: Hmm.

Westcot: So they keep up a pretty good relationship and know what’s going on. So, anyway, the first day I was—the first interview, Jim said to me, “What is the lowest salary you will accept?”

[Miner laughs]

Westcot: And I said, “Well,”…[laughs]…that’s the first time a job opportunity had been presented to me in that way.

[Miner laughs]

Westcot: But I said, “I’ve thought about this some and the least I can take—” and this was a part-time job, 20-hour week.

Miner: Mmm.

Westcot: [Text omitted at Westcot’s request] Then he said, “How do you feel about—” no, he said, “How aggressive are you in dealing with people with—in a crisis?” I said, “Well, my own philosophy is that people have a right to denial. If they don’t want to accept a diagnosis and they can get along without accepting it for a while, you know, God gave us that right also to deny.”

Miner: Hmm.

Westcot: “So I think I would not—I would not force anything on anybody.” “Great,” he said. They had had an experience with someone who would say, “Look, you have cancer. Accept it, you know, get over it.”

Miner: Oh dear.

Westcot: And people didn’t like that and—

Miner: Yeah.

Westcot: A lot of people were complaining. So, anyway, I said, “That’s not my modus operandi,” and he said, “I’m glad to hear that.” And that has been my philosophy always to—to try to be supportive of people and to help them understand that they may not be liking at all the facts but never undermine them at all and the people do have a right to denial.

Miner: Do you think that answer got you the job?

Westcot: I think it did, yes.

Miner: What year was that?

Westcot: That was 1995.
Miner: And you stayed with—in that position for how long?

Westcot: Fourteen and a half years until this spring and I began to feel like someone younger and more energetic needed to be doing that work.

Miner: That was your decision?

Westcot: Yes, yes. I…we had lost the person who was—we didn’t lose her…[laughs]…she left—who was our Visitation Minister and she did a lot of the visitation that I would’ve had to do had she not been there, so when she was gone and—we just were short-staffed. We didn’t have—at that time, we didn’t have an associate pastor, so…

Miner: What does a Visitation Minister do?

Westcot: They visit people who are shut-ins—

Miner: Okay.

Westcot: Chronically ill, hospitalized.

Miner: And so you had to pick up that work then when she left?

Westcot: Yeah, well see, my job description calls for me seeing all of our members who are hospitalized.

Miner: Mmm.

Westcot: And then, although it’s not in the job description but I just felt it was important, was to have a—do at least one follow-up visit at home, so I tried to do that and then I saw all of our chronically ill people, particularly those with cancer, muscular dystrophy, Parkinson’s, some of those debilitating illnesses.

Miner: Mhmm.

Westcot: Many of them were in wheelchairs, almost all were on walkers, and I have a good sense of humor and so I tried—and I received, on the internet, a lot of jokes. I always censored them and took the ones that I thought were safe to take—

[Miner laughs]

Westcot: Out.

Miner: You received them from a—

Westcot: Various people.

Miner: A website or from other people you knew?

Westcot: Other people I knew.
Miner: Okay, alright.

Westcot: And they weren’t always appropriate.

Miner: Sure.

Westcot: Appropriate for me but not for everybody else.

[Both laugh]

Westcot: So I tried to make their lives happier—

Miner: Mhmm.

Westcot: By my visits and I always had a prayer with them. I had one woman that I went to see—she’s now in a nursing home—I had been visiting her for several weeks and I was seeing her a couple times a week. She was alone and she wasn’t doing very well alone and so this time I said, “Mildred, let’s have a prayer,” and she said, “Alright,” and I said, “Wait a minute, would you like to do the prayer this time?” She beamed, “Oh I would, I would,” she said.

[Miner laughs]

Westcot: She prayed the most beautiful prayer that humbled me. I can’t tell you—

[Miner laughs]

Westcot: I thought, “Oh my goodness. I’ve been missing this all this time when she could’ve been praying.”

Miner: Mmm.

Westcot: So after that, she—she did the praying and I forgot what it was she said about the last time I saw her at home. It was something like, “Well, let’s both do it,” or something like that.

Miner: Mhmm.

Westcot: So I’m gunna say that’s what it was. I saw her in the nursing home a few weeks after that and I said, “Mildred, do you know who I am?” “No.” And I said, “Well, let’s both do it.”

