

SUMMARY

School of Nursing alumnus and retired faculty member May E. Rawlinson, Ph.D., begins the interview with a brief discussion of her background and the early experiences that led her to pursue a career in nursing. The first half of the interview is then spent reminiscing about her years as a student in the Department of Nursing Education at the University of Oregon Medical School.

Arriving on the Hill with her junior certificate from the University of Oregon, Rawlinson experienced culture shock when she found herself living in nursing student quarters in Emma Jones Hall. She talks about the ever-watchful housemother, about the eccentricities of Emma Jones—who still lived on the top floor of the Hall named in her honor—and about the demanding schedule that the students were expected to keep. She describes Director Elnora Thomson, her compassion and interest in the students, and her skillful politicking in regional organizations. Rawlinson also talks about what students did for fun and debunks the idea that they routinely broke the curfew imposed on them by the school. She describes the caps the students wore—and also the ways in which they were artfully pinned to change their pointed profile.

Rawlinson also describes a particularly sad event, when a Japanese medical student was taken out of school during the wartime relocation of Japanese Americans. She notes that the departure of many nursing staff members with Base Hospital 46 increased the students' workload in the hospital, and she talks about Katherine Sears' remarkable efforts to keep things running smoothly.

Graduating in 1943, Rawlinson joined the U.S. Navy and was sent to a large naval base in California. Though she herself was never called to serve overseas, she remembers seeing her exhausted colleagues returning from the Pacific. Working at the base hospital with nurses from all over the country, Rawlinson came to appreciate the excellent education she had received at UOMS—and she also ran into the then-pervasive opinion that the more educated the nurse, the less effective she was in practice. Undeterred, she immediately began working towards her master's degree after her discharge from the service in 1946.

Rawlinson talks about her doctoral research, which addressed the rehabilitation of heart valve replacement patients under the care of Dr. Albert Starr. Upon completion of her dissertation, she was hired on to the faculty of the School of Nursing, becoming the first faculty member to hold a doctorate. She talks about the development of the faculty and of the nursing programs, a process accelerated by the appointment of Dean Carol Lindeman in 1976. Rawlinson also touches briefly on the changes that occurred when the schools were formally consolidated into a University in 1974.

Asked about the quality of the information resources made available to nursing students and faculty in the early years, Rawlinson is moved to describe the deplorable state of the UOMS Library in the 1970s. She talks a little bit about efforts that were made to ameliorate the situation, but indicates that many students and faculty borrowed materials from other libraries in the Portland area.

In closing, Rawlinson looks back over her long career, noting that retirement sent her into a period of mourning for the extended family she had lost.

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Interview with May E. Rawlinson, R.N., Ph.D.
Interviewed by Joan Ash and Linda Weimer
December 5, 1997
Site: BICC 513
Begin Tape 1, Side 1

ASH: This is December 5th, 1997, and I'm interviewing May Rawlinson in the BICC, Room 513.

The first thing I wanted to ask you about was where you were born and raised, as sort of some background information, a little biographical information.

RAWLINSON: Oh, okay. Well, I'm an Oregonian; I'm a webfoot. I was born in Portland and grew up here.

ASH: Went to elementary school here?

RAWLINSON: Yes. I went to Washington High School and University of Oregon [laughs].

ASH: What were your interests at the University of Oregon, as far as your major goes?

RAWLINSON: Well, I had two years on the campus and then came up here with a junior certificate to the Medical School. The School of Nursing was under the School of Medicine, Medical School, in those years. They weren't separate schools.

I guess I had an interest in nursing since I was a child because I had a brother that had muscular dystrophy, and we had a graduate nurse living in our home for part of the time I was a child, to take care of him through critical periods when he was very sick with pneumonia and so forth. I think she was an unusual woman, I mean, to begin with, but I was noticing how she could handle my brother so beautifully, and up to that point my mother had been the only person that really could handle him without hurting him, because with muscular dystrophy, with a wasting of the muscles, patients become very sensitive to touch. It becomes painful to them if people don't handle them right. He wasn't a sensitive kid; he was really a nice kid. He was about three years older than myself. So it wasn't that he was fussy or spoiled or anything, but it really did hurt him.

And when this nurse came in, she just had such a wonderful facility of working with him, and he with her, that I guess I was hooked—not knowing that I was going to go on and do that, but you know how those things are; then you start thinking as you go on what your interests might be, and other factors, of course, come into it.

Then I decided I did want to pursue the program up here. It was a nice program. It was probably one of the most advanced programs in nursing in the country because of Elnora Thomson; and it was one of the early baccalaureate programs, where nurses came in as juniors and started having had some basic, oh, arts and sciences, you know, English lit. and Shakespeare and some of the basic science. So you had a nice little foundation to start with, plus some experiences with kids in your own age group and working through a lot of kind of adolescent things. And so we came up on the campus—as people told us, they felt that we came up a little bit more mature, maybe, and sophisticated than students that came in right out of high school, maybe, you know.

So anyway, it was a real awakening to get up here, though, from the University. [Laughing] In those years, you know, we lived in a dormitory with a housemother under lock and key, and it was really kind of a shock to us to kind of step backwards in time. But anyway, it was a wonderful experience. Our classmates became lifelong friends, actually.

ASH: The classmates up here?

RAWLINSON: Uh-huh. Up here.

ASH: Now, tell me about the brutal awakening. What was the big difference? Were you living in a dorm at the University of Oregon?

RAWLINSON: I was living in a sorority, and I think most of my friends up here—our class was small up here, and they were young ladies that—they weren't in my sorority, necessarily, I guess none of them were, but they were leaders on the campus. I mean, these were the people I wanted as friends, anyway, when I knew them on the campus, or met them at different functions. And I had gone to high school with one person particularly that was in my class, and had associations with them throughout the years, a little bit, knew who they were. They ended up by being my classmates up here.

So we kind of were all in it together, and we'd laugh about it; you know how you would do as young girls. It didn't completely throw us, but it just—it was kind of unexpected.

One of my friends from, oh, grade school days—I grew up in Eastmoreland near Reed College, and one of my friends from those years decided she wanted to come up and see where I was living in the nurses' dormitory, and she was kind of a bold, you know, self-possessed young lady, and she came barging in the dormitory and ran down the hall to see if she could find my room, and the housemother, who guarded the front door, you know [laughs], she ran after her and said, "Where are you going?"

And she said, "Well, I'm just here to see May Rawlinson."

And she said, “Well, who *are* you?” She said, “We can’t just have anybody; we could have criminals coming in here” [laughter]

And all of sudden she thought, “Where am I?” you know. So she had her come out to the door. She was a lovely woman. Her name was Mrs. Fisher. And so this friend, who I still see, she would say to me, “Oh, May, I’d hate to meet an army of Mrs. Fishers!”

ASH: And this was in what building?

