

OREGON HEALTH SCIENCES UNIVERSITY HISTORY PROGRAM

ORAL HISTORY PROJECT

INTERVIEW

WITH

***Heather Rosenwinkel***

Interview conducted December 9 1997

by

Joan S. Ash

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## SUMMARY

The interview commences with Ms. Rosenwinkel's description of her childhood in Montreal, Quebec. She states that she was the first member of her family to be college educated. She attended Bishop's University, a small liberal arts college in Lennoxville, Quebec, and graduated with a degree in English literature and history. She stayed a fifth year at Bishop's for teacher training and earned her teacher certification by teaching high school in eastern Quebec for two years. During that time, she met and married an American, Earl Rosenwinkel. Heather describes their various relocations as her husband completed his doctorate at Rutgers University, took his first teaching job in northern Minnesota, and finally ended up in Portland, Oregon to teach at Portland State University. Dissatisfied with teaching, she began taking library classes at the Duluth campus of the University of Minnesota. Committed to pursuing a library degree, she continued classes at the Twin Cities campus while living temporarily with her in-laws.

Once in Portland, Heather was hired by Margaret Hughes, a fellow Canadian and head of the University of Oregon Medical School Library. She says that Ms. Hughes agreed to hire her under the condition that she complete her library degree within the year. She worked as an assistant cataloger, but after completing her library degree in 1966 (by returning temporarily to Minnesota), she began doing reference work. Reference work included providing copied articles and loan materials delivered to patrons by courier, a service funded by the license fees paid to the State Board of Medical Examiners.

Heather explores at some length the legacy and influence of both Bertha Hallam (the chief librarian at the medical school library from 1919 until retirement in 1965) and Margaret Hughes. She remembers that Bertha and Margaret worked closely together and in consultation with the Library Committee on major decisions such as automation, purchasing and space planning.

When Margaret Hughes retired in 1975, Heather became acting director of the library. Heather explains how becoming a "health sciences center" affected the library. She observes that the clientele of the library changed as the number of female students and faculty increased. In the reverse, the library staff, traditionally mostly female, began to include males, including the new library director. Heather discusses library automation and how the staff was trained on new systems and products. She notes that the role of the reference librarian began to change, with less emphasis on research and increasing instruction of patrons to do their own research. During this time, she changed positions to become an acquisitions librarian.

The interview also includes Heather's responses to the questions concerning the library's space needs over the years, including the second-floor addition to the library, and budget issues and acquisitions. She recounts the library's bid to become the regional library in the National Library of Medicine system. Ms. Rosenwinkel also provides a thoughtful analysis of the need for a coordinated, campus-wide archival program and how such a program could assist research and preserve institutional history.

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Interview with Heather Rosenwinkel  
Interviewed by Joan Ash  
December 9, 1997  
Site: Joan Ash's office, BICC 504  
Begin Tape 1, Side 1

ASH: It's December 9, 1997, and this is Joan Ash, and I'm interviewing Heather Rosenwinkel in my office in BICC 504. The first question I have for Heather is about your biographical history, and I would like to know, if I can ask you, when you were born and where.

ROSENWINKEL: Okay. I was born December 7, 1938, in Montreal, Quebec, Canada, and two days ago I celebrated my fifty-ninth birthday.

ASH: Congratulations.

ROSENWINKEL: Thank you. And I led a hike around Oxbow Park with friends—in the wind and the rain—to celebrate.

ASH: Sounds like a perfect thing to do when you're fifty-nine. Now, you were born in Canada, and I wonder, was there any effect of the Depression felt in Canada as you were growing up? It was probably too far afterwards.

ROSENWINKEL: Yes and no. When I was born my parents were in their late twenties. They'd wanted to have children before this, and they had to delay their marriage for four years because they didn't have enough money. And my mother was lucky to have a job in the insurance business, and my father worked for the American Can Company. So the effect of the Depression on them was that they didn't have enough money, and they wanted to do it right. So it's not like today where people either don't bother to get married or get married instantly; they waited. And then they waited a long time to have children. I was the only one. And again, that was because they wanted to pay cash for things; they didn't want

to go into debt. There was no such thing as credit cards. So that's all I can say.

But growing up was interesting in that they tried to give me everything, and I was the first of my family to go to college. And the other thing was, they were always very into what we call now "recycling." If you had a pair of socks, they got darned. And to this day, I still darn wool socks. Nothing was thrown away, and everything was carefully thought out, and there was a budget. My mom had household money, and she couldn't go over that, or, if she did, she had to account to my dad. And so, it was a tightly controlled consumerism, I would say. In fact, there was very little consumerism until they were—maybe—in their forties and they had the house paid for and they had gotten all the drapes and the inside accoutrements that my mother wanted. Then they started to travel, because the jets came in in the fifties, and after that they traveled a lot, and my mother dressed very well, and so on. So they felt there was some affluence there. But the early years, I'd say the first fifteen years, were very tight. I hope that answers your question.

ASH: It answers it very well. You went to grammar school in Montreal?

ROSEWINCKEL: Yeah. I went to elementary school in Montreal, and we went to the English Protestant school system because we were not French Catholic, because the schools were divided up into two systems based on religion. "Protestant" meant anything that was not Catholic. So if you were Jewish or Baha'i or whatever it was, you went to the Protestant school. I went to high school in Montreal, as well, and then when I went to college I went away from home.

ASH: In high school did you want to be a librarian? At what point did you decide what you wanted to do?

ROSEWINCKEL: I would say I had three things I wanted to be. Number one was an archeologist, number two was a teacher, and number three was a librarian. And the archeology was because I've had a lifelong interest in history and the out-of-doors, and so forth, and the archeology combined the interest in history and the interest in the out-of-doors and the romance and traveling to

foreign places. So that put everything together.

When it came to going to college, I wanted to go to the University of Toronto, and I was only sixteen and very immature, and my parents discouraged me. This was 1955, and archaeology was an all male-dominated profession. Anyway, I got tracked into being a teacher because I had a good friend who was a teacher. So, I decided to become a high school teacher somewhere about the beginning of college, I would say.

ASH: And where did you go to college?

ROSENWINKEL: I went to a small liberal arts university called Bishop's University in Lennoxville, Quebec, which is about a hundred miles from home, and that's what I wanted. I wanted to get away from home and see the big world, because I was very young, extremely young, actually, very young to be in college. So I spent several years—not several years, but four years getting my university degree in history and in English literature, and had very little science. I think I had one year of biology, and that was about it.

And then I had to decide at the end of college what I wanted to do, so that's when I went to—I stayed at the same university and took a year of teacher's training, so it was the equivalent of an MAT, but they didn't call it that. I had a year's certification and then went into high school teaching.

ASH: Where?

ROSENWINKEL: Again, I didn't want—I overthrew the “big city.” I didn't want to get into the big city, and I went to two small towns in the Eastern Townships of Quebec and taught for two years. At the end of that I got certification to teach in Canada, because I wanted to make sure that this education wasn't wasted. So, I got my certification and then left the country. (Laughing) It wasn't quite like that.

ASH: It sounds like an escape.

ROSENWINKEL: It wasn't an escape. I met an American, married an American citizen, and came to this country, and that was during the year I was—I met this man, Earl Rosenwinkel, during the time I was a teacher—in teacher's training. We kept in contact after that and got married eventually in '62, and, then, in '62 started my journey across this country, living in different places.

ASH: Were you working then, when you were living in different places?

ROSENWINKEL: Well, he had to finish his doctorate at Rutgers University, and so for about a year—oh, a year and a half, almost two years, we lived in New Brunswick, New Jersey, while he finished his doctorate, and I worked as a substitute teacher. It was really difficult for me because I had never known black people before, or any of these ethnic minorities, had no cultural perception. I was given the very hardest classes where we had people who could hardly read, and after about six months of that I said I'd had enough. It was very frustrating. I'd go home crying every night because these kids didn't care about English literature, they couldn't—they spoke black English, they did not have inquiring minds; they were in school because they had to be there, because they were not young enough to escape being in school; and it was quite a zoo. So, I decided I didn't like disciplining people, so, then, after we moved, I decided to stop the teaching.

ASH: And where did you move to?

ROSENWINKEL: Well, after about—let's see, where are we? About '63 or '64 we moved to Ely, Minnesota, in the northern Mesabi Iron Range, where my husband had a job at a community college. He taught there for about—close to three years—well, about two and a half years, maybe a little bit less. He was working on his dissertation, and I was not doing anything, so that was nice. I had a rest from school, but after—and I read every book in the library that I wanted to.

