

MEDICAL LIBRARY ASSOCIATION

ORAL HISTORY COMMITTEE

INTERVIEW

WITH

**RUTH HOLST, AHIP, FMLA**

Interview conducted by James Shedlock, AHIP, FMLA

July 16 and July 22, 2021

Edited by  
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Consent Form for Oral History Interview (2002 version)

This confirms my understanding and agreement with the Medical Library Association (MLA) concerning my participation in an oral history interview as a part of MLA's Oral History Program.

1. I agree to be interviewed by James Shedlock on July 16th and 22nd, 2021. I understand that my interview will be recorded and that a transcript and edited version of my interview will later be created. I understand that I will be given an opportunity to review and edit the edited transcript before its release.

2. I hereby grant and assign all right, title, and interest to any and all recordings and transcripts of my interview including copyright [and all rights subsumed thereunder] to MLA. I will be given a copy of the edited transcript for my personal use. I understand that the transfer of these rights to MLA confers no obligations on MLA to promote, market, or otherwise make publicly available copies of the interview.

3. One or more edited and/or condensed versions of the interview, approved by me, may be disseminated by MLA, as it deems appropriate.

4. I understand that the original, unedited recording of my interview and the original unedited transcript will be maintained in the MLA archives at the National Library of Medicine, or at such other place as MLA may reasonably designate, and may be made available to researchers who have demonstrated that they have appropriate qualifications. I further understand that the original unedited recording and/or the original unedited transcript will be made available with the following restrictions (Check one):

No restrictions

The following specified portions of the interview will not be made available to anyone until \_\_\_\_\_.

Ruth Holst  
Name of Interviewee

Ruth Holst  
Signature

Date 7-16-21

Accepted by: A. Baliga  
MLA EXECUTIVE DIRECTOR

James Shedlock  
Name of MLA Interviewer(s)

James Shedlock  
Signature

Date 7-16-21

Date 20 Dec 2021



## Biographical Statement

Ruth Holst, AHIP, FMLA, spent thirty-two years directing the library at Columbia Hospital in Milwaukee. She subsequently applied her knowledge of hospital libraries and the region as associate director of the Greater Midwest Region of the National Network of Libraries of Medicine based at the University of Illinois at Chicago. She represented hospital libraries in the Midwest and as a leading voice in the Medical Library Association.

Holst entered librarianship through her hiring at Columbia Hospital and soon earned her master's degree at University of Wisconsin-Milwaukee while employed. During a period of professionalization of hospital libraries, she oversaw the library's unique reprint collection, the incorporation of technology, participation in medical grand rounds, and relationships with physicians and other health professionals. The hospital encouraged the participation of its managers in areas outside their own expertise, and Holst served as core services director for women's health and coordinator for the clinical pathway teams. She also taught graduate courses at the UWM library school for nine years.

Holst describes herself as a joiner. She became involved in state and regional library organizations and was a founding member of Wisconsin health sciences library groups, developing relationships with key library figures and expertise in consortia and interlibrary loan. She represented hospital libraries in the administrative structure of the Midwest Health Science Library Network of the Regional Medical Library Program.

She joined the Hospital Library Section of the Medical Library Association and advocated for the involvement of hospital librarians at the association level. She served on the Section Council and two terms on the Board of Directors. She led initiatives on expert searching and on disaster information preparedness in MLA and the National Library of Medicine. She was the first hospital librarian to present the Janet Doe Lecture in 1990, and she was MLA president in 2010/11. Holst made lasting contributions to the hospital library literature, including as associate editor of *Hospital Library Management* (1983) and editor of its successor volume, *The Medical Library Association Guide to Managing Health Care Libraries* (2000).

When Columbia Hospital merged with another hospital, Holst made the decision to move to Chicago and the National Network of Libraries of Medicine in 2002. She increased emphasis on hospital libraries in the region, established a peer review process, initiated continuing education courses, modified the Advisory Council, and successfully renewed the RML contract twice. She retired in 2014.

Holst was included in the "100 Most Notables" in the MLA centennial celebration in 1998 and named a Fellow in 2002. In a range of settings, she is acknowledged for her advocacy for hospital libraries and hospital librarians.