RAWLINSON: In the old—a

ASH: In Gaines or—

RAWLINSON: Emma Jones. It would be in Emma Jones. Behind what would have been the County Hospital. And so at that time that was completely nurses’ residences, and the only residence at the time that I was a student.

ASH: And all the students had to live there?

RAWLINSON: Yes, they did. They all had to live there. And in those years students couldn’t get married if—you know, we started to approach the war years, and if any of the students were to get married, they had to drop out of school, they couldn’t stay in.

ASH: What year was it that you entered?

RAWLINSON: Well, I entered in 1940 and graduated in ‘43. It was a five-year program: two years at the university in Eugene or Corvallis, some of our classmates went—you could go to either school, and then we came up here for three years.

And the last year of—which was the innovative part. Elnora Thomson thought that, how many trays do you have to pass and how many bedpans and how many beds do you have to make? I mean, this is kind of ridiculous to have nurses do it over and over and over again to fulfill a state requirement for nurses. And she felt nurses could spend their time better doing other things. She was a wonderful model for us, but also had worked with Clifford Beers in Chicago with the mental hygiene movement, and she really inspired me a lot to go into psychology because mental health always was a prime interest because of Elnora Thomson’s influence. She was the Director of the School of Nursing at that time.

ASH: Can you tell us a little more about her personally? How was it that you as a nursing student had a close relationship with her? Did she mentor the students individually?

RAWLINSON: Well, that’s a very interesting question because I didn’t have any classes from her until, I guess it was practically the last term I was here on campus. She held a seminar with us, and I think that we were supposed to write a thesis. The last year, the fifth year, looked a lot to me like when now students come in and get a master’s degree, because

we had to declare a major interest, and mine was public health. We had either a teaching major to teach or to do public health nursing. And Elnora Thomson headed that program in public health nursing, although she was also the Director, I think they called it in those days; I guess it wasn't really a dean because we were under the School of Medicine.

So when I got into the specialty the last year, I had more contact with her because she really was very closely aligned with that program. And public health had a strong emphasis on mental health. And so I did see her quite often that last year.

But even prior to that, she was a very unusual woman; I still think so even though I am getting to the end of my life, I still look back and see that she was a—we all felt that way. She was very outgoing, and she was an interesting woman. To look at her, she was really physically quite homely and small in stature, but once you met her, the electrifying—her eyes and her whole countenance and her brilliance, her smartness and her personality and charisma, and anything you want to say, it just jumped out, and you were mesmerized.

She had such concern for people. She had come from the East, and I really think that as I look back on it the Dean of the Medical School, Richard Dillehunt, came from the Midwest, around the Chicago area, and I think she was working at that time in the mental hygiene movement, and he somehow or other—I wish I knew how he connected with her, but he was responsible for bringing her out. And he brought out some very fine people to build up the school up here on the Hill.

She had come from a privileged family in the East to begin with and had had, I believe, a college education, but she at least had a lot of what seemed to me good cultural beginnings in her life, interests in the world around her and people, and she showed it. I mean, she was a very sharp person, who when you met her, her eyes didn't glaze past to somebody else. I mean, they were on you. Each person was important to her. It was a magnificent quality she had, really.

A wonderful politician, as well. She was president of the American Nurses' Association, which was a national—international organization, actually. And I always remembered her after I had graduated from here, and admired her so much. I had never seen her working among her own colleagues in the city or the state or the nursing organizations, I only saw her as a student. Well, my first introduction after I had graduated, I went to—I guess it was a nurses' district meeting. We were encouraged, you know, to join the different associations, to become affiliated with nursing.

ASH: And what were you doing at the time?

RAWLINSON: I was doing public health nursing. That was my first job.

So I remember going downtown to a meeting, and they were debating what nurses should charge, so much an hour. And I don't know if I have the exact numbers right, but it doesn't matter. The idea of the thing was they were quibbling over a very small amount of

money, and Elnora Thomson thought it was ridiculous, you know, that—where's their value in *themselves*, you know.

So I had never seen her really perform before. Here she was sitting in the front row, and they were quibbling about it. They were going to take a vote and vote in this outrageously small amount, and so she jumped up just before the vote was taken, in the front row, she jumped up and said, "I pay my cleaning woman more than that," and she gave the exact amount, you know. And then she sat down.

Well, I tell you, the whole vote changed instantly [laughter]. I mean, she just did it at the right moment, just before they took the vote, she just jumped up. And it was really funny, and I thought, you know, she really is a strategist. She knows when to do it. You know, if she had entered the remark in the argument earlier, it would have probably been thrown in with a bunch of other remarks, but just at that split second, you know [laughs], it was so funny.

[Laughing] And I thought, "Well, there's another side to her I've never seen before!" Very political. I thought, "Gee, I guess I wouldn't be quite as trusting, maybe," you know, in a sense, because I thought, "Well, she really can manipulate, as well."

At any rate, she was a person that when you were in her classes—we were in her class that last year—she always first of all wanted to find out who you were and what motivated you to come into nursing and maybe into public health. I never remember in those days many instructors really caring; or, even at interviews to come into the program or anything, it wasn't focused on you as an individual as long as you had the criteria and passed the courses and all that. But you as a *person*, even having an existence outside, you know, seemed like a novel idea to me [laughs] because up here it would seem so kind of impersonal in the program, aside from her. I mean, she brought another element.

And another teacher we had that was a lot like her was Henrietta Doltz. She had a lot of those same qualities. She was a different kind of a person, but also was kind of disarming in really being interested in you as a person and how you were going to develop and where you came from and where you were going, you know.

And so those two people, of course, stand out in my mind, I think as much as any that I had any association with. And also Katherine Sears. I think you might have heard her name a time or two in the history, and she was Director of the hospital, and we had—that was our main nursing experience was in the County Hospital. She was the Director of the hospital, and she was also a very outstanding woman. These three people I mentioned, of course, as a student I had a lot of association with them. Katherine Sears in the hospital because we spent a lot of hours in the hospital as students, much more—

ASH: How many?

RAWLINSON: Well, I don't know how to even tell you how many hours, but you know, in those days the State required so many hours of all nurses, whether they were baccalaureate and were taking college courses or going to just a diploma program. And so we had to still put in a lot of hours. Elnora got it cut down. She cut the number of hours because she pleaded with them that we could better spend our time in the laboratory, and we took a lot of basic science courses up here that had labs. So almost every afternoon we had a lab. We took organic chemistry and biochemistry and bacteriology, and we had a number of science courses that did require labs. Physiology and anatomy, just to name a few.

But my first year up here we were so busy: labs almost every afternoon, and as you know, labs were usually about three hours, one to four o'clock.

ASH: And classes in the morning?

RAWLINSON: And classes, yes. And so we would go to work, many times at six o'clock in the morning, and help get the patients awake, as they used to do in those days, the terrible thing you had to do, to wake them up to wash their faces and take their temperatures and give them early breakfast. It was really something.