This was a town of three thousand, and the temperatures were forty below zero, and I loved it. I really enjoyed the people—because they were Finns and Slovenians—and the lifestyle and the food; and just learning about these ethnic groups was interesting, as well as learning about taconite mining. And so, I really enjoyed that; but I got restless because it was very limiting, and started to go to Duluth, to the University of Minnesota at Duluth; first, to see if I wanted to go into librarianship, because I was encouraged by various people that said, “You’ve got that kind of mind.”

So, the archeology had struck out, and the teacher education, although I have never regretted that, struck out. Then, I decided to try librarianship. I took summer courses and did extremely well in them at the University of Minnesota at Duluth. Then, I spent the next couple of years going part-time to the Twin Cities. I left my husband in Minnesota, in the north, doing his teaching, and then lived with my parents-in-law in St. Paul and went to Minneapolis to the University of Minnesota.

ASH: You sound very committed to library school by this time.

ROSENWINKEL: I was, yes. And I decided I wanted to go through with it, and finally did; and graduated in '66, finally, when I was actually living in Oregon. I did this very part-time. I wish I could have done it another way, but I didn't; I did it very piecemeal, very part-time.

ASH: You were already living in Oregon, then?

ROSENWINKEL: Yeah.

ASH: You were working here?

ROSENWINKEL: Yeah. My husband got a job at Portland State as a professor of biology, an assistant professor of biology at Portland State, and in September of '65 we left Minnesota. He had almost finished his doctorate by then, and he qualified for a professorship at Portland State University. We moved here, not knowing a soul, because this was where the job was and this was where the



money was. He was hired here to teach biology, and this is where he stayed for a number of years. And that's how I came to Oregon.

I had no idea what Oregon would be like, except for my brother-in-law, who had been a minister, a Protestant minister, up in Ellensburg, Washington, who said, "Oh, Oregon is the most beautiful place. The Pacific Northwest is a wonderful place, so you'll really enjoy it." And we certainly did.

ASH: Well you were already interested in the outdoors anyway.

ROSEWINCKEL: Yeah. I had learned to cross-country ski up in northern Minnesota—well, I had skied since I was a child, and I learned to cross-country in northern Minnesota on old hickory skis. Then I came to Oregon, and they were just starting to develop cross-country skiing as an interest here. I got right into that and got right into backpacking. In '71, I joined the Mazamas and have been with them ever since, and this is mountain climbing. And so, I got into a lot of outdoor things, a lot of adventure things.

ASH: Then you came here, and what was the first job you had?

ROSEWINCKEL: The one and only job I've ever had—the one and only place I've ever worked in librarianship has been what was then the Library at the Medical School. It was called the University of Oregon Medical School Library. I started here in October of 1965 and stayed here almost thirty years and retired officially in December 31 of 1994. How I came here was very serendipitous.

I was looking for—when I first came, I didn't have the library degree, I didn't have the union card, and just wanted to get on in the library to get some practical experience—at a clerical level. So I applied to Portland State to Jean Black, who was the director. She said there was no room in the inn there. Then, I heard there was a job opening up here, through the library grapevine, and I'm coming in absolutely cold, with no degree and no experience, really.

ASH: You had courses under your belt.

ROSEWINCKEL: I had courses under my belt, yes, but no practical experience except what I had done in historical things at the University of Minnesota. And so, I came up and interviewed with Margaret Hughes, who was the new head of the UOMS [University of Oregon Medical School] library here. We found we had a lot in common. Margaret Hughes was from Canada, she had the same background as I had, except I grew up in Quebec and she grew up in Ontario. And she said, "As long as you get a degree within a year, then we'll take you on." So, she gave me my first chance. I started as cataloging assistant to a very detail-oriented woman, a cataloger by the name of Ora Goodman. That was in the fall—that was October 1, '65, when I started. And that's how I started.

I spent a whole year upstairs in the Old Library learning about cataloging, and Ora Goodman couldn't understand my writing, so she had me practice penmanship. The call numbers on the back of the title page were written by hand at that time. And I can remember, still, writing very, very carefully, and that's how I learned how to print really carefully. My writing most people still cannot read, which is fine with me, but I can take dictation almost verbatim very quickly with my own little system. But, when it comes to making my writing readable, I print. I learned that from Ora Goodman after about—well, eleven months or more of working with her in the catalog department.

And this is, partly, where I get my interest in detail. I'm very interested in details of anything. I'm interested in a wide variety of subjects in life, and then I like to delve into the details. And, I think, part of that comes from working with a cataloger who has an extremely and infinitely detailed mind. So, I did my apprenticeship in cataloging under Ora Goodman.

ASH: Now, in those days, when you did cataloging, you did type out the cards, you didn't hand write the cards?

ROSEWINCKEL: That was the other thing. No, no, we had the Library of Congress Classification System here, and we just typed up the cards. I think shortly after—about, oh, I would say the late sixties, early seventies, a little automation was coming in, where we had photocopy machines. I think—I don't know the exact year, but I would say in the late sixties—we got our first

photocopy machines, and they were able to duplicate the cards. But, at first, we were typing all the cards. And we got to the point where we could—Sheila Osheroff, the cataloger at the time, was here. I can remember her, in the seventies in particular, putting these cards on sort-of templates on top of the platen on the photocopying machines and reproducing these cards. Then, the headings would be typed on the cards after. So, I spent a lot of time typing headings on cards.

It was basically what we would not call a professional position now. It was a cataloger's assistant position, because I never really cataloged the books exactly. But, I did a lot of looking in different indexes and things to see about the details about the books. Then, I could feed these to the cataloger and she would assign the call numbers and all of this.

And, I spent a lot of time with catalog drawers, filing by the *Anglo-American Rules*, filing these cards in the catalog drawers. And, that was very boring; but it gave me a very good sense of the ABCs and how the Library of Congress Classification System was arranged. So, I was getting experience.

ASH: Were you also taking courses or you were finishing your library degree at the same time?

ROSEWINCKEL: Yes and no. I worked here from October until about the beginning of spring and then took a spring class and a summer class at the University of Minnesota to finish up, and then, graduated in August of '66. So, I was only here a few months being a cataloger's assistant and then went back to library school. And once I got that degree, then that changed my status somehow.

ASH: How (laughter)?

ROSEWINKEL: I did less cataloging and I did more reference work. And Margaret Hughes took me under her wing and showed me the medical indexes and all of that. I should say, when I first started I was very—when Margaret offered me the job of being cataloging assistant, I was very apprehensive because I had no medical background, I had no association with medicine, I had no connections. I knew they spoke a foreign language, and I didn't really have any library experience. So, it was a giant step for me to make up my mind to even try this. And having had the difficulties in teaching, with discipline and all that, I was very apprehensive about anything, about working at anything, I guess. So I took the plunge, and you just learned on the job. That was how it was, and you learned; you picked up the terminology.

ASH: But then you came back with your degree.

ROSEWINKEL: Then, I came back in September of '66 with my degree and then got really into doing the reference work, because Margaret was an administrator. She had become the administrator of the library, and she just didn't have time.

At that time we were serving physicians downtown, and we had a courier service. Sometimes, we were the couriers. But people could call up and ask for things to be delivered to their offices downtown. When I say people, I don't mean nurses, because we were a medical library, and "medical" meant we serve only—it was open to nursing, but our primary clientele was physicians in town as well as faculty here and medical students here. But the emphasis was on the physicians. They had the corner of the market, so to speak. So our job was to give good service to physicians, both on the Hill and off the Hill. And the fees from the Board of Medical Examiners—that was part of the license fee that physicians paid—came to us, and that's what supported the service.

So, we had a courier service that—I think it was two days a week, and then later one day a week—would go down to the physicians' offices. We would get the physical journals they wanted and parcel them up, and they would be sent for a week or two down to the physician's office. And, it was the same with the reference service. The reference service we did was—they would ask us

questions—this was before the days of computers—we went by hand through the printed *Index Medicus*, we selected the specific articles. When photocopying came in, we would xerox the articles, but before that, we'd send the actual journals, as long as they weren't too current. And it was just amazing. When I look back now, I think of what we do now and of what we did then. We actually did a personalized reference service for these physicians, and they loved it! They thought it was great.