## Medical Library Association Interview with Ruth Holst

*[MP3 file Ruth-Holst\_OH Part 1: 210716\_005]*

JAMES SHEDLOCK: This is Jim Shedlock speaking with Ruth Holst in her apartment in the River North neighborhood of Chicago [on July 16, 2021]. We're here to do her oral history for the Medical Library Association, so thanks for doing this.

RUTH HOLST: Thanks for inviting me.

JS: As they say, let's just start right at the beginning. Tell us about life in Wisconsin growing up, education, family—all those things that might have, if you say so, influenced your decision to become a medical librarian.

RH: Whoa, that's a long question, Jim. Well, I grew up on a dairy farm in Wisconsin in a little town called Chilton that had maybe 3,000 people. You look back at it now—growing up on a dairy farm was actually kind of a nice thing—the Midwestern values, etc., etc.

The grade school that I went to was a Catholic grade school. Chilton was an interesting town in that there were actually two Catholic churches and two Catholic schools. The Irish Catholics had one and the German Catholic school was much bigger. That's the one that I went to because my heritage is German.

JS: And where is Chilton?

RH: Chilton is about thirty-five miles south of Green Bay, eighty miles north of Milwaukee, along that same corridor east of Lake Winnebago in Wisconsin. Excellent farmland. Nice place to grow up.

Grade school was thankfully uneventful. There were five kids in my family, so I have four siblings—three brothers and a sister. The only thing a little bit unusual is that my mother actually had a college degree and was a teacher, and not many farm wives at that time had—nobody who worked on farms in those days had—college degrees. So, my life was a little bit different in that I always knew I would go to college. There was never any question in my mind that education was going to be important.

JS: Did she teach while you were growing up?

RH: At the point where I went into high school at the age of thirteen and my youngest brother was five years old, she went back to teaching kindergarten. She taught kindergarten for a couple of years and then got a specialization to teach what was then called mentally retarded children—educable mentally retarded children. I'm sure there's a better name for it now. She ended up as a special ed teacher for the district in Wisconsin where she was teaching. She ended up with autistic kids, hearing-impaired kids. She would often have too many kids in her classroom for what the state laws said—

Wisconsin actually had pretty good state laws regarding education. It was a very progressive state, and schools were pretty good, actually, in Wisconsin. So, yes, that was a little bit different.

JS: Where did she go to college?

RH: She went to Milwaukee State Teachers College, which later became the University of Wisconsin-Milwaukee [UWM], which is the reason that I went off to school there. I attended Chilton High School before I did that. High school was mostly positive, although, like most kids that age, you always feel like you're an outsider. And there was a little bit of a town kids versus farm kids going on in that community, like everywhere else. The cheerleaders all lived in town, and you just always felt like you were a farm kid. On paper, I had a very successful high school career. I was the lead in the musical for both my junior and senior year in high school. I was the editor of the newspaper. I did lots of stuff; I was in clubs; I did things. But still, it didn't feel like I was any great shakes and was quite happy to leave the small town and move to a big city to go to school.

JS: So, after high school, you automatically thought, I'm going to follow mom's footsteps and go to UW-Milwaukee. Did you ever think about going to Madison or to Marquette?

RH: I was mostly influenced by my mother on this. She said there were a couple of small private schools in the state that she wanted me to consider: Viterbo in La Crosse and, I don't know, there was another one. I don't remember... She didn't consider a Catholic school. We were Catholic, but my father was not—even though I went to a Catholic grade school, I remember going to the father-daughter banquet at the United Church of Christ. I had an introduction to that whole Protestant versus Catholic thing growing up. Because my parents were not allowed to get married on the altar in the Catholic Church. It was in the priest's house or the back room that they got married, and there were only a couple witnesses.

JS: And this was in the 1940s?

RH: Well, they got married in 1944, and I was born in '47. Ooh, that means anyone listening to this can figure out how old I am [laughter].

JS: That's your choice. We can edit it out later.