So we'd do the six o'clock duty, or 6:30 sometimes, and then work until nine or ten o'clock in the morning and then have classes, then pick it up at the end of the day at four o'clock and maybe work to seven o'clock or nine o'clock, usually, as youngsters. As we got more experience, we worked later in the evening.

But we lived in Emma Jones Hall, and Emma Jones was alive and lived on the third floor of Emma Jones Hall [laughs].

ASH: Oh, really? I didn't realize that.

RAWLINSON: And she was Superintendent of the hospital at that time, and she was also a nurse. And she was an outstanding woman, but I—as students, she was one person we really had very little communication with except when we went into the hospital dining room to eat. We had to stand in line and wait for all the—for her to come out of her office with her uniform—and I think she graduated from Philadelphia General Hospital, with a real frilly cap, and she was quite a figure. She'd walk down the hall and come on in, and of course the students, our pecking order was very low [laughing], and we'd have to watch everyone else walk in and sit down at the table.

So we did see her on those occasions, but other than that we had very little association with her, except her influence was great because she lived in the nursing quarters, and being an old building, of course sounds carried a lot, and she didn't like to have anyone run any water after she went to bed because it made a lot of noise through all the pipes. So we couldn't take showers before a certain hour in the morning or after a certain hour at night.

So I used to—I lived over in Eastmoreland, I lived in Portland, and I had a car then, so I would get in my car and go home and take a bath. And my mother would say, “You know, I can’t understand this. I always thought nurses were so clean, and you have to come home and take a bath” [laughter]. But it was true. We thought we could get away with putting some water on and take a bath, and Mrs. Fisher would be up the elevator, that old creaky elevator in Emma Jones Hall, and right away she would be there telling us we couldn’t do that.

It caused a lot of resentment, and so that was one of the times I remember that we did tell Elnora Thomson that we felt our living conditions were kind of unacceptable, that, you know, we would be working sometimes late in the evening, and you come home, and you really do need a bath [laughs]. And we couldn’t run bath water, and the hours that we were away were just—it was ridiculous. Sometimes we didn’t even have time to do the studying we should have done.

And so I remember she got us together in a room. It wasn’t one of her classes; she just met with us. And she put down our whole schedule on the blackboard. She wrote it out herself, wrote out everything that we’d say to her on the blackboard, and then she said, “I think I’m seeing the picture now,” which was—again, in those years that was quite unusual that she would listen to every single thing we’d have to say and consider it like a colleague, you know. She’d put herself in our place.

ASH: Did she make any changes?

RAWLINSON: Well, I think she did what she could do, and we were satisfied with that, that at least she listened and she did what was possible to do. Of course there were constraints because of, as I say, the heavy labs in those early years; later on we got relieved of some of the labs and got on to other courses, and it got easier. But it was mainly that first year that was so bad.

And just having someone to listen and understand what the situation was—we never did ever win on Emma Jones, though [laughter].

ASH: What was life like aside from all of your hard work? Did you ever have time to have fun?

RAWLINSON: Yes. We had a lot of fun. We had a lot of fun.

I think that being all in it together—and we had times when we could go out to parties, and we’d have dances. Emma Jones had a big room; I don’t know what you would call it. I think it’s still in existence. It was just a great big room with I think maybe a stage on it or something. Maybe it was a place where we could have meetings. But it was perfect for dances, and we’d take phonographs down there with records, and we had friends among the medical students and other students around Portland—mainly up here, though—and we’d have informal dances. And we felt we had a really good time. The first year was bad; we

didn't have much time for that. But after we passed the hurdle of the first year up here, then we had time, yes.

ASH: Did you have weekends off?

RAWLINSON: Not very often. Very few. One thing we always complained about—these were war years, of course, and we'd have blackouts at times, you know, in the city during those years. And it was kind of a different time in everyone's life, I think. You know, we got into the early years of the war, and I was up on the Hill at the time of Pearl Harbor, for instance, during that. Hard times.

And we also saw one of our friends who was a Japanese medical student being taken off to an internment camp. I'll never forget it. I can tell you exactly where I was; I was up on 2 East on the women's side of the surgical ward, and we heard that—and I don't remember his name—that he was leaving, he was in a car. So we all rushed to the window to wave goodbye to him out of the second floor as he went around to leave the Hill, and we all felt so terrible about it.

You know, a lot of people didn't really know much about it or feel an intimate sense of relationship to that, until lately we've been hearing more about it in recent years. But I can tell you for us that were here and saw people that we knew leave, it was terrible. I felt as badly then as I would ever feel even hearing about it now, because it was very personal, it was with someone that was our age, and someone we got to know as a student, and it just seemed outrageous that they would be taken away and put in a camp because they were suspected, you know, of being disloyal. That seemed terrible, and it was.

ASH: He was taken right from the hospital?

RAWLINSON: Well, he was probably living up on the Hill as a medical student, I think is what he was, and so people knew about what time he would be leaving. I don't know if he was actually physically taken, but they knew he was leaving that morning, and maybe he came by to pick up some things or something. And so the word got around that he was there and he was leaving, so we ran out to wave goodbye to him.

ASH: Were there any nursing students that you knew of who were taken?

RAWLINSON: No, I don't know of any. No. You know, when I think about it, we didn't have much cultural diversity in our group. It was a very small group. Our program was very mixed, but I was in a—what I mean by "mixed," we had some diploma students who didn't go down to the University, and then we had those that were in the five-year program like I was. And so there was—and then the cadet program came in when the war started up. So we had students who were in different kinds of programs.

And the program I was in are the students I knew the best, and we were a smaller group of students.

ASH: We wanted to ask you about the Cadet Corps and what it was and what impact it had on your life as a student.

RAWLINSON: Well, that came in actually after I—I was not able to avail myself of the Cadet Corps. That came in after I had finished my nursing education.

But they started to come in after—I mean, younger students coming in came in in the Cadet Corps.

ASH: And they were paid to go to school, then?

RAWLINSON: Yes, uh-huh. Right. And then they went into the service.

I'm not just sure about the particulars of it because I didn't participate myself. So I'm sorry I can't give you that information. I'm sure there are nurses around who were in that that know more about it than I do. I don't know that much about it.

We were paid by the hospital to work, and so that helped pay, for many students, part of their tuition. It was kind of interesting to me to get a check from the hospital each month, and then when we'd come up to pay our tuition, it would work out so that that amount we got paid would be a major contributor to the tuition, actually. It would help a lot of students who needed it.

ASH: So it wasn't a terrible financial pressure?

RAWLINSON: No, I don't think it was. We lived in the nursing home. We had, I think, our laundry done for us; we had our meals. So, we didn't really have many expenses.

[End Tape 1, Side 1/Begin Tape 1, Side 2]

ASH: We're recording again, and we were just saying that there really were not that many expenses, and those that you did have were pretty much covered by what you made working in the hospital?