ASH: What about outside the Portland area? If the Board of Medical Examiners was giving money, were other physicians in the state able to use the service as well?

ROSENWINKEL: I don't remember the details, but limitedly, yes, we would do something; we would package up maybe one or two journals to them and ship them out, and then, they'd ship them back. So it was really like an interlibrary loan-reference service. We did it more limitedly for around the state. We didn't seem to get a lot of questions, but occasionally we did. It was determined on a case-by-case basis of how much we could do, because we had more than enough to do to run a reference department here and just answer questions from the medical students and the physicians on the Hill and those in the Portland area before we did too much in outreach. I would say it was quite limited in what we could do.

ASH: And how many people were on the staff of the library around that time?

ROSENWINKEL: I would say it was about—I thought about this, and I think, it was about four or five people. We had, for example, someone who did circulation—that was Marie Wagner; we had Margaret Hughes, who did the administration and some reference; we had me, who did most of the reference after a while and all the history of medicine; and, then, we had Doris Herse in cataloging, who—well, acquisitions, cataloging; and Ora Goodman, who was a cataloger; and, then, we had one other person, a Mrs. McElveny, who was like a circulation clerk and did overdues and all those things. So that's six, and then, we had the occasional student assistant who did shelving and things like that. And all

of us were housed in the first floor of the Old—the main floor of the Old Library across the street, there, and it wasn't until about—and we were very cramped in space. About '67 they build a second floor to the old library, and that was really good, because then we had a lot more space.

And, I would say, the group was a very cohesive group. Margaret and Marie were personal friends, and others—it was like a big family, and they looked out for—we looked out for each other. And I was the youngest kid on the block, so, I was sort of protected. I was taken under Margaret's wing or Marie's wing, and that lasted quite a long time. They were showing me the ropes, really.

And Miss Hallam had just retired, and—it was an interesting situation, because she had just retired, and Margaret had been here from 1937 till 1965, and she was learning how to be an administrator. She had been under Miss Hallam's shadow for that number of years, and she was learning to be administrator, and all kinds of things happened. For example, the first major thing she had to deal with was a building project. Well, we were not architects or anything, and we had to learn along with everybody else. As well as the hassle of daily operations, you have construction people opening the roof and adding a story to your building.

ASH: Now, do you remember Miss Hallam?

ROSENWINKEL: Yes, quite well.

ASH: Can you give us a picture of her?

ROSENWINKEL: Yes. She was a person that you never forgot. She founded this library in 1919 and was its chief adherent and chief librarian until 1975, June or July of '75 when she retired. I think it was June of '75 when she retired—excuse me, June of '65 when she retired, not '75, '65 when she retired.

She retired about three months before I came, but she was a lifelong friend of Margaret Hughes, and I ran in the circle with Margaret Hughes, and so I got to know her quite well. And she and Margaret were very close. It was almost like a

mother-daughter relationship, because Margaret never had children, and Miss Hallam didn't, either. They were good friends as well as professional colleagues. So the social and professional were very interactive. They would work together all day, and then, they would do something social, sometimes in the evenings, or they'd go out for dinner together. It was a very different situation than we have currently.

My remembrances of Miss Hallam are that she was—first of all, physically, she was under five feet tall, and she was just a little lady, but she was a very powerful little lady and generated powerful vibes. When you were talking to her, she was very lively and very outgoing, but there was a power there. You could feel an inherent power. I don't know how to describe it. An aura, maybe, or a power of some kind that nobody was going to walk over her; nobody was going to depress her.

And, she was very, very devoted to her job—that was her life—and very devoted to her “boys.” And her “boys” were the medical students that she was pushing through and helping, and I think she was mother confessor to some of the medical students. Now, this was never talked about, but from what people have said in later years, I think that—I think Margaret told me one time that Bertha had—Bertha Hallam, that is—had paid for the—or helped give scholarships and money to some of the medical students to get through school. Because some of them came from very poor families and couldn't afford it. She was the anonymous benefactor—benefactress—to some of the medical students.

Well, she was absolutely devoted to this. I've never seen anything quite like it since. And they regarded her as their sort of surrogate mom. They'd come over and talk to her—usually not during the day when she had to run a library—but at other times, you know, like lunchtime or something like that. And it was just amazing the faith that these people had in her, and they thought she was a god. They really thought she was a god. Bertha could do no wrong.

So we had a situation where she was also devoted to librarianship, to medical librarianship, which wasn't really in the—well, I guess in the fifties—was not really organized that well. There was a very loose Medical Library Association.

It had no national office in Chicago, as it later did, and people just sort of knew each other—as in a loose network. She was always going to meetings; she was writing for the *Bulletin of the Medical Library Association*; she was on the National Board Of Directors; she was always into something. And, she traveled all over the country, as much as the funds would allow, and she also was interested in the history of medicine. So, I would say, she was a very dominant and very powerful figure in medical librarianship through the Depression and up until the sixties. She had a remarkable career.

ASH: I remember hearing stories about the Library Committee. Was it Bertha Hallam or Margaret Hughes who always served peanuts at the Library Committee meetings?

ROSEWINCKEL: I don't know. I've not heard that story, no (laughter). You mean people would run as a result of the peanuts? No, I don't remember that at all.

I know that in the Library Committee with Bertha, and then, later, with Margaret, there was this very close relationship of these physicians who had been medical students here that were practicing in town. There was a very close relationship between them and their *alma mater* here. And so, when they served on the Library Committee, they were men of influence. They got to be men of influence when they started their careers, and many of the gifts to the library came from this network of "Bertha's Boys," I would say. But, I don't remember about the peanuts at all.

ASH: Do you remember anything about the Library Committee or how Bertha and Margaret discovered from the faculty what their needs were?

ROSEWINCKEL: Only that both these librarians had close relationships with their clientele—close personal relationships with their clientele; and if there was something that was needed, or something—an opinion that we would need—she would have certain—they both had certain key people they would talk to. And, they both had close relationships with the heads of the Library Committee, and things were channeled that way. So there was this close interaction. So, I would



say that, generally speaking, they were close to their clientele in a personal way, and in that way, opinions got solicited and funds came out of nowhere and things proceeded.

ASH: There was a Library Committee throughout those years, as far as you remember?

ROSENWINKEL: I did not get involved in this. I was the lonely reference librarian, really. I would say—I really think that—I think, maybe Bertha had a kind of Library Committee. I don't know whether it was called that, but she had a coterie of people that she talked to. But whether it was called a Library Committee, I can't tell you. You'd have to look back at the archives for that.

Margaret definitely did have a Library Committee with selected—with people who were genuinely interested in the library—and they could be from the town or they could be from the campus. So there wasn't this horrible division of "town-and-gown" that happened later. There was an integration there. When Bertha retired, for example, it was members of her group or her circle who presented her, knowing her interest in the history of medicine, with very expensive—thousands of dollars worth of rare books and established the Bertha Hallam Memorial Fund in the History of Medicine for her. That came out of what I would call an early version of the Library Committee.

When it came to establishing—I guess, establishing first, and then later, in the middle seventies, I think—they also refurbished the History of Medicine Room, what came to be called—was originally the Historical Book Room—but then was the History of Medicine Room. The money came from the alumni, and again, it was from the members of the Library Committee and their contacts in the community. And, that was how that got done.

And that's about as much as I can tell you. I wish I could tell you some little vignettes. One vignette that does come is that every time there was a Library Committee meeting...

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

ASH: So everyone had to run around getting ready...

ROSENWINKEL: Getting ready for the Library Committee—right, because these were important men—never women, rarely women—coming up to spend their valuable time with their colleagues and deciding about library things.

ASH: Were they, as you recall, held in the History of Medicine Room?

ROSENWINKEL: Yeah—well, either in the Fireside Room—probably more in the Fireside Room than the History of Medicine Room, although occasionally, if somebody wanted to see something, then they would be given the tour. But I would say in the Fireside Room, because that was on the same level as the rest of the main part of the library and it was easier to get food and stuff in there. I think, towards the end of Margaret's tenure, in the middle seventies, you know, we would have things catered and we didn't then have to bring cookies or something.

ASH: Peanuts?

ROSENWINKEL: Or peanuts, for all I know. But we always had satisfied people.