RH: She had gone to Milwaukee State Teachers College, so that seemed like a real logical [choice]—after Madison, it was the other big public school in the state. UW-Green Bay was a thing at the time. And there were still two state systems. There was the Wisconsin State Universities system and there was the University of Wisconsin system, and they merged [1971], shortly, I think, after I graduated. Now it's La Crosse and Oshkosh and River Falls, and all those things are part of one big [University of Wisconsin] System.

UW-Milwaukee had pretty high standards. This is back in the days when the average grade for the freshman class was a C, not a B. By the time my sister went to school there, I would say the average grade was probably a B. But it was not a pushover school.

JS: What did you major in? Did you go into college with a major in mind?

RH: I did. My favorite subject in high school was math, and so I was going to be a math teacher. I enrolled in the School of Education, and my advisor said I should get a full major in math and a full major in education, which was a lot of credits. As it turns out, I was on the four-and-a-half-year plan; I didn't graduate in four years. I left my student teaching for that last semester.

But I found out pretty quickly when I got to quadratic equations and some of the other things that I was not cut out to be a mathematician. I stuck it out longer than I should have. I wish my advisor would have said, "Hey, try an applied field of math; this is not working for you"—because I got a couple Ds in math. I barely pulled my mathematics grade point average up to a C my senior year, and I did it by taking an easy class called math for elementary school teachers. I convinced them that I needed to know what they were teaching in elementary school. Anyway, I barely had a good enough grade point average to get into graduate school when I finished.

I went to work at the UWM library as my part-time job and really liked it. I saw working in a library as like running a little business. I probably should have been an accountant, because I really would have been good in an applied field of mathematics. Just the fact that I looked at the library as a business, when I think back about that now, it's like, hmm, maybe I should have gone for an MBA instead. But anyway, I worked in the library, liked it, and decided to get a minor in library science. I ended up with a major in education and a minor in math and a minor in library science when I finished.

JS: So, when you graduated from college, did you go to work? Did you go right into graduate school?

RH: No, I needed a job. I couldn't get a job teaching mathematics. I graduated in January, midyear, and I applied to Milwaukee Public Schools and Shorewood and Whitefish Bay and nobody had openings, even for math teachers, and there was a bit of a shortage of math teachers at that time.

JS: What year was that?

RH: That was early 1970. And a friend of mine from UWM said, "Hey, I'm working as a pharmacy intern over at Columbia Hospital, which is just across the street. Let me take you over there and introduce you to someone in personnel and just see if they've got any clerical openings or whatever." I basically went over there to apply for a clerical job.



The woman looked at my résumé and talked to me. “You’ve got a minor in library science. We’re looking for a librarian here at Columbia Hospital, and so far we’ve only had one person with a master’s degree apply for the job and she doesn’t want to work full-time. I think I’m going to set you up with an interview with the doctor that’s running the library.”

This is when I found out that Dr. Harry Beckman was running the library at the hospital. He is someone who had founded the department of pharmacology at Marquette [University School of Medicine] and had been the head of the department for thirty years. He had a very successful textbook on pharmacology that was used in every medical school in the country. It went into seven editions. He was the editor of the *Yearbook of Drug Therapy* for twenty years. And as part of his job as the editor of the *Yearbook of Drug Therapy*, he clipped articles. He subscribed to eighty medical journals himself and then he wrote away to authors—in those days, you could send a postcard to an author and say, “Could I have a copy of your article that was published in *New England Journal of Medicine*?” And they would send it to you. When he finished at Marquette, just before it became the Medical College of Wisconsin, he had a collection of more than 100,000 reprints of articles from medical journals. And Columbia Hospital said, “Well, bring it over here. We’ll give you space up on the fifth floor up in the laboratory department and you can organize your reprint collection and then make it usable to the medical staff.”

So, Columbia Hospital had a one-of-a-kind reprint collection. When I started working at Columbia Hospital in February of 1970, that was basically the month they moved into the new library. They built a new space on the first floor. The first floor was the library and the second floor was the cardiac care unit. I moved into this new space that had been designed by Dr. Beckman. He wasn’t an MD; he was a PhD pharmacologist. He had very interesting ideas about how to arrange the library. It was set up into two rooms and one of the rooms was going to house his reprint collection, so it was an unusual layout. It had a collection of somewhere between 500 and 1,000 books, and they were probably subscribing to 100 medical journals or something like that at the time.