RAWLINSON: Well, I think as young people we didn't have all the needs probably, or the things to buy, that people have these days.

ASH: Now, what about your uniforms? Did you buy uniforms or were those supplied to you?

RAWLINSON: Yeah, we did buy uniforms, so we had an initial investment in uniforms. We had student uniforms that they told us how many to get, of course, and then they took care of the laundry from that point on. So I guess that maybe I don't remember all

those charges initially because my parents paid it, I didn't [laughs]. But if you were a student you had to buy them, of course; that was an initial outlay there for sure.

ASH: And did you wear caps in those days?

RAWLINSON: Yes, we did.

ASH: And what was the cap like?

RAWLINSON: Well, the cap was a funny cap. When I came in, the students had decided that they would fix it so it looked a little bit better. The older students had caps that looked just like dunce's caps. They came right up to a point, and they had a little brim around, and they had a black stripe—well, you came in and your first year you had no stripe. It was very militaristic. And then as you got to be a junior you'd get a gray stripe, and then as a senior you got a black stripe on the cap.

But that was one of the things that was kind of our initiation to being a full-fledged nursing student after our probie period, when we got our cap. We spent the first evening after we got our cap, after we had the capping ceremony, having these seniors fix our caps up for us, and that was to take tucks in each side and pin them so that they didn't just stick up like that, but they flared around and fit your head a lot better, and looked a lot better.

It was interesting because we used to pin them, and no one at the school said we couldn't do that. I mean, it made the caps look quite different, but no one said we couldn't do that. When you look at pictures of students in the earlier years, the caps looked quite different, but it actually was the same cap.

But later on I noticed that what they did do, the uniform company that also, I think, had the caps, made them so there was a little cutout at each side so that it actually accommodated them to pin it, so it was changed officially [laughter]. It was really interesting as I looked at the caps, they really officially did change, which they should have because there was no sense in having it look as, almost silly, as it looked. But, anyway.

ASH: I want to go back to Emma Jones Hall.

RAWLINSON: Yeah, okay.

ASH: And we hear rumors about curfews and nursing students being out later at night or whatever. Do you recall any of that?

RAWLINSON: Well, you know, that's interesting. Like I said, the first year was rather grim because we were working so late, and sometimes we didn't get home from the hospital until late in the evening, really late.

ASH: So they couldn't have a curfew if you were working?

RAWLINSON: Well, they did. You had to be in bed at a certain time, and I've forgotten exactly what hour that was that you had to be in your—in bed, physically in bed. And the only excuse would be if you were on call or came in late, then that—everyone, the housemother knew who you were and where you lived. I mean, that wasn't any license for anyone else, not to be in bed.

I think that the official time was something—I can't remember exactly the hour, but ten or eleven o'clock, it seems to me, in that neighborhood. And it just seemed absolutely ridiculous to me because, again, we came in as college women. Sometimes we had been up all night on campus; you know how life is there. And then we had to be in bed, and lights out, and most of us complied with that, even though we didn't like it.

But I had a little radio that I liked to listen to symphony music. They had a classical music station that broadcast it all night, and I liked to just listen to it, to kind of unwind and listen to it. But I kept it down real low, and even had it, I think, under my pillow so that I could just—it would be muffled; it wouldn't bother my roommate or anything.

Well, you know, Mrs. Fisher could hear that radio. I'd hear the elevator come up, and she came in the room and she says, "Do you have a radio on?"

And I said, "Well, I have it under my pillow."

"You cannot have a radio on."

I mean, the principle was that you couldn't have a radio on. Didn't matter if you could hear it or not, you could not have a radio on.

So that just seemed like, "Well, this is really something else."

Well, one of my roommates was really, I would say, not the typical student at all. She had gone to Reed College, and she had a mind of her own and was a delightful person. And she never could get to bed, so we'd hear Mrs. Fisher coming up on the elevator. So this one night she jumped into bed with her uniform on. And we were young students then, I mean, we were just our first year. And we were in a double room. Eileen and I had one room, and you had to walk through this other room with three students and then walk through to our room with two students.

Well, Eileen, when she heard that Mrs. Fisher was coming up in the elevator, well, she jumped into bed. She had her uniform on and everything, maybe her shoes off. And Mrs. Fisher came in, and she looked around with her flashlight, and then walked out. And we all started kind of tittering, the five of us, all of us, because we knew that Eileen was there in bed with her uniform on. And I think—we were tittering, and it wasn't loud, but she had ears that you wouldn't believe, and she turned around and came back in.

[Laughing] And she walked over to Eileen's bed—that was her name—and peeled back the covers and said, “Miss Brown, do you go to bed every night in your uniform?”

And just as sober and straight as anything you want to hear, she looked up at her and she said, “Yes, Miss Fisher. Then I don't have to get up as early in the morning” [laughter].

[Laughing] And she said, “Oh.” Well, then she left. I guess she thought Eileen would be capable of doing that.

And so the next day some of the girls in there said that Miss Fisher had stopped them and said, “Now, does Miss Brown sleep every night in her uniform?” So I think she was probably persuaded that she really did.

But anyway, she had a vigilance—you really couldn't get by with very much because if she came up on the elevator and then you thought you were home free, she'd turn right around and come back up if she heard a noise. I mean, she would pursue it.

ASH: Was she doing this on her own, or was Emma Jones more or less behind it?

RAWLINSON: Well, you know, as a student I didn't know about the powers that be, you know. All you know is what happens. So it might have been with Emma Jones living there that she wanted to be sure everything was secure and quiet and—that could easily have been, probably, one of her concerns, too. But I really thought that—of course, it didn't do us any harm to get to bed and get the rest. I mean, that part we really did need. But it got so that wasn't the emphasis, that it was good for us. It was like it was good for Emma Jones [laughs]. And you know, we didn't—it kind of went past us, I think, that probably what was behind it wasn't necessarily that Emma Jones even lived there, but that she felt we ought to be in bed and we ought to get the rest, and not be up, you know, fooling around.

Now, the stories about students leaving Emma Jones at night: I've heard those stories since, but at the time I really didn't know about them, and I didn't—none of my friends, that I know, of participated in it. We were so busy, and we had our hands full with what we had. The last thing I wanted to do was to go out, you know, after I once got in. It seemed like heaven to get off your feet and get rested.

So—and I know there are those stories that circulate. Barbara Gaines told me about something she had heard, too. But I really honestly don't know who those students were. That shows how busy we were, I think [laughter]. I know it happened a lot in my sorority down on the campus, and I heard about that [laughs]. You know, we weren't quite as tied up in those years as we were once we got up here. Our time was so completely—we were so absorbed, completely, physically, mentally, in every way, you know.

ASH: What did it feel like when you finished?

RAWLINSON: Oh, well. When we finished.

ASH: Graduation.