And there were some controversies on the Library Committee, too. It wasn't all hail-fellow-well-met kind of thing. There were building decisions to be made and purchasing decisions. Now, I won't say that the Library Committee acted as an acquisitions committee; that was not its purpose. But if there was any controversy or if there were important decisions to be made, Margaret would always consult the Library Committee or the head of the Library Committee, as the case might be... whatever was practical. And there were many arguments about various—you know, "Should we get these journals or this journal or that journal," and "What are the needs of the library," and "Shall we do this or shall we do that."

And, when the technology came in in 1970, we had the AIM-TWX, which

was an early teletype prototype of MEDLINE. When that came in, we had to buy equipment, and, of course, the medical school here was perennially poor and the library was perennially poor, and the question was, “Should we get involved with this new technology?” I think the Library Committee got involved with decisions about photocopying machines. Anything that was out of the paper-and-pencil kind of thing, where you had to spend a large amount of money on something, the Library Committee got consulted. Of course, they didn’t know much more than we did, and they could just give opinions. But, generally, we did involve ourselves in all the technology that came along, and we’re very glad we did. But, it was making those tentative decisions about technology that was really unknown. We didn’t really quite know what it could do and how it would revolutionize our medical library lives.

ASH: When you think back to your early days here—you’ve characterized the staff as being a close-knit social group. Were the head librarians, both Bertha and Margaret, did they work with the deans at all? Was there an association with Dean [David] Baird or Dean [Charles] Holman?

ROSEWINCKEL: I would say yes, there was. Under Bertha it was closer, because I think that the number of people at the Medical School then was smaller. If you’re thinking of, perhaps, the sixties, I would characterize that by more of an integration of, say, Bertha and the deans or the medical faculty, because it was a very small group.

When it came to the later sixties and the seventies, the number of people on the Hill here expanded greatly, and Margaret, I know, had good contacts with the deans because she had to report to, I think, Charles Holman, for example. I don’t remember the others’ names, but she had to report to the Dean of the School of Medicine. So I would say that it was a formal relationship, but Margaret had a formal relationship with Charles Holman, for example, but she always felt she could call him and get answers to questions, if necessary.

Going back to the sixties again, I would say—well, maybe in the forties, fifties, and early sixties—the librarians always went and had coffee in the cafeteria in the school of—in the Medical School building, now Baird Hall, and

they were—they did not have coffee with the guys, the faculty members *per se*, but with their secretaries or with their administrative—what we call administrative assistants. Even though they had faculty status, they were not equated as equal to, you know, heads of departments or anything like that, heads of, say, the pediatrics department or something. They were regarded as something between super secretaries and, you know, department heads. So, they would have coffee and have social relationships with administrative assistants to the more powerful department heads, and they would always know what was going on. And that was important, because they had wind—if there were new programs, they'd know about it. It was really beneficial to the library. Although in later years, when we had all kinds of wrangles about faculty status and who should have it, and when we were doing management by objective and all that sort of thing, it was just like a different world. We didn't know that then.

So those intimate years were really good for the library in the sense that we knew before a lot of other people knew about what was going on simply by having coffee with colleagues.

ASH: And were you part of that group?

ROSENWINKEL: Sometimes I was, but this was a generation ahead of me, and a lot of their interests were not mine. I would say I was an observer more than a participant in this. And I still know these people to this day, like Gwynn Brice Dockery that you've interviewed, and other people that we might mention. I still know them, they know who I am, but I would not say that I was cozy with them, because they were light years ahead of me. They were fifteen, twenty years older than I was, in most cases, so I didn't really socialize. But if they wanted something, they knew they could call me up and say, "Heather, we need such and such," and I would get it done immediately because I knew they were asking for somebody else.

ASH: So that in a way, these people associating with the library staff got their jobs done better and faster and easier as well because they had contacts in the library who could help them.

ROSENWINKEL: It's the old scratch-my-back-I'll-scratch-yours kind of thing.

And also because we knew the people, and that made—I shouldn't say it made a big difference—but they were able to get things done easier, yes.

ASH: I'm thinking about communication. For example, if something were to change in the Medical School, they decided to change one of the programs, would a memo be sent to the library, or would everything rely on this informal communication network?

ROSEWINCKEL: I would say that there was not formal communication like that. We never had anything like we have now when these high-priority messages come over the e-mail from the President's office. It was all very informal. The library was probably not notified; it would be by the backdoor that we'd know about program changes, perhaps because a new department was created or a new department head was coming. We'd hear about the ramifications of the selection process or something like that. But no, I would say, usually, that major things would *not* be sent to the library. We had to find out. And that's been a perennial problem through the years, of finding out what's going on at the upper echelons and how it's going to affect the lower echelons.

ASH: Well, within the library, then, how was communication taking place? Were there memos there going around?

ROSEWINCKEL: Yeah, there would be typed memos that would go around. And when the library became more departmentalized with the large number of staff—I would say that would be in the early seventies—we had to get more people to handle the workload. We had more qualified librarians on addition to the originals. Some were librarians and some were not, although they were treated as such. The physicians became much more professionalized, and the communication went down from, say, Margaret to the department heads, and then it went down to the clerical people. But there was a hierarchy created eventually, and the communication came down through the levels of—through the chain of command.

ASH: So in the beginning when you first came here, there were not departments, you were a team. You were a reference specialist, however.

ROSENWINKEL: Yes. It was more like people had—like the whole reference department equaled Margaret, and then later me. And we each had our specialties and our areas of responsibility, and so there was no department *per se*. That developed over time. I would say that, for example, Marie Wagner was known as the circulation librarian, although she did not have the MLS, but she did the functions of a circulation librarian. She ran the Circulation Department, she did the overdues, she checked on the students, as an example, and, then, I would be doing reference stuff, and Ora Goodman would be doing cataloging. So, no, there were no departments *per se*, although they naturally evolved towards departments over time.

ASH: We characterized pretty carefully Bertha Hallam. Can you characterize Margaret Hughes in a similar way? Can you describe what she was like?

ROSENWINKEL: Yeah. I would say that she had some Canadian reserve. What I mean by that is, she—Americans generally are characterized as being friendly and outgoing. I would say Margaret was quiet at first, until you got to know her, and reserved to some extent, but after that, after you got over that initial reserve, she was the best friend you could have. She was very friendly to the people she knew and to the people she didn't know as well, depending on the social situation. And she was always interested in what was happening to people. If she had a professional relationship with a department head, she would always ask—it was usually a male—she would always ask, “Well, how is your family doing?” and all of this, and then they would get down to business. So there was always a lot of social interaction. Margaret was very interested in knowing about the individual and about the people that individual was associated with as well.

She was extremely interested in her job, and medical librarianship was her life, a lot of it was her life, although she had many other interests, too, but it was a great focus. And she worked long hours and long days, and at first she worked weekends as well. She was well known around the country. She was Bertha's protégé, and she was introduced to key people in other places. There were not that many medical librarians then, and so people knew each other quite well. Eventually, she was elected to the National Board of Directors of MLA [Medical

Library Association].

She did not publish, I don't think, like Bertha did. She was much more involved in administration of the complex situation here. She was the one who had to deal with the new technology coming in, the teletypes and the beginnings of MEDLINE and all of this, and so her contributions were different than what Bertha's had been.

She and Marie Wagner were great friends. They were both interested in things international and in traveling. We often had residents or visiting scholars from different countries. Through their social network here they would take these people and introduce them to their friends here, would pick them up in their homes sometimes, would take them around, be tour guides for the greater Portland area, and really give these international people a wonderful stay. That, most people could not have done, and they did that for many years. And these people—they were sometimes medical librarians, they were sometimes scholars, as the case might be—and they kept in contact with these people for, I'd say, maybe fifteen, twenty, thirty years after. They were from Japan, they were from Austria, from Germany, many European countries. And that was a wonderful contribution they made to these people being fixed—being—I was going to say fixated. I don't mean that. Being focused on having a relationship with this school and their home institution. I think it enriched many lives that way. Now, that was partly professional, but it was also partly social.

Margaret was a person who supported the medical students as well, not as much as Bertha had done, but she had certain ones she knew well. She was always interested in what was going on in the town and had contacts on the Board of Medical Examiners, with various funding groups—I think, the Portland Surgical Society and some others—had a very strong interest in the history of medicine, and got a lot of money from the alumni for the history of medicine things. And so, she made great contributions in that respect, too.