JS: So, that leads me to ask about Columbia Hospital. This is the premier hospital in Milwaukee, it’s the big hospital in Milwaukee?

RH: I wouldn’t say that. It was a 400-bed hospital. I suppose you could say it was the Gold Coast hospital, because the eastern part of Milwaukee was the more upscale part of the city—Downer Avenue.

JS: It was all the stuff along the lakeshore.

RH: Yes. It was like Chicago in that sense, in that the part on the lake was the oldest... The neighborhoods were more upscale in the northeast part of Milwaukee, and Shorewood and Whitefish Bay, the two suburbs that came right north of Milwaukee, were the two more upscale, very liberal suburbs of Milwaukee.

There were probably three or four other hospitals that were in that same ballpark. They were community hospitals with a teaching program. It wasn't a major affiliate of what was then known as the Medical College of Wisconsin, which, by the way, was still at Marquette, even though they changed their name. It didn't move to the western part of the city on the county grounds until 1978. When I started, they were still on the Marquette campus downtown. So, it was a good community teaching hospital and very much a hospital run by the medical staff.

JS: Did they have a medical librarian before Dr. Beckman?

RH: No, they did not. The medical staff secretary took care of the library.

JS: The collection of books.

RH: Yes. When I came in, the woman who was leaving at that point was actually Dr. Beckman's secretary. She was getting married or something and decided to stop working there. And then the hospital recognized that getting a professional librarian was the right thing to do. Interestingly, there was a shortage of librarians and an overabundance of math teachers at that time. I think twenty years later, those numbers were probably reversed. But the 1970s is when I think library schools were starting to come into their own. I don't think there were more than two or three hospitals in Milwaukee that had librarians before I started working there, but within ten years they all had professional librarians.

JS: I'm just pausing because I'm drawing the comparison to my experience in Detroit, where every hospital had a librarian. Now, this was in the mid-'70s.

RH: By the mid-1970s, a lot of the hospitals in Milwaukee had librarians. That's really '70 to '75 or '78 that was the period I would call professionalization of hospital libraries. A lot of hospitals hired their first professional.

JS: So, you were working at Columbia Hospital and you're working with Dr. Beckman. You were the only staff person, you're the only one with a library science education, even at the minor level with a bachelor's degree. So, you were it.

RH: I was it. To begin with, it was kind of a combination professional and clerical job. But right from the beginning, Dr. Beckman wanted the library open from eight in the morning until nine at night. We hired a part-time person to staff the library from five to nine. And it's unbelievable to me that I would find these really intelligent women who would be willing to do this job, but there was a woman that was hired right around the same time I was to work that shift. She lasted only a year or two and we hired her sister-in-law, actually, a lovely Australian lady, and she worked that shift for almost ten years, even though she had five kids. I think she wanted to get out of the house, to tell you the truth, because that's pretty much over the dinner hour. So, I always had at least one staff person.

Dr. Beckman was only there for a year and a half after I started, so I helped him get things going. He had classified the books using his own classification scheme. It was actually quite ingenious. He had taken the table of contents out of a general medical textbook and used it for his classification scheme. So, one of the very first things I had to do in a professional way was to reclass the entire book collection, which I did manually. It was a good experience. They always say that you can't be a good reference librarian unless you're a good cataloger—and I cataloged the whole collection into the NLM [National Library of Medicine] Classification within my first year on the job.

JS: Right. Well, my experience was reference first, and I've always threatened that I'm going to do cataloging as a reference librarian. My catalogers never appreciated that. So, that then leads me to ask what the typical day was, then. You were concentrating more on reclassifying.

RH: I reclassified the books early on. Part of my day was spent in helping tear up medical journals so that we could keep expanding the reprint collection. This wasn't a stationary thing. If you're going to have a reprint collection, you've got to keep adding to it. We had something like 15,000 different categories. We had folders with articles in them. We had an index that we had created, and the doctor would walk in, look through the index, and say, "I want folder C-38." I think that's the way they were labeled, with a letter-number combination. "I want folder C-38 and folder T-49." They'd look it up themselves or they'd come and ask, "Have you got anything on this?" And then I'd help them figure it out.