RAWLINSON: Yeah. I don't know. It was such a mixture of war years, you know, at that time. Base Hospital 46 left here with a large contingent of nurses and doctors when I was probably a junior student, or going into my senior year. And many of us took charge duty as students. We had a lot of help from the nursing office. They saw that the graduate people were around and available to help us if we needed it, but I remember, for instance, doing what they called night float; and I would work night duty, 11:00 to 7:00, as a student, and take the night nurse's nights off. They had one night off, and so I would come on and be on a different floor every night. And that was quite a challenge to do that because you had a whole new situation of patients every night to do that.

But I think they covered us well. I never felt that I ever put a patient in danger. If I ran up against anything that I wasn't sure of, there was always someone that would come and help. So it wasn't feeling that I was put in kind of a compromised position at all, but it was just that it was new to put students in some of those roles, to be in charge, so to speak, without more experience.

ASH: But that's because it was wartime?

RAWLINSON: So many left, and we had just a real shortage of R.N.s at the hospital during those war years. And how they managed is really another story that has been told in regard to Katherine Sears, who was the Director of the hospital at that time. Probably some of those situations, that she could not get R.N.s during that time and just immediately following the war, played really havoc on her health. I know that she finally had to leave, and she worked as the Executive Director of the district nurses' association.

But I know she developed, you know, ulcers and all kinds of things. She was a very conscientious person and had very high standards and was a fine person. I think she sacrificed herself a lot. She saw to it that students had backup even if she had to be there herself to help them, you know. She oftentimes was around helping. So it was a lot of—other people paid a price for a lot of that; even as students we weren't fully aware of how they were covering and how they were doing it.

But those were hard years, and most of us had pretty good plans that were war-related, I think, when we were—I wanted to be a public health nurse, and I thought, well, I would go overseas with UNRRA, and I thought that would really be the thing to do, to help people in Europe, particularly. I had been to Europe, my parents came from Europe, and so I wanted to go over and see what I could do.

But when I took a job with the City as a school nurse, which was under Public Health, the more senior nurses—and there were some wonderful ones there working in the city—would say to me, "Now, you know, May, they're not going to take fresh young graduates to

go overseas and do all this rehabilitating work because they need senior people who have had some experience.”

And that made sense to me. I thought, “Well, that’s true.” I mean, it’s not only do you know public health, but you have to be a little bit more savvy on building communities and doing a lot more than just what I knew what to do.

So at that point I joined the Navy. So I went into the Navy. I worked up here for a while until I got my orders. I worked in Portland, I should say. I did some work here until I got my public health nursing certificate, and then I worked with the city nurses waiting for my commission. And then I got a Navy commission and then worked through the war years as a Navy nurse.

ASH: Where?

RAWLINSON: Well, I was not overseas. I was at a large Naval base in California, and we had a large hospital there, a 3,000-bed hospital. And it was a large, large Naval base, Marine base, Seabee base, where many of the sailors departed for the South Pacific.

And when I got there, there were large waves of nurses going out to the South Pacific, but it just happened that I got in late enough so that they were not sending any more nurses when my number was up. We had to have our footlockers fully packed and all ready to go within, you know, an hour’s notice, and we were all packed and ready to go constantly. But it came awfully close. The group I went in with, we were the next ones up to be shipped out, but it just was at that point when they really weren’t sending anyone else out, so I didn’t get sent out.

ASH: Did you want to be?

RAWLINSON: Well, you know, I did until I saw the nurses come back from Corregidor and some of those places in the Philippines, and I saw that they came back in such bad physical condition. They left them out there way too long. They learned lessons from that war, that when the Korean War came along and Vietnam, they did not keep nurses out there more than a year, and then they would bring them back.

It was very hard on women out in the South Pacific, physically. And they kept them—many of them were there way beyond the time that they were really able to do their job in a healthy way, and many of them came back that I thought looked pretty stressed out. And in various ways it had affected them, and it kind of scared me. I thought, “I don’t really think I want to go out.”

But I kept—we’d have—they would do an assessment of our work every six months, and, you know, they’d give you a report on your record and ask you, then, where you would like to request service, and I always requested a hospital ship. I had sailed on a ship to Europe and liked it and didn’t get seasick, and I thought I could tolerate it and thought that

would be interesting, but I never got the assignment, either. I didn't get any assignments overseas.

ASH: Did you feel that you were prepared for the work you did at that Naval hospital?

RAWLINSON: Yes, I did.

That was one thing I felt very good about. Being at that hospital with all those nurses from all over the country, I realized at that point what a wonderful education I'd had. There were very few that had a baccalaureate degree and had the work in basic science that we had, and also had the practical experience. You know, we had the best of all worlds. We had a good basic science foundation, and we had a lot of really good experience here up on the Hill.

And I think that the—I would say the professors we had, both in the School of Medicine and the School of Nursing were really outstanding people. We had many classes from the same professors in our basic sciences that taught the medical students, and one of our professors used to say to us, "Well, you know, sometimes the medical students don't like it and say, 'What are you teaching nurses all that for? That's what we're supposed to know.'" And he said, "Well, I'll tell you something: those nurses are going to be with your patients probably more hours than you are, and I think it's very important that they know all this" [laughs].

So, you know, in those days, that wasn't the philosophy necessarily, at all. But we did feel that these professors in chemistry, in nutrition, in bacteriology, and all the sciences we had, took us very seriously and wanted to see that we had a good cut at it and had a good foundation, and we did feel we did get it.

This is a long history of nursing. Nursing has always felt for many, many years, and maybe some still feel that way, that the more education you get, the poorer nurse you are. I mean, you lose all those wonderful skills, you know [laughs]. So I know when I got in the service, the first thing—there weren't very many nurses that had a baccalaureate degree. There was a group that came from Oakland at the Merritt Hospital; they had had a degree. So we used to commiserate with each other.

But I always had to chuckle because we had experience doing everything over here at this hospital, having to be in charge and do things early. You know, I could hook up oxygen, gastric tubes, do anything, almost, that needed to be done, like an intern almost would do. And we'd get out into these large Naval hospitals that would extend the wings way out in the middle of the desert, and those nurses out there would have to set up something like an oxygen tent or set up this kind of equipment.

Well, what would they do? They would call me and say, "May, have you ever set up thus and such?"

I said, “Yes, I have.”

“Well, would you come down and help me?”

I said, “Well, that’s very interesting. If you’ll treat me nice, yes, I’ll come down” [laughs].

And so then it got so that they’d say to me—we’d get in these sessions where we would be talking, about nursing and the war and whatnot, and then eventually, you know, they’d get around to saying, “Well, the diploma nurses are still the nurses.” And they’d look over at me and say, “Except you, May. I mean, you’re all right. You can do it.”

[Laughing] I said, “Well, you’d better say that because I can do things that you can’t do, that you have to ask me to do.”