When she retired, she decided that even though medical librarianship had been a large part of her life, she decided that when Jim Morgan came in—when I came in first as acting director of the library in '75, and then Jim Morgan came in

later, she decided that she didn't want to have—that that phase of her life was over, and that she was very interested in medical librarianship still, but she wanted to break with that. And so, she and Marie took a trip to Yugoslavia on a ship, and they were gone—and they went through about half the world, I think. She broke that connection then, deliberately, and I always admired her for that, because it would have been so easy, living within walking distance of the school here, to have advised. And she advised—if asked, but didn't continue the connections. She continued, after she was retired, to go to MLA meetings and regional meetings and the occasional national meeting. That died out after a while because her social contacts were dying off, and so she didn't continue.

ASH: She did continue being involved with the school...

ROSEWINKEL: Oh yes.

ASH: ...with the Medical Faculty Auxiliary and volunteering.

ROSEWINKEL: Yes, very much so, but she did not continue to be involved with the library very much after I came in and after Jim—Jim Morgan—came in. She thought that it was our bailiwick to continue whatever we had to do when she was done. And it was a conscious decision. I don't think that happened when Bertha Hallam retired. I think she was the sort of the person behind the throne a lot—some of the time. But it was quite different when others after Margaret came in. She thought that was enough.

ASH: Do you think Margaret made that decision based on her experience with Bertha?

ROSEWINKEL: Possibly so. I really think so. I was just surprised that she retired, and then the next thing I knew they were off for three months to another place so that they would break that connection. I think it was a deliberate decision.

ASH: Was she gone when you were acting director?



ROSENWINKEL: She was gone part of the time, yes, when I was acting director, and so I had to rely on other people instead of on her. I guess each person has their own experiences in administration, and she felt that—with all the technology coming in and everything—I think she felt that her time was finished. She wanted to be connected with medical librarianship, but in different way than what she had been connected previously.

ASH: When you were acting director, that was '75. That was right after the University of Oregon Health Sciences Center was pulled together as a university. Do you remember any of how that came about? What were you told about why we were becoming a university?

ROSENWINKEL: I don't think we were really—I don't remember being told very much. What we learned, again, was by the grapevine or by our contacts or by memos, maybe, that were sent out. It seemed to me that there had been so much fragmentation previously to this union of the three schools of nursing and medicine and dentistry. Each dean had his own private bailiwick in his school; there was very little contact between the schools. It was like three fiefdoms, is what it amounted to. And there was limited state money, there was limited grant money available, and I think—I don't know who created the union, exactly, it might have been the legislature, I don't remember the details now—but I think they felt that together they would be stronger.

What I do remember is there was an awful lot of emotion and an awful lot of controversy in trying to pull the three schools together, because the School of Nursing always felt like the poor stepchild that was not equal to the School of Medicine; the School of Dentistry was always way over there somewhere and doing their own thing, and they didn't think they had that much in common with the School of Medicine. Always the School of Medicine was the kingpin that got the grants, that got the favors, that got the prestige, and the other two were either not recognized or were doing their own thing somewhere. And especially the School of Nursing. It was a time when nurses asserted themselves to become independent practitioners, and there were a whole lot of exciting external things going on. I think the legislature and the deans, some of the deans, felt that they had to pull together.

But the Library staff, in all of this, had some changes—in that we finally recognized that nurses existed and that nurses had some power and that nurses should be served equally to the medical students. Before that, the nurses were the poor stepchildren. We served them, yes, but we didn't serve them to the same degree as we served the medical students. The medical students were number one, the nurses were somewhere down at the bottom.

So, I think with this amalgamation of the three schools, the Nursing School became much more assertive, the nursing students got more goodies in the sense that we were able to—with some money we got, were able to get more books and journals in nursing. Nursing became much more of a high-level profession. But it was not easy. I mean, we had never heard of integrating before, and it was very hard. I don't think it hit the Library so much, but there was so much clamor and warfare about who was going to get this and that.

And the first—I think the first president was Bluemle, Dr. Lewis Bluemle, Jr., M.D., and he had to do a lot of putting out of fires and soothing ruffled—(laughing) I was going to say wrinkled—soothing ruffled feathers—so that this thing would work. And it took a lot of work for the deans to even pull together and just to get things going. So it was not easy. It was a very controversial time and a very emotional time.

ASH: From the library's point of view, you had served the physicians very...

ROSENWINKEL: Fully.

ASH: ...fully, carefully, and well, and when a nurse called with a reference question, was there the feeling that they were not the primary clientele up to that point?

ROSENWINKEL: I would say so, yes. We would do what we could, you know, but if there was a—if it was a choice of “do we do the physician or the nurse first?,” then we would do the physician first.

ASH: Now, what happened when the dentists came along? Did you feel anything

in the Library with the Dental School being brought into this?

ROSEWINKEL: Not really, because they had a separate librarian. We were informally colleagues and we went to the same meetings, but there wasn't that much—we were not that affected, because, basically, we served medicine and nursing, and that was about it, and dentistry was over here doing their own thing. We, informally, would, you know, do interlibrary loans between each other, and if the dental librarian couldn't answer a particular reference question, then we'd help that person, but I wouldn't say it had a major impact at all.

I would say the major impact was the poorer status of the School of Nursing. For example, when Jim Morgan came in, one of the first things he did, as I recall—although he can tell you—was, we had a Physicians' Reading Room. The physicians had, over time, furnished this room and provided money for this room, so they'd have a nice lounge behind double-glass doors and a relaxing place to go and a fireplace and all of this. Well, we had two of them in the Old Library, one at the north end of the building, one at the south end of the building. Well, nurses were not allowed to go in there; neither was anybody else. This was for the physicians alone. Well, one of the first things I recall is, when Jim Morgan came, that we had to open those Physicians' Reading Rooms to anyone. It was no longer the physicians that had the...

ASH: Clout.

ROSEWINKEL: Clout, thank you...the clout, and that we had to become much more democratic. It was no longer this elitist, exclusionist kind of service. I think the School of Nursing really did have a lot of truth in what they said when they said that our services could be "improved," shall we say, to the nursing students. And so I think about '75, '76, when so much was happening externally in nursing and in medicine in general, and the technology was coming in, that we had to change our policies radically.

This was a time when old warhorses like me, especially—not myself only, but those of us who had been in the profession for a while, had to think through our service priorities. And I know Jim came in, and with this Physician Reading Room thing it was much more of a democratization of our clientele. Who were we going to serve, how were we going to serve them, what were we going to do, what were our policies going to be. And so, we had a lot of changes as a result of the rise of nursing on the sort of “medical scene.”

ASH: I imagine this was hard for the physicians. Was it hard on you as librarians?

ROSENWINKEL: I would say so. Well, I guess you’re used to doing things a certain way, and then you get a new clientele, and you get a new clientele that is quite vocal, and so you have to do a balancing act and you have to be very diplomatic. And not only that, you have to change your mindset. You have to think through, well, these nursing people have rights as well as the physicians. We have to democratize our services. And I would say that it took a while, it took a year or two, before we—well, it depends on the individual, but it took a while for our policies to change and to get used to the new medical frontier, shall we say, medical-nursing frontier. After a while we thought nothing of it. This is the way we do things now.

But always, when there’s a time of change, it takes a while for people to embrace change, and it has to be evolutionary, and you have to thrash all the details out, and so forth. That’s exactly what we did, and we did become much more democratic, I would say, in the late seventies than we had been previously. I was brought up with medically—I mean, professionally, that you serve the physician and you give them the best service. So it took a while for me to understand that dentists and dental students and nursing students and allied health, which was just starting then, they had rights and needs, and we served them as well as we served everybody else. Just because it was a physician doesn’t mean you just about bow down. And it took a while for that to penetrate to some of us.

ASH: Let me ask you, because this is associated, about gender and women versus men, because actually it hadn't occurred to me that with the rise of nursing you have a predominantly female profession. At that time were virtually all of the physicians that you served male?

ROSENWINKEL: Mostly, yes. We would have a few females—but they were regarded as strange—wanting to go into medicine, and prejudice was alive and well here. For example, most of “Bertha’s pets” were—you know—people she knew well and were friendly with were men. I don’t think there were any women included in that circle.

If you look at the admission records for that time, and we’re talking about, again, early seventies, middle seventies, this was when the women’s movement was starting, and there was all this clamor by women to get into medical school. I remember hearing about many controversial meetings that the School of Medicine Admission Committee had about whether certain women should be admitted or not. Now it’s about fifty-fifty, but then you were lucky if one class of—oh, I’ll guess—a hundred students, if you had five or six women. And they were given very hard times in the anatomy labs and all kinds of tricks were played on them, and sexist jokes were told in anatomy classes. And it was this way across the country. We were no different, but we reflected the ethos of that time.