JS: They were secured?

RH: The reprints were in the back room. We would fetch the folders for them.

JS: Okay, they couldn't go help themselves.

RH: No, that could have been a real mess.

JS: Did you keep this going after Beckman left?

RH: Oh, yes, for an embarrassingly long time. When he left, another doctor came in who was given the job because he was dying of cancer and so he lasted six months. And then by 1973, Dr. George Owen became the manager of the library, and he was there probably for seven or eight years, I think, before his health—. I was sort of relegated to running the library but not having the title of director, because this was a physician-run hospital, and they liked the idea of having a doctor tucked away in the library to help people one-on-one find [information].

JS: So, he did reference work?

RH: He did try to keep up the reprint collection. We were able to identify maybe twenty or thirty doctors in the hospital who were willing to help us with this. We would call up a

dermatologist and say, "As you read through the journals in your area, tell us what you think we should be keeping." We assigned journals to people, so somebody did the *New England Journal of Medicine*, somebody else did *JAMA*, someone else did *Annals of Internal Medicine*. You'd get a surgeon to do the *Journal of the American College of Surgeons*. We had a lot of good cooperation.

The medical staff bought into this and they wanted to keep it, so who was I to say this was a bad idea? And this was before online searching, so it really wasn't until the late '70s when I got my [Texas Instruments] Silent 700 with the phone coupler and took my NLM-based MEDLINE training; I did that in 1979. That was really when we first started doing online searching. And I can remember also doing some BRS [Bibliographic Retrieval Services] searching at that time, too, with the little 'dot-dot.' Remember how important the syntax was in those days? So, it wasn't unreasonable to keep this going for a while, but we actually kept it going until 1992, believe it or not, which seems incredible.

JS: Yes. Even as you were working in your position, and you were the librarian even though the doctors were—

RH: Right, selecting the books and—

JS: Didn't you go out and meet the other librarians in Milwaukee and compare notes and realize they weren't doing any of that kind of stuff?

RH: Oh, yes. I was doing all the same stuff they were doing, basically. At that point I wasn't spending very much time on the reprint collection. I went from 1.5 FTEs [full-time equivalents] in my early days there to, in the 1980s, I think I had 3.8 FTEs to do clerical work so that I could concentrate on doing literature searches and making purchasing decisions and doing all of the stuff that librarians do.

JS: Did you hire any librarians or were they all paraprofessionals?

RH: My first professional librarian, I did hire Susan Anderson in the late 1970s. When I did my MEDLINE training, I think she was already working there, so probably in '78, something like that, I was able to hire a second librarian, which was unusual in a hospital library in Milwaukee. But the hospital was buying into the importance of the medical library, I think.

JS: And her responsibilities were to do what?

RH: She was doing reference. A lot of it was reference work, and then we still had a clerical person who was answering the phone and doing—

JS: And somebody checking in the journals and putting the books orders in.

RH: Yes, all of that.

JS: Collecting the catalog cards from OCLC.

RH: Well, we didn't use OCLC, but—

JS: Library of Congress.

RH: We used NLM, but yes, there were companies that did that, and I can't even tell you the name of that one that was very popular among hospital libraries. We pretty much all used the same one. But I learned very early on that you could purchase card sets and so I stopped typing catalog cards, which I think I probably did when I actually did the reclassification in my first year there. I think I actually typed up the catalog cards myself. I think as soon as I found out about these ordering services, I probably replaced the card catalog with legible cards.

JS: This is fascinating for me because I came a little bit later. So, walking into a library, you didn't have to do any kind of reclassification. Everything was in place. All those procedures were in place. I came in to do online searching.

RH: Oh, well.

JS: And in fact, that's the thing that attracted me when I—when was that, before I went to graduate school?

RH: When did you start your first job?

JS: I graduated from Notre Dame in 1974, and I ended up going back into the factories. I always tell everybody that that was Nixon's second recession, so there were no teaching jobs, nothing that was appealing to me. So, I remember doing an interview at St. Joseph Mercy Hospital in Pontiac, Michigan, for a library assistant, and in the interview in the director's office, there was a little corner where they had the Silent 700, and the library assistant at that time was doing MEDLINE searching. And I thought, that's what I want to do. The woman at the time—I don't know if you remember her, Janette Closurdo—

RH: The name is vaguely familiar.