But it always kind of amused me that even after the war this went on, even when I came back. And when University Hospital opened, I came up on the Hill at that time and was in nursing service as a supervisor; and it just really dumbfounded me that some of the staff there had an opportunity to get their degree over here in the School of Nursing, baccalaureate and master’s degrees, and many of them did take advantage of it and did work part-time then and then got their degree, but there were those old nurses—they weren’t all so old in years, but old in their thinking, that would say, oh, they just hated to see that nurse go and go into school up here because she was such a good nurse, but she’ll lose it all. You know what I mean? And so that thinking permeated.

I don’t know; I think maybe now we’ve kind of reached a point that you don’t hear it too much. Maybe you hear it about the doctoral students; I don’t know.

But anyway, it was an interesting time in nursing; I feel fortunate that I was able to see the real growth and maturity of nursing. It’s been a thrilling—to me, a thrilling, almost adventure. Particularly since about 1970, nursing just grew quantum leaps. I got involved in some, oh, WICHE things, which were all the Western states, and was for several years on the WICHE-N, the nursing component, the board for nursing and for research. And I got to meet other nurses in the West that were developing nursing and the programs, got in on some program development. It was thrilling, absolutely thrilling. It still is. I mean, you know, when I see their competency and their contribution. And now that many of them are able to independently practice the things they know how to do—it’s been quite a time, you know, through just my lifetime I’ve been able to see that.

ASH: Well, let’s fill in this gap between when you were in the Naval hospital and when you came back to OHSU. I know a lot of things happened in your career in the meantime. At what point did you leave the Naval hospital?

RAWLINSON: Well, I left the Naval hospital at the end of the war in '46, and then I came back to Portland. I have family here. I stayed pretty much with nursing. I didn't get married, so I had a career and stayed in nursing.

But I became really interested, well, as I said, in mental health, and I didn't feel like I could go back into public health nursing, and I never felt I was really cut out to be a hospital nurse. I admire hospital nurses; I think they're very good, and they deal with very acute situations. And that has never been where I performed the best. I perform better in this other role, and so I was looking for other—I always wanted to get my master's and was looking for a place to get my master's degree.

So University of Portland at that time did have a federal grant to prepare psychologists at the doctoral level in rehabilitation psychology; and that just seemed like it was tailor made for my interests because I had done a lot in rehabilitation as a public health nurse, and I was interested in mental health.

And so I went out there and talked to the director of the program, and he said, "Yeah, I think that it seems like you'd fit in really well." I was an older student at that point, you know. I had some experience already, and that was okay with them.

And so I just plugged away as I was working at nursing. I did all kinds of different things; I did private duty. And then eventually I took a job up here in nursing service, but they allowed me—I took classes in the daytime and was an evening supervisor at University Hospital. And so I worked evenings and got my master's, then came back and worked here for a while, and then I decided I wanted to go on and get my Ph.D., so then I—I've been back and forth so many times it's hard to put all the pieces together, but I always felt like it was kind of home up here.

What happened here when I then left and—I was still working a little bit up here, but not as much when I did my doctoral work because I had a lot of practicums and things that were time-consuming, and so I didn't work so much when I did my doctorate.

But when I was looking for a dissertation topic, I happened to run into Dr. Starr. I had worked with Dr. Starr when he first came to University Hospital and I think saw one of his first operations that he did for his valve replacement surgery. And I was supervisor of the ward where he would have his patients and where we were also developing a recovery room for him for his open heart surgery patients. So I'd worked with him as a nurse, but I happened to run into him. I was looking for a dissertation topic, and the topic I was working on I had to abandon because my principal advisor had moved to Notre Dame, and it seemed like it was too far away to work with him.

[End Tape 1, Side 2/Begin Tape 2, Side 1]

RAWLINSON: But anyway, what I did was—feeling kind of like I had to start from scratch all over again, I needed to get another dissertation topic.

So it was in the summer, and I decided I'd bundle up all my stuff, the things I was reading, to kind of get myself going, in a bag and went up to Multnomah Club—I was a member up there, and still am—went out and went swimming. And then they have this deck. I went out on the deck to sunbathe [laughs]. It was a Sunday morning, I guess. And here I was in sunglasses and a bathing suit and bandanna, incognito, I thought, and I looked over next to me, and Albert Starr was stretched out. He'd been out there swimming. So he said, "Hello," and I said, "Oh, you probably don't remember me."

"Oh, yes, I do," he said. "What are you doing these days?"

And I said, "Well, I'm in school in probably something you're not interested in; I'm interested in rehabilitation."

"Well, of course I'm interested in rehabilitation," he said. "Why don't you come by my office sometime and talk to me? I would love to do a project, have someone do a project on my patients' rehabilitation." Because he always did a fine job of following his patients through questionnaires and really keeping track of them.

So I went—I didn't take it too seriously at that time because you know how it is, people talk, you know, about "Oh, yes, I can take care of you; I can do this and that and that," and I'd had the experience before. So I thought, "Well, that's fine," you know. Enthusiasm, that's good.

But I was talking to my new advisor that I had at school about Dr. Starr saying that there would be a rehabilitation project among his patients. And so my advisor said, "Gee, that really sounds wonderful. Are you interested in heart patients?" Well, of course I would be interested in it. And he was also working with the Heart Association, so he said, "Well, that's an area that I've been interested in, too. Let's go up and talk to him."

So we went up and talked to him, and he said, "Sure." Just talked to him about what we had in mind, to follow some of his patients to see how they were coping, and he had patients that had been operated on back ten years at that point.

So I did a preliminary pilot study, and then I did an original study for myself, in which he endorsed it for me to call these patients in so I could give them a battery of exams and tests and—you'd never get by with that these days, to give them as much as you did in those days, but I always tried to be sensitive to their ability to have the energy to respond, and then would break it up in different sessions.

But anyway, I did see at that point—followed up I think almost all the patients that were available back ten years, had them come back in. And it was over 200, 250 patients that I saw. Each patient I saw for at least a couple hours, some of them more that wanted to

talk. The patients really appreciated having someone to talk to because they did have a lot of concerns during those years. And these were all heart valve replacement patients, before they did the bypass for coronary artery disease. These were valve patients.

And it was a fascinating study. I was thoroughly absorbed in it. And he and his office were so very cooperative with anything that I needed or wanted, which really led into my next job because his office—and I was using his files and his staff was working with me on my project—was right across from the administrative offices in the School of Nursing, in those days, in Mackenzie Hall. So I would go in and out of that office all the time, Dr. Starr's office, and then I would see some of the nursing faculty. And so they started to say, "Well, what are you doing, May?"

And I said, "Well, I'm doing my dissertation."

So they said, "Well, come over and see us when you're through."

And I said, "Well, okay."

I was not looking for a job because I wanted to get that part of my work done first before I looked for a job. It was all-consuming at that point.