So once we got used to the idea of women medical students and male nurses—these were quite controversial, especially the male nurses—we served everybody, then.

And I think that was a wonderful development in the health sciences, because we never heard the word “health sciences” either. We were now a “Health Sciences Center.” Well, what was a health science? And the philosophy of that evolved over time as well, and eventually—I’d say by 1980—we were serving everybody as well as we could—with the resources we had. And our resources were never great. We survived, and, you know, we had our ups and our downs, and sometimes we got windfalls and sometimes we didn’t, and sometimes we got, you know, surplus monies from somewhere. But, the library was never generously funded; it was always a survival to meet our—you know, to serve

everybody and to buy the new machinery and to buy the journals and books that we needed to preserve our mission.

ASH: Now, what about the mixture of genders on the library staff? Because when we first started talking, I can't quite remember when you mentioned a male on the library staff, but when you first came here, and you named the people, they were all female.

ROSENWINKEL: Yes.

ASH: At what point do you recall a male on the staff, and in what capacity?

ROSENWINKEL: Okay. Well, when I first started in the sixties, as I said, we were a little female family and understood each other and all that, and, you know, worked pretty well as a unit, I would say. The only males we had from—for the first ten years I was here were the students who—the medical students who worked as our pages and shelvees and all of that. So the only males we had—we met, at least on the staff, were the shelvees.

ASH: And were they the ones who were also Bertha's pets or...

ROSENWINKEL: Some were and some weren't. It just depended on who was available.

ASH: I was wondering how they got to know her, because usually medical students don't use the library for...

ROSENWINKEL: Well, that's true, but I think—I can't really answer that except to know that they were around, and somehow—it could have been through a social network or social contacts or maybe they stayed in the library a lot and Bertha was here, something like that. I really can't answer that.

So we didn't have male professional librarians. We still don't have very many now. It wasn't something that, I guess, that males gravitated to, at least, here. I would say the first male librarian we ever had was Jim Morgan, who came in '75 or '76. I don't recall anybody before that. So it was basically a female

profession doing a female thing. I know in the seventies when the National Library of Medicine was promoting this new technology, the teletype and, later, the computers, various varieties of computers, we had great rivalry between our female librarians here and what became the Regional Medical Library in Seattle. For many years, like, I don't know, thirty, forty, Oregon had been the main source for things medical...

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

ASH: ...December 9, 1997. Joan Ash, interviewing Heather Rosenwinkel, Tape 2.

And we were just talking about the rise of the University of Washington and the Regional Medical Library and the rivalry between this medical school and that one.

Now, you recall the day before there was a medical school in Seattle.

ROSENWINKEL: You know, that I'm put in a corner on this. I'm not sure if there was a medical school in Seattle. There must have been a medical school, but...

ASH: Fifties, it started.

ROSENWINKEL: Yeah, so I came in the sixties, so what I'm going to say is just that there was a rivalry between the libraries at the University of Washington Medical School and the University of Oregon Medical School. And then, when the National Library of Medicine started establishing the regional medical libraries, then the question was who was going to be the kingpin medical library in the Northwest. And we'd always had a sort of informal rivalry. Maybe we didn't call it that, but there was, whether we liked it or whether we didn't, between the services that we gave here and there, and sometimes the professional librarians about what they were doing and who was going to get this plum or that plum. And this was exacerbated by the plum of which institution would become the regional medical library. I can remember Margaret stewing about this, and the staff here

stewing about this, when we needed to make a proposal about—we had to analyze our staff and analyze our resources and our budget and what would be required to serve an entire region as opposed to serve a state. I think we thought very seriously of it. I can remember staff meetings of the professionals talking about this, but in the end we decided not to. It was stretching it too much and stretching our staff too much, and we weren't that well funded to begin with. We decided for a number—and also for political reasons, I think. I don't think the president or the deans were in favor of this, and you had to have great support from the hierarchy here, so we decided not to apply.

But that didn't mean that there wasn't a professional rivalry. I mean, that's sort of continued to some extent over the years in the eighties. Not so much now in the nineties, but especially in the eighties when various plums were available and various grants were available. It was always about what's Oregon going to do, what's Washington going to do. But, way back when, in the late seventies, early eighties, when all this stuff was starting up, there was that rivalry.

ASH: I think the rivalry must have started while Margaret was still...

ROSENWINKEL: Probably, in the early seventies.

ASH: ...and with Gerry Oppenheimer the library director up there?

ROSENWINKEL: Yes, exactly.

ASH: And so they went ahead and applied, but had no competition.

ROSENWINKEL: I guess so, yes.

ASH: Interesting. Probably a wise move.

ROSENWINKEL: Probably, in retrospect, it was, because I don't see how we could have. I think partly the reason the University of Washington became the regional library was because they had a whole university behind them. They had other resources that we didn't have here. We were in a unique position, being a



stand-alone university, originally part of the University of Oregon, but really, since that was a hundred miles away, it wasn't really much of a backup for us. We were closer to Portland State, which had limited resources, too, whereas the university—UW—had, you know, millions of books and librarians and everything you could imagine. That was probably a better place for the regional medical library, because we do need backups, and we just didn't have that. We didn't have the resources to buy what it would require to become a regional medical library unless we got infusions from somewhere, and I don't think that was ever too forthcoming.

ASH: Let's talk a little bit now—we mentioned space, and you mentioned the addition onto the library. What was that primarily for? It wasn't books.

ROSEWINCKEL: Yes, part of it was books.

ASH: Part of it was books?

ROSEWINCKEL: Yes, because when I originally came in '65 we had only the basement and the first floor, and that was about it. And so all our materials were kept on, essentially, two floors. So we were bursting at the seams, and our staff was very cramped, and our collection was extremely cramped, and so we had to do something. So within two years of when I came, they added the whole upper story to the library, and I think the History of Medicine Room also, but I'm not sure about that.

What I do remember is construction and going up the staircases in the stacks, and there was dust and stuff everywhere, and tarps and this and that. It was a very hard time because we were operating—it was like when you remodel your house and you live in your house. It was like that. We were operating to capacity, and our seating capacity was diminished because of the construction, and we had all kinds of complaints about dust and dirt and all of this, and this went on for many months. They opened the roof and literally extended the building up, so we had brick masons and plasterers and everything you can imagine. It was a very hard time, and we still had to operate every day, and long hours, too. We weren't open till midnight like we are now, but we did have long

hours for that time period, and weekends also. So we had to keep the building going as well as go around the construction areas too.

ASH: Then, when it was finished, was there a celebration, or do you recall...

ROSEWINCKEL: I don't remember a celebration. I remember a collective sigh of relief, Well, thank God that's done.

ASH: Because you had to move books, then, as well.

ROSEWINCKEL: Oh, yes. Then, one of the major things we had to do was order the shelving, the steel shelving, and then move all the books and journals and change all our records and everything, and it was a major, major business, and we still didn't have, really, much in the way of automated records then, either. Everything had to be hand filed and hand changed with a number two pencil, and it was quite traumatic. But we did spread out, and the technical processing went upstairs to—on the second floor, where Jim Morgan had his offices when he first came; and the circulation had a large room off the circulation desk, near the circulation desk; and Margaret had her own office; and, then, serials was in what was known as the Serials room; and, then, reference spread out and went to a sunken area at the north end of the building; and, then, the History of Medicine Room shortly thereafter got refurbished and became very nice. It was color-designed and special furniture and nice oak cases and air conditioned, and all the rest of it.

ASH: We've talked somewhat about the technology changes, but you, of all people, have seen the greatest changes in the library from the technology you had when you first came here to today. I wondered if you could comment on that progression and what it meant to you.

ROSENWINKEL: Well, I was one of the ones that was afraid of the technology to some extent. I was not one of the ones that grasped it instantly. It took me a long time to sort of realize that this was the way things were going. I came from the generation that was in library school in '65, '66, where they only had—at Minnesota they only had one course in computers, and they were teaching us programming, which I hated. I can still remember cards sorted via knitting needles all the early kind...

ASH: The (inaudible) cards.