[Miner laughs]

Westcot: “Ohh!” she said.

[Both laugh]

Miner: You brought it back for her.

[Both laugh]

Westcot: Oh, we—I had some really good, good times. One of our former ministers, David Dees, and his wife were both in McLean County Nursing Home. She died very unexpectedly—well, it
wasn’t unexpected either, she had cancer but she—none of us thought it was going to be so imminent.

Miner: Mhmm.

Westcot: She died very suddenly and David was absolutely beside himself, just didn’t think he could go on living. And I said, “David, when you were at Wesley Methodist, you were Minister of Visitation. Couldn’t you do the same thing here and visit these people in their rooms?”

“Mmm, I guess I could,” he said, “You know, why don’t you do that.” “Let me talk to Julie—Julie Hoffsetter is the Director of Social Service—let me talk to her and see if there’d be any objection to your doing that.” So Julie said, “Well, that’d be fine as long as he—as he doesn’t proselyte.”

Miner: Yeah…[laughs].

Westcot: And I said, “I don’t think at this point he cares about what church people go to, it’s just that they have an association with God if they want it.” So, the last time I saw him, which has been about a month now, he—the nurse said, “Well, he’s here someplace.” She said, “Let me see if I can find him,” and so she was gone for several minutes and after about ten minutes, here he comes on his walker, you know. He says, “Well, you’ve pulled me out of so-and-so’s room,” and I said, “I’m sorry, you can go back when we’re finished.” He’s just doing a really good job of being a roving ambassador.

Miner: [laughs]…You gave him purpose again.

Westcot: Well, you know, he had that ability—

Miner: Mhmm.

Westcot: He’d been doing it—

Miner: Sure.

Westcot: But when you get stopped because of a death or a serious accident or something like that, you just forget what you’ve been doing.

Miner: Sure. You need a restart.

Westcot: Yeah, yeah.

Miner: Well, you’ve had a fifty-year career?

Westcot: I think longer than that.

Miner: Longer than that?

Westcot: I’m 87 and I started out when I was 23.

Miner: And you just retired last month?

Westcot: Yeah.
Miner: What are you gunna do with yourself?

Westcot: How many years is that?

[Both laugh]

Miner: It’s a lot.

[Both laugh]

Westcot: I’d like to do some volunteer work with PATH. PATH is a wonderful organization.

Miner: And tell us what the acronym stands for.

Westcot: Ahh, I can’t, I can’t remember.

Miner: Yeah? Oh, okay. Well, it’s a social service agency—

Westcot: Yes.

Miner: Here in Normal—is it Normal or Bloomington-based?

Westcot: Bloomington, Illinois—

Miner: Okay.

Westcot: McLean County. When I first came to town, I heard about PATH because they were doing intervention for potential suicide—

Miner: Mhmm.

Westcot: Victims and they—people who were thinking about suicide—were urged to call this PATH number and they would talk them through whatever crisis they were in and it was very effective. Well, it’s gone from suicide now to all kinds of things and they have many agencies that they recommend so that when I was Parish Nurse and I was listening to people, I always told the members that I was not a counselor, I was not trained as a counselor but I have—I’m a good listener.

Miner: Mhmm.

Westcot: And so after we finished—after they finished talking and I finished listening, then I would think of the agencies to which they could be referred.

Miner: Mmm.

Westcot: And PATH was very significant to that and I’ve taken a lot of courses in PATH as a Parish Nurse, so that’s what I would like to do and I don’t know if I have the…strength and energy anymore to do that.

Miner: Hmm.
Westcot: I think I do but we’ll have to see, I guess.

Miner: That’s the nice thing about being a volunteer.

Westcot: Yeah.

Miner: So you don’t have to stay.

Westcot: That’s right, that’s right.

[Miner laughs]

Westcot: You know, it’s funny, pastors used to call me—I was, for a long time and I may still be, the only paid Parish Nurse—

Miner: Oh my goodness.

Westcot: In McLean County.

Miner: Oh my goodness.

Westcot: And pastors would call me and say, “What do you think about hiring a volunteer Parish Nurse?” and I would say, “If you can find someone who can support herself and is committed to your philosophy, more power to you.” “But,” I said, “the problem is that if you’re not paid, you don’t have to be accountable, so people who are paid are expected to be accountable to the people who pay them and I just find it more comfortable to be employed and know that I have an absolute relationship with the church.”