But as the time got near I was finishing the project, then the Dean said to me, "Well, we'd like to have someone, a nurse like yourself, to teach a research course. Could you come and do that and then maybe teach some rehabilitation classes and things?"

So I said—you know, I came in to talk to her, and I said, "Well, I'll do it part-time," but I did half time in Medical Psychology in the Outpatient Clinic because I wanted to do some practice. So I started with the School of Nursing teaching research courses and some courses in rehabilitation and then working half-time in the Outpatient Clinic for Medical Psychology.

ASH: This was after you finished your dissertation?

RAWLINSON: That's when I got my degree and finally got it all finished, yeah.

ASH: And what year was it that you started teaching your research course?

RAWLINSON: In 1970.

ASH: And that was the first year it had been taught?

RAWLINSON: Well, let's see—no, no. They had an ongoing master's program that was started in the 50's, 1958, and they had people teaching the research course, but they were psychologists and not nurses.

Nursing research really evolved—as I said, the 70’s were so dramatic, and so there was a lot, I think, to be gained for a nurse on the faculty to teach it and get involved with the students and their projects, the kind of projects they were getting involved with at that time, much more clinically-focused. So I think they were moving in the direction—all schools of nursing were moving to preparing their students to do research.

ASH: Were there others on the faculty with Ph.D.s? Nurses?

RAWLINSON: Well, the person that was in charge of the master’s program, that’s the program I went into to help when I started teaching in 1970, was getting her doctorate from UCLA, but she had not gotten it yet. She was finishing up her dissertation. So at that point I think I was the only nurse that had my doctorate. Others were in progress. There were other people on the faculty with Ph.D.s that were teaching in that program. We had Jack Keyes, who was a physiologist, who was not a nurse, but his primary job was to teach nurses, and he had many of our master’s nurses as his students.

You know, I really don’t know of any others at that particular time. And then when Maxine, who was the person in the process of getting her doctorate—after she got her doctorate she left and she wasn’t there much after I arrived. I think she left pretty soon afterwards.

And so I was able to have other doctorally-prepared faculty, but they weren’t nurses. Some came that had other disciplines, like the physiologist; and then we had a sociologist and different—to fill in different parts of the program. In those years we had students develop a major and a minor, so the major was taken care of pretty much, but in the minors we could offer them minors in sociology and psychology and physiology. So I contributed—they took, oh, six to nine hours of my courses to fulfill that requirement. It was a master’s of science degree.

But then we emerged more of a clinical program, more emphasis on the clinical program, and research. So things changed very fast in those years. It was really remarkable. And we got more and more nursing faculty.

ASH: Who were you working with then who was Director of the program?

RAWLINSON: The Director of the program was Jean Boyle. And then I was asked—well, Jean left the school—I guess it was 1975, so I worked with her, say, for about four or five years. And then I was asked to head a committee to search for a new Dean. And I’d had this association with WICHE and had been a chair of the research part for nursing for the West, and worked with Carol Lindeman. And she was so delightful. And I was also head of a consortium, on a study that took in nurses from all—from University of California, all the different parts of the West. And Carol was, of course, our advisor from WICHE on that, and we worked very closely with her over a period of time.

Carol used to come in and out of town a lot when our group would meet, this consortium would meet, and I was chair of the consortium, so they met in Portland a lot. So Carol would come into Portland. She was in Boulder, Colorado in those years.

So one of the times she came in, I said, “Oh, you know, we’re looking for a new Dean. Do you know anybody?”

And so she kind of smiled, and she said, “Well, I’ll think about it, May, and let you know.” She had a lot of contact with people throughout the country.

And so one of the times she came in I said, “Well, Carol, did you give any more thought about people I might recruit?” I said, “Well, I know you’re not interested,” [laughing] because she had what I thought was this marvelous job and wouldn’t want to change.

“Oh,” she says, “I don’t know about that, May.”

And I said, “Really?”

Well, she said, you know, she’d have to talk to her family about it, but she thought that might be kind of interesting. And I thought, wow, you know. I had other nurses that I had rounded up that I had interviewed through the League, National League for Nursing, but then I guess—in a way it was a two-way street. Carol had come into Portland a number of times with this other project and gotten to know us, and so she got to like Portland enough, and this area enough—so she became—we did recruit her as Dean.

She just left, as you know, a year or so ago. So that was one of the highlights, I think, in my life because Carol was the first doctorally-prepared dean we’d had in Nursing. And throughout the country, of course, they had been moving very fast and developing nurses in higher ed, and we were lagging a little bit behind in Oregon, and we didn’t have nearly as many doctorally-prepared nurses on our faculty. But once Carol came, she attracted—we had one of the highest components of doctorally-prepared faculty of any school in the country, because people wanted to work with her and were willing to come out. So it changed things very fast after she came, which was 1976.

ASH: After she came, what role did you play, then, in the School of Nursing?

RAWLINSON: Well, I still taught mainly master’s students, and I was teaching research, which I had been teaching. Pretty much the same as what I’d always done.

ASH: But you had been on the search committee for the Dean; I imagine you were on search committees for—

RAWLINSON: Yeah, I was chair of that. It was a large committee, and we had really a nice group that represented different aspects of the campus and our nursing

constituents in the area. It was really a nice experience, and as I say, we recruited her in 1976. So after she came, no, I don't think my role changed greatly at that point. The program developed faster, and we went on to—I was one of the first chairs of a committee to develop the doctoral program.

ASH: Oh, how exciting.

RAWLINSON: And so that was very exciting. And by that point we had attracted all these wonderful other nurses that were doctorally-prepared who were qualified and could help develop that program. I mean, you need a critical mass of people and a body of knowledge in order to develop something like that.

Those were very exciting years. I thought they were extremely exciting and stimulating. We were very busy. I mean, it seemed like we were developing things right and left. But Carol, you know, encouraged a lot of research and she liked it to be practice-relevant, so she liked people to be involved clinically and to do the research and to also—you had to teach; [laughing] that's what we were here for. It was very demanding, but I thought it was exciting, you know. It was very—kept you on your toes and out of trouble [laughs].

ASH: You were also here when the School of Nursing was no longer a department within the Medical School: you were here when the School of Nursing became a school, and you were also here, then, when it became University of Oregon Health Sciences Center.

RAWLINSON: Yes, yes. Uh-huh.

ASH: So that you lived through these various transitions in the organization. What are your memories of those? Were they traumatic, or exciting?

RAWLINSON: Well, you know, I guess I have been very biased because I always had very warm feelings toward the University. I thought its students—as far as the University was concerned, we were treated very well. Some of the things, like the living conditions I was telling you about at Emma Jones and whatnot, we'd take umbrage at, but being treated as individuals as far as our education was concerned. We all were extremely loyal and felt proud of the University and felt we had been given a very good education, and were prepared to take our roles wherever they led us, without feeling that we were not adequate or ready for the job. I think that was true of everyone I knew, very positive feelings.