ROSENWINKEL: Yes, yes, and I can remember that. Then, in the seventies they came in with the AIM-TWX that we had to learn, and that was very primitive and very slow, and it seemed it took us forever to learn how to do that, but we did eventually. And then they came in with, I guess, mainframes of different kinds, and then came in with PCs. So the reference librarians went to various MEDLINE training classes. I can remember, oh, in the mid-seventies going to the National Library of Medicine, staying for three weeks and learning all about Medical Subject Headings and doing basic MEDLINE and then doing advanced MEDLINE and all of this. By that time I had a fairly good medical vocabulary, so that was okay, but the idea of Boolean concepts were absolutely foreign to me. I'd never heard of this kind of logic. And some of it, to a literary person, was like reading a foreign language, learning a foreign language, and it took a while. I eventually did get it, but it took a long time. And it seemed like no sooner had you learned, say, MEDLINE, then, advanced techniques in MEDLINE, when Dialog and BRS and these other companies came along, and their methods of searching were completely different. At one point, we thought, as reference librarians, that everybody should know everything. Like you should be able to...

ASH: Every librarian?

ROSENWINKEL: Yes. Well, every reference librarian should know all the systems. You went to workshops on BRS and you went to workshops on Dialog, and then you had to know something about OCLC [Online Computer Library Center] and automation of catalogs. It just seemed like the amount of information was absolutely overwhelming.

The technology was changing monthly, and you had to keep going to classes and keeping up, and all of this. We spent a lot of time in classes and learning this technology. I think now we're more knowledgeable about how to approach this sort of thing, and we have more specialists within the technology than we did then. It seemed like everybody had to know everything at that time, but some people liked certain technologies better than others.

For example, some people did BRS searching very well, with dots before the subject headings, and got really proficient. So informally, I think, eventually, even though people had the basis of various systems, knew the basis of various systems, they specialized and became proficient in certain systems. So that if you had a BRS search, you gave it to so and so. Everybody knew basic and advanced MEDLINE well. We had to. But specialization happened within the systems and within the subject areas, too. So if somebody was really good in chemistry, any chemistry question—for which people were paying, by the way, twenty-five dollars or something—would go to so and so; and if it was psychology or a social science, it would go to someone else whose background was closer to that. So everyone knew the basic medical system, the NLM [National Library of Medicine] system, the MEDLARS system, but, then, they specialized in these other things.

ASH: Now, the big leap in my mind was from the librarians doing everything for everybody to them doing it for themselves.

ROSENWINKEL: Yes. I can remember the controversy we had, and I guess I was from the conservative school of librarianship. I thought that librarians were the specialists; they'd had the training, they were the ones that knew the technology, to some extent.

And, by the way, some of the librarians did do programming, went into programming and tried to learn the insides of the computers as well. Mainframes, mostly. I never did, but some people did.

So my feeling was that the librarians, because of their training and their natural bents for information, were the experts and that only we could get good

results on these diseases and things, or on clinical and research questions. But NLM didn't feel that way. NLM was pushing do-it-yourself searching. We didn't have PCs or anything at that time, and it was very complicated to try and teach a layman, even though they were medical students or something, teach all these basic concepts and do it in a short period of time.

ASH: Did you do that?

ROSENWINKEL: I did some of that, yeah. But explaining subject headings to a layman, or even to somebody who's medically inclined or has a medical background, is not that easy. We had to teach them to think like librarians, and we had very—you know, we had years of background on this, and they want to learn it instantly and get the same results we did. I was of the opinion that we would never be doing that, that it was not efficient. We did it because we were required to do it and because NLM was pushing it, but how wrong we were, as it turned out. But, you know, you have your opinions. One person's opinion is as good as anyone else's. But I was just amazed the NLM was pushing this.

ASH: This really changed the jobs of reference librarians, though.

ROSENWINKEL: Completely, yes. Completely, because we were spending—it was the precursor to what the reference people are doing now, where they're spending more of their time teaching people how to do searching themselves rather than doing the searching for them, so it was a case of, again—remember we talked about the democratization of service here in the sixties, early seventies. I would say the early eighties—now, correct me if I'm wrong. Maybe late seventies, early eighties was the democratization of information, where anyone who walked in off the street or—maybe, I'm exaggerating, but where the average individual would be taught these techniques. We were afraid of job loss. If people did this themselves, where was the reference librarian going to be? And there was lots of controversy, lots of discussion, I recall, here and at national meetings. What does this mean for us and what are we going to be turned into? Do we need to get second degrees? What do we need to learn this stuff ourselves? What are the requirements? It went on and on.

And it was really a new world, completely, because the technology was pushing these changes, and we didn't realize, I guess, that people wanted—we had always been handmaidens to the medical community. We would get what they wanted, provided we did a good reference interview, and they would pay us or thank us or something for providing this medical information. The concept of the average person with medical training doing this themselves was like it was taking over librarianship, as if it was taking over our jobs. This was really scary, very, very scary, for a while until things, like everything else, settled down. And, you know, we followed what NLM was doing, and they were making, I guess, a simplified kind of MEDLINE and making things easier so that people could understand them more easily, and that helped a lot.

ASH: But your job then changed from being the handmaiden to being the teacher?

ROSEWINCKEL: Yeah. I never got involved in that too much because I switched to acquisitions before a lot of that happened. But that's what the reference librarians essentially were becoming more teachers, and to this day that's true. They do more teaching than they do, I think, searching.

ASH: Now, when you switched to acquisitions, that meant that you were selecting the books for the library.

ROSEWINCKEL: I was not involved with journals. I was involved with two things: namely, the acquisitions selection and the processing, or supervising the processing, and then doing a little history of medicine—as it turned out. So, if we got history of medicine questions, with my background in that, I was able to answer them. But, primarily, a lot of time was spent in looking at books and judging books and researching books, and so on, to see if we should buy those.

We also started, I think—there was an invention called the Approval Plan, and we signed up with Majors Scientific Books. The Approval Plan meant that you had—the publishers sent X number of books per week to a vendor, a scientific book vendor, and then there were slips or lists that were given to us, and then the librarian or librarians, as the case might be, would select what we wanted,

and then those books were sent to us. You could work that way with slips, or sometimes physically a group of books were preselected for us, and they sent a preselected group of books to us, and then we would return what we didn't want. That was interesting, because you saw what was being published, you saw the way things were going, and, you know, you spent some time looking at the books, too.

ASH: What about the budget? Did you feel comfortable?

ROSENWINKEL: No. The budget was always below what we should have been doing. Some years it was better than others; many years we barely survived. So I would say, in general, that this library has not been well supported as far as books and journals are concerned. There was so much more we could have done if we'd had more state funding or more money from other sources.

One of my great regrets over time has been we've never had a Friends of the Library group. We've never had anybody to really—except for the Library Committee—to really support us and have annual fund-raising drives so that we could buy more books or buy more journals or buy more, now, CD-ROMs, or software, whatever it is. We have not had that. I think most major medical libraries have a very active friends group that works with the director or the assistant director, as the case might be, and has fund-raising drives and gets people in the community involved to support the library, and we have never had that. Except for Bertha's boys and Margaret Hughes's contacts, we have not had that. And, I think, over time that the book budget and journal budget, the collections budget in general, would have been supplemented by something like that. But, the state was always poor, and we survived, I think, on the overhead from research grants and other sources of funding. So it's been difficult, I think, to support the collections here.

ASH: Well, let's get back to the history of medicine for a second, because all along you've really been the History of Medicine Librarian, whatever role you played otherwise here. It seemed like, at least going through the archives, the librarians used to cut everything out of the newspaper and this has been a wonderful resource.

ROSEWINCKEL: (Laughing) I bet it has.

ASH: And putting the clippings into files about different faculty and really paying a lot of attention to what the future needs of historians might be. How has that changed over the years?

ROSEWINCKEL: It has changed radically because we don't do it anymore. Let's just take the PNW Collection. That's called the Pacific Northwest Archives, I guess, for a better name, and it started off with Bertha Hallam herself getting *The Oregonian* every day and reading *The Oregonian* and cutting out anything that was medical, or especially any obituary or anything that had to do with the Medical School. She was really performing her own clipping service. And then Margaret continued that for a while, and then it got to be about '75 after Margaret stopped—retired—that no one felt they had the time to continue this.