Miner: Sure.

Westcot: And they’ve thanked me very much and hung up and I’m sure that if anybody can get a volunteer, they’re gunna take a volunteer.

Meg Mine: Sure.

Westcot: Another thing about parish nursing is that a parish nurse needs to be a seasoned nurse. Well, I’ve—every semester I’ve taught one class at ISU School of Nursing, College of Nursing, on parish nursing and on the Frontier Nursing Service, which was an elective of mine. I was an intern—

Miner: Mhmm.

Westcot: My senior year at Hopkins and… I forgot where I was going with that…

Miner: You were talking about the importance of the position of Parish Nurse.

Westcot: Yeah, oh, I—yes, I know—so after I had finished my two hours with the class, always two or three kids would come up and say, “Oh Doctor Westcot, I’m going to be a Parish Nurse and that’s what I want to be,” and I said, “No, no, no. No, you’re not ready to be a Parish Nurse, you know, you have skills that you can use in medical-surgical nursing and obstetrics, pediatrics,
orthopedics, whatever but you’re not ready yet to be a Parish Nurse because that person needs to be a generalist—

Miner: Mmm.

Westcot: And have a whole background of information that they can bring to bear on whatever problem the church member brings them.”

Miner: Mhmm.

Westcot: Sunday mornings I’ve had open hours, I get there about eight, and people start coming about eight-fifteen, eight-thirty—

Miner: Hmm.

Westcot: And they just want a few minutes of my time. Well, usually it’s ten, fifteen minutes or more and I can have six or eight people that just have something burning they have to get off their chest.

Miner: So you find it a counseling position?

Westcot: Yes, yes it is, but—yet, it’s not counseling because I don’t tell them what to do.

Miner: Mmm.

Westcot: I listen and try to help them figure out what their next move is and if it’s a matter of referring them to an agency because I do that.

Miner: Mhmm.

Westcot: But I try not to manipulate them in any way.

Miner: Mhmm.

Westcot: [laughs]…I told somebody the other day that as soon as Viagra came on the market, I stopped having—

[Both laugh]

Westcot: Little old ladies with—

[Both laugh]

Westcot: Who’d come into my office with problems, you know, and—

[Miner laughs]

Westcot: One of them said to me, “I don’t know how to behave now.”

Miner: Oh.
Westcot: And I said, “Well, how did you behave early on?” “Well, I was much more eager than I am now, you know,” and I said, “Well try to recover some of that eagerness because that’s what you need.”

[Both laugh]

Westcot: Oh my.

Miner: Ohh.

Westcot: But, anyway, we—I can—I’ve had every imaginable problem—

Miner: Hmm.

Westcot: Related to me.

Miner: As a Parish Nurse?

Westcot: Yes, yes, and they will talk to me sometimes when they won’t talk to the pastors—

Miner: Sure.

Westcot: Because—well, first of all, they know that I won’t hold it against them and, you know, after they leave the office it’s left—I don’t repeat it to anybody.

Miner: Sure, that’s interesting. Hm, well you’ve been in the community for a very long time and you’ve worked with a number of different clinical settings and academic settings and—do you have any perspectives you want to share on the changes in nursing in general or any of these places in particular?

Westcot: Well, of course the obvious is that nursing has—I started to say it has come into its own—it is coming into its own. At the time I started practicing I was told by my instructors at Hopkins that there were twelve functions of nursing, only one—only two required a physician’s authorization—one was medication and the second was treatments. Other than that, the ten other activities in nursing were autonomous.

Miner: Hm.

Westcot: And it has taken sixty years or so for nurses to realize that.

Miner: Really?

Westcot: You know, Hopkins was very avant-garde about a lot of things. We talked about holistic nursing long before it was in the textbooks.

Miner: Hm.

Westcot: And the professors and teachers always wanted us to look at the whole person.

Miner: Mhmm.
Westcot: And they cautioned us about saying, “Take a bedpan to the gallbladder in Room 44,” you know. That wasn’t a gallbladder—

Miner: Yeah.

Westcot: It was a person with a gallbladder problem—

Miner: Right.