So people I had known throughout the years—I think Dr. Holman was the Medical Director at the hospital in the years I was there, and then when I was working on my dissertation, Dr. Holman was the Dean of the Medical School, and was someone that we all really loved. I mean, he was a fine, fine man and also had all these wonderful qualities of connecting with people. And so I felt very close to Dr. Holman.

And then when we became a University, some of the people who came as presidents were quite different. I would say then that we were used to—for better or for worse—I don't know, I don't want to go on record as saying anything negative because we've had some fine presidents. But we've had some experiences that weren't so fine, I think, in the history during those years we became Oregon Health Sciences University, because the President was a person that came from a different culture. Dr. Holman was a graduate of Oregon State University, and he was an Oregonian that we all felt very much in tune with—and we were criticized for it, of course, that we were way too provincial; you know, we didn't have enough cross-fertilization up here. I mean, it was actually seen as a weakness. But from the personal point of view, it was a wonderful experience to work with those people because they were fine individuals.

So I did see the change, a great deal more political and more hard-nosed; and, you know, it just became quite a different world, actually, very competitive and maybe more like what the real world's like in big segments of big universities, which—you know, University of Oregon never was that same Ivy-League type, you know.

So anyway, I did see changes, I thought, in the whole culture up here quite a bit. But I don't know what else to say about that, right at the moment.

ASH: Well, I think you answered the question beautifully.

RAWLINSON: Okay.

ASH: Then one of the other things I wanted to ask you about—I think we're doing pretty well on time.

RAWLINSON: Are we? Okay.

ASH: Because of my interest being in the BICC, I need to ask you a question about your information needs over the years, especially as a person who taught research methodology. What was your relationship to the Library, and were you able to find information that you needed? Were your students able to find information?

RAWLINSON: No. No, that was one of the very deplorable things, absolutely deplorable. I just—you know, you put your finger on one of the big weaknesses, one of the biggest weaknesses, particularly for nursing.

The old Library, the School of Medicine had contributed—and the whole Medical Association of Oregon contributed a lot to that library, as far as their resources were concerned. And so they did service doctors, physicians throughout the state. You know, if they wanted things xeroxed from an article, they would—they had money set aside to do that. And I understand why it worked the way it did, but you can't imagine how dismal it was to try and develop a master's program, let alone a doctoral, but a master's program, based on the resources we had.

Carol Lindeman came to our—I was, as I say, on this patient—we had a patient teaching project; I was the principal investigator. It was a consortium. And we were writing this proposal to teach patients how to take their medications. This was heart patients, mainly. And Carol came up to campus from Boulder, and I had people from UCLA, University of California at Los Angeles, San Francisco and different places that were a part of this consortium. And we were to go over to the Library to do some of the writing.

It was absolutely appalling. You can talk to Carol Lindeman about it. She could not believe it. We would have different resources that we needed to look up; there were none in the Library, absolutely nothing. It was totally unbelievable that here we had a master's program, let alone a baccalaureate program, but a master's program, with very little for nursing at all. And so it was a deplorable situation. I know Carol said she was in utter shock as we spent some days going over to the Library and there was absolutely nothing there.

ASH: What did the students do when they needed to write their master's theses?

RAWLINSON: Well, they'd go down to Portland State, and that was a hassle for them, of course. If they wanted anything at all, they'd have to go down to Portland State. In fact, the *faculty* had to go down to Portland State if they wanted anything, or the city library or wherever.

I used to go out to Lewis & Clark or Reed College or University of Portland or downtown or Portland State. I had friends that were teaching at Portland State, and so I was able—in fact, when I did my dissertation my consultant for my statistics was a professor at Portland State, and he ran all my programs through—I had a multivariate analysis and did it down at Corvallis. They had the big mega computers down there. So if I hadn't had friends that were on the Portland State faculty and could—you know, and they worked with me and made opportunities available. There was nothing up here, certainly.

So you had to scrounge around, you know, for it. And that was one of the starkest needs. Anyone that would come—at that time, we didn't have too many doctorally-prepared faculty, but as we were getting them, it became much more evident all the time that something had to be done about that.

ASH: Was something done?

RAWLINSON: Something done? [Pause.] You know, I'd have to think about the particulars of it. I know the climate was there to make available many more resources.

Actually what was actually done—I'd have to think about that a little bit—but the first thing, of course, was to see the need. I guess what I was trying to highlight was before, the way the school was running, they didn't see the need, even. It wasn't necessary.

ASH: And then it became necessary?

RAWLINSON: And then it became imperative, so the climate changed. So much more—I remember when I was teaching, the Library would send over to me lists of all the publications that were being ordered, for me to look them over and to add any I thought were important to add. So we had—I know I had opportunities to add to the Library, and they did ask us to put in requests.

In the early years those requests were kind of ignored, but I did see it getting better and that we got more of the periodicals and things we wanted, yes.

ASH: I'm glad to hear that. Then my last question for you is going to be: what are you proudest of in your career at OHSU?

RAWLINSON: Hmm. That's a good question. What am I proudest of? I haven't thought about being proud [laughs].

ASH: What do you feel really good about when you talk about it?

RAWLINSON: Well, you know, I guess what I feel the best about is the students. The time that I started teaching here on the—these are primarily master's students, but I also had some association with baccalaureate students, and it's true for them, too, I'm sure—but it was such a rich experience. The students that we got in, many of them had been out working or raising families and came back to get geared to go back to work or to advance their—you know, to get a master's and advance their professional work. They were, I think, the source of most of the invigoration. You know, working with them on the research projects, they were exceedingly meaningful, I thought. I thought it was thrilling to get in and collect data and look at the problems that they would see out there that needed to be addressed that were nursing-type problems.

And I think that's the thing that—and I don't know if I should feel proud or not because I never felt that I was doing a good enough job, but I know I got a lot out of it and had some wonderful associations with the students.

When I retired, that was—I went through a period of mourning. It's like losing part of your family. The faculty, too, but I think the students you work more intensely with, particularly at the graduate level with your thesis students; you're with them a lot of time. You spend a lot of time together, and you get to know them, and they become your colleagues and friends. And that's a big loss. And to have contributed to their lives—the ten years, almost ten years I've been gone, it's been interesting to me. I've had family members that have been sick at Good Samaritan Hospital, St. Vincent Hospital, all over, and every place I have gone, my students have been there. And it's just been absolutely marvelous. And they've been so facilitative.

Just lately my brother, my older brother—he's quite a bit older than I am, but we're all old—and he needed to get into some kind of long-term facility, and some of our students

that are now out there in the work world down at Mt. Angel went out and made a home visit to my brother's residence and helped make plans for a transition, and oh, I could name—I won't go into all the particulars. But that's the part of the payoff that's so rich, you know. You don't think about it at the time, and you go out there, and, well here they are.

[End Tape 2, Side 1 and interview]

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