The interesting thing about these newspaper clippings is that we've never—this library has never been designated as an archive. Everything we have done has been very informal and by the seat of our pants, so to speak, and it's still true to this day—of the archives, at least. Currently, in the nineties now, people are utilizing our wonderful treasure trove of newspaper clippings. It's the only source we have of information for some people who are now gone or are in their older age right now, and I regret that that didn't continue. But we tried to—as history of medicine librarians—we tried to do the clipping service; that was one thing. At one point before the widespread advent of computers we tried to do a bibliography on the major people in the medical school, like every article they wrote. We tried to get their secretaries once a year to send us a bibliography of their work, and that became the basis of the Bibliography File, now housed in the North Tower, and that stopped in the late seventies also.



And, then, for a long time we had files of programs of significant events, like the Sommer Memorial Lectures, for example. Or, some special physician came to town with a special expertise, and we also kept that program. We kept detailed ephemera, is what I remember.

ASH: “We” meaning you?

ROSENWINKEL: I, the library staff, anyone who happened by. It was very informal. But we tried to keep programs, we tried to keep ephemera of different kinds on significant events that happened; first, with the Medical School, then with the Health Sciences Center. And, eventually, the files got moved from place to place to place and were finally pitched, and we regret now that we don’t have that. I think, when we had changes in administration or changes in department heads, the efficacy of keeping this sort of stuff was—it was just regarded as more junk, and it was pitched. So now we don’t have a lot of that sort of thing that we could have had. And much to my regret, we have never been designated an archive for the university.

ASH: Tell me about that.

ROSENWINKEL: Okay. In many places, in my experience, there is a designation of a library as the official repository of certain kinds of documents. I don’t mean every memo that department heads ever made, but I do think that, for example, when significant events happen, like the amalgamation of the three schools in ’75 or ’4, maybe programs, like the programs of the ceremony or the certificates or whatever it was that made this happen, should be kept in a central location, and we’ve never had that designation. The closest—and also when people retire or they publish special books, or whatever it is that a committee, an archival committee, would decide what was important to keep. We have never had a committee that has decided this or has designated us to do this, although we are the closest ones on this campus that had that kind of training or had access to that training. Mostly it’s because we’ve never had money for that.

Over time we got CETA grants. In the seventies, for example, we had had medical museum artifacts sitting around for thirty or forty years that got organized. But it's only been about every ten or fifteen years do we get special funding for a special project, and then it dies because the library staff can't do it; they can't continue it.

What I have always wanted to see is the establishment of an archives with all the accoutrements that an archives needs of personnel, on-going funding, selection of the materials that we need to continue the history of this institution. Because as far as I can see right now, people who are interested in oral history are having to use newspaper clippings and they're having to dig into people's memories. We just—from, I would say, about '75 to about—for almost twenty years, now, we have had a very, very limited acquisitions policy or acquisitions retention policy—as far as the ephemera are concerned. Anything that isn't either on the computer or is a program of something is just pitched. If we had an archive designation, this kind of thing would be forbidden, probably. And, also, it would have been most interesting to have had the papers of those significant people in the history of this institution and have those available for research.

ASH: Have you been able to look at any of the papers that we do have? I know we don't have very many, but have you been able to look at any them?

ROSENWINKEL: I have looked at some of them very, very sketchily. But I think there's been some interesting, stuff, yeah, and it's never been documented or archived or anything. All I know, for certain people, like Esther Pohl Lovejoy, for example, who was one of the significant physicians here and one of the first female physicians to graduate from here, around World War I or before that. We get inquiries from all over the world on her, and we don't have much in the way of her papers. We have a few medals and two or three books and all that sort of thing, but that's hardly even in the catalog. You just have to know where to go.

What we need is a cleaning up of the archives we have and the enumeration of what we have, and, then, that needs to be put in the catalog. I've been learning a lot in the past few months about how you do this. I didn't know how to do it before. But that kind of thing needs to be done, just with what we

have.

We also need a collection policy of what we should acquire. There's a very distinct difference between what a *bona fide* archives would keep and what a records management organization would keep. It's really hard sometimes to distinguish between what should be retained for an archive and what is just simply records management and should be destroyed after so many years. It would have to be really clearly defined. And you have to have professionals who know what they're doing to do this. I mean, we're amateur night as far as really doing this well, although we have one person on the staff now who has professionally done this, so that might change things. But there's so much that could be done.

ASH: So what would your recommendation for the future about the history of medicine archives be?

ROSEWINTEL: Well, I think there are two different things. I would like to see the acquisition of more books in the history of medicine, but generally you have to have a curriculum to support that, and we don't have a history of medicine class. I'm just afraid that books that are being published currently we're not acquiring very much. We get maybe a minimum number of things, shall we say. So I'd like to see some budget to acquire, not rare books, necessarily, but—because we couldn't afford that, but secondary sources or tertiary sources that are important in the history of medicine currently and what current scholars are producing. Also, we have had to cancel some subscriptions in the history of medicine journals recently because of money and low usage. So I'd like to see the history of medicine maintained to some degree so that we can consistently, at least, have the main titles or main journal titles, book titles and journal titles in the field. I don't want to see it die because we have no curriculum. Because you never know when this kind of thing would be needed or resuscitated or revived or when we'd get grant money or something.

The other thing is, I would like to see some kind of archival program, with a professional and an associate on permanent staff, supported. We're entering the year 2000 in about three years, and we haven't done a very good job in portraying the history of this university. It's all been very piecemeal and catch-as-

catch-can. I'd like to see the creation of a systematized program in archives, because this institution in the last, let's say, twenty-five years has contributed significantly worldwide in the procedures they have developed, and so on, and we have leading researchers here. And the goal of various recent presidents has been to become a major research institution, and we don't even have the papers of these important people, and no designation of such. That would be my suggestion. And we need a professional collection, professional...

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

ROSENWINKEL: I'll get to that.

ASH: And integration.

ROSENWINKEL: Yeah. I was talking about integration of archives. As I understand it, the School of Dentistry has some kind of archives, and the School of Nursing has a fairly strong program now, I gather. There should be some integration and maybe cohousing, shall we say, or things should be in our catalog. There should be some services we could give to these other programs, even if they're housed in different places, but there should be some accessibly so we know.

One of the faculty members, Barbara Gaines, I know, is doing a history of the School of Nursing, and she came to me and asked what we had. Well, what we had was pitiful. And that's the kind of thing we need.

Also, we need a book written, a definitive book written by a scholar who knows what they're doing, on the history of this institution, which has not been done. We have had no really good medical sources since about 1937 about the history of this institution. We had a dean, Charles Holman, who died shortly after he started this. He did some research, with my help, in the seventies on the history of this institution, and very little, except publicity pieces, have been done since. So we need—there's a place there for a scholar to do this work.

I might add that the Department of University Communications, which is the publicity arm of the university, has clippings which go back to the fifties, which we have used extensively, which are now in our archives. That happened because they had no space for them and they thought we did, and they gave those to us for that reason. That's the way we receive many of the, quote, "archival things." Because people are cleaning out their offices and they have no space for something.

University Communications has many clippings, and so on, on retired faculty members, for example, that we did not know existed until recently. They have many gems that they would like us to take over, but because of time and space and personnel, that doesn't seem feasible right now. With an archival program we would be able to use the resources to maximum, I would think. So that's what I think about an archival program.

ASH: Thank you. My last question for you is, what aspect of working here has been the most fun for you over the years?

ROSEWINCKEL: I think it's meeting such a wide variety of interesting people who have a diversity of interests. Because I'm interested in people and interested in a wide variety of things. And even though it takes me a while to learn the technology, I have found, especially in the last five years of learning how to use a PC and the advent of the Internet and Web, I'm a great fan of that, I have loved that. And the third thing would be, I think just serving people over a period of time, whether it's in acquisitions or reference, has been just great, and I've enjoyed that.

I've also enjoyed being part of the medical community because in librarianship, as I look around, the medical librarian individual is in the advent of all these changes, and change is not easy for most of us. But we're at the cutting edge, we're at the frontiers, and I think that's been very exciting. It's been very hard, but it's also been very rewarding and very exciting, and so I've enjoyed that, too. So, the people, the technology, and being a medical librarian in general.

ASH: Is there anything, before we close, that you'd like to add? Is there anything I haven't covered that you had on your notes?

ROSEWINDEL: I really don't think so. I think we've covered it quite a lot, so I think that's about it.

ASH: Thank you so much.

ROSEWINDEL: You're welcome.

[End of Interview]

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