Westcot: But—no, so there were many, many things that I learned at Hopkins that have stood me in very good stead and—

Miner: Hmm.

Westcot: I’ve waited until the rest of the world caught up.

Miner: Mhmm. Why do you think it took so long?

Westcot: I don’t know because medical profession is a—it’s a pretty closed circuit.
Miner: Mmm.

Westcot: And when the School of Nursing here was started, there were physicians in this community who thought nurses were going to learn too much.

Miner: Really?

Westcot: Oh yes.

Miner: And that would be a bad thing?

Westcot: Oh, it’d be a bad thing. It’d be a terrible thing. E.M. Stevenson was one of the supporters and Mary just was so fond of him.

Miner: And that’s who our building is named after—

Westcot: That’s right.

Miner: E.M.

Westcot: E.M.?

Miner: Yeah and he was the local physician?

Westcot: Yes.

Miner: Did he teach nurses—

Westcot: No.

Miner: In the earlier days?
Westcot: No. But that was another thing that Mary Shanks insisted on—that nurses should be
taught by nurses.

Miner: Yes, yeah, I recall hearing that and so that message wasn’t received very well in this
community?

Westcot: Not by everybody, it’s true.

Miner: Do you think it affected the way the students were seen in the community when they
were doing their clinical work—that they were under a strong director?

Westcot: Oh, I think they convinced people—

Miner: Yeah?

Westcot: Very quickly because they—we had such good students and they were really
remarkable young women.

Miner: Great.

Westcot: I’d like to—I like to recall that—I can’t think of her maiden name now, Ginny was her
first name Hedstrom—but anyway, she brought a young man to my office one day, she was my
advisee, and it was Paul Peterson who is a very well-known physician in McLean County.

Miner: Hmm.

Westcot: He’s—he has really made a name for himself. He’s been on the medical boards of I
know St. Joe and perhaps BroMenn at one time—

Miner: Hmm.

Westcot: Or another. But anyway, he’s—he has, in fact, he was my physician at one point and I
received a letter from him, which he sent to all of his patients, saying that he was so busy doing
other things now than just seeing patients in the office that if any of us felt that we could find
another physician—

Miner: Oh dear.

Westcot: We ought to do that.

Miner: Wow.

Westcot: So I did and I talked to somebody the other day who said, “He offered me that option
and I didn’t take it, so I’m still seeing him.”

Miner: Oh my goodness.

Westcot: But anyway, nurses—nursing has come a long ways, particularly with the advent of
nurse practitioners.

Miner: Mmm.
Westcot: And they are—they are allowed to prescribe medications and treatments, refer to other agencies, you know, such as an orthopedist or if somebody needs a back exam—

Miner: Hmm.

Westcot: For back pain. They’re very useful and I see patients—I see members, church members, who say that they would rather go to the nurse practitioner than to the physician.

Miner: Do you think physicians’ attitudes have changed?

Westcot: Oh yeah, yeah, I think so.

Miner: They see the benefit of having—

Westcot: Sure, and they know that they can’t do everything.

Miner: Sure.

Westcot: The advent of hospitalists in hospitals has made a big difference too, I think.

Miner: I’m not familiar with that term.

Westcot: Hospitalist is employed by the hospital to see all patients in the hospital. In fact, when patients come to the hospital, it’s as though they no longer have a private physician.

Miner: Hmm.

Westcot: Now there are some who will insist on seeing their patients and I have told mine that whenever I’m in the hospital I want him to come and he has. In fact, he even came to ManorCare when I was there—

Miner: Hmm.

Westcot: Having physical therapy. But, oh gee, many, many changes.

Miner: Hmm.

Westcot: All for the better, I think.

Miner: Oh. Well are there any topics that we haven’t covered that you think we—

Westcot: We’ve—we’ve—

Miner: Should?

Westcot: Covered more than—more than I should have. I feel sorry that I—my memory just trailed off in so many—

Miner: Ohh—
Westcot: Tangents.

Miner: Please, I hope you don’t. It’s been a delight talking with you.

Westcot: Thank you.

Miner: And I thank you for your time and wish you the best in your—all your many adventures.

Westcot: Thank you, thank you. I’m sure there are some left.

Miner: Oh I know it.

[Westcot laughs]

Miner: Thanks so much Lynn.

Westcot: You bet.

Miner: Bye.