JS: She encouraged me to go to graduate school and she pushed Case Western because that was the premier medical library program.

RH: Yes, it was. Well, that was probably the only place in the country that actually had a medical librarianship program.

JS: No. Because this was Case Western. This was leaving home. This is a private university. So, this is all big bucks. Private tuition, I've got to find a place to live. No. University of Michigan down the road from Detroit, right there they've got the similar program.

RH: It's interesting that you mention University of Michigan. The dean of the library school in Michigan was the head of the accreditation committee for UW-Milwaukee, where I had gone. And my school was not accredited in the year that I graduated. And I want to say that he was one of the people who really didn't want to see another accredited library school in the Midwest and was very down on UW. I remember a story about him.

JS: Do you remember the name?

RH: No, I don't.

JS: Does Russell Bidlack come to mind?

RH: I recognize that name, but I can't tell you for sure that was who it was. But there was some kind of a jealousy thing going on there. There was already one accredited library school in Madison and I think the feeling was, we don't need another Midwestern one.

JS: Oh. So, maybe he was supporting the dean in Madison.

RH: Well, that could be. Did you know about library school accreditation when you went to college? That was not something that even occurred to me when I entered graduate school to even check to see that someone was accredited by ALA [American Library Association]. Who knows about that kind of thing at that point in their lives? But it was something I certainly learned about after I graduated, when I found out that organizations like MLA wouldn't let you be part of their certification program if it was not an ALA—

JS: If you did not go to [an accredited] program. I remember those discussions. For me at the time, I think because Janette Closurdo mentioned Michigan in the same context as Case Western for education for medical librarianship, I just didn't think of anything else. And here I am in Detroit. Well, there's good, old Wayne State right here in the backyard. I just never, ever looked into Wayne State at all. I just zeroed in on Michigan. And at the time, I was still working in the factory, and I applied for graduate school, and I could take Michigan classes in Dearborn. They would send the faculty out to Dearborn, and I think to Flint, to get some of the basic required coursework done. So, I remember taking acquisitions in Dearborn, and they used the auditorium at Dearborn Public Library. You had a class of like fifty-some people. It was huge.

RH: My classes were never that big. Twenty-five, I would say, would be the max for most of them.

JS: So, this was different. I was there, I had the time, I had the money. I just did it to get started. Then at some point I just said, I've saved my money. I didn't want to live at home anyways. And Michigan required residency, so you had to take your courses in Ann Arbor. I decided, well, fine, I'm just going to quit, get a little studio apartment, and

go full-time, and that's what I did. I remember the librarian at the local public library, the branch that was closer to home, she was a Michigan grad, and she had to do that. She had to commute because she couldn't leave the family. She would commute from the far eastern suburbs of Detroit and drive back and forth for her classes in Ann Arbor.

RH: Well, I would have to say that having a job in a hospital library while going to graduate school—I spread graduate school out over three years—but having that job was so much easier to write term papers and papers for your classes because you had your own little library, your own little laboratory, to do a project in in order to write a paper. So, that worked out well for me to spread it out. I took one class each semester. I think there was one semester I took two classes, but I finished it in three years.

JS: Completely different experience.

RH: I think I went from being a librarian to a medical librarian. They changed my title when I got the degree and gave me a little raise.

JS: When you hired the second librarian, did you split up any of this work? Did you do the clinical medical librarianship or the LATCH [Literature Attached to Charts] program? Did you do any of that kind of stuff?

RH: I remember reading about that and I remember offering some of the nurses and people saying—I sort of let it be known that the library would be willing to pick out an article and bring it up and stick it on the chart. We didn't get any takers.

When I first started at Columbia, the library was called the Medical Staff Library. I worked very hard to get the word 'staff' out of there so that I could get nurses and pharmacists and physical therapists and other people into the library to use it. Because it was too much because of the reprint collection and other reasons, a doctor in charge, it was considered to be for the doctors. I did work very hard to get that changed and to get nurses in there. And we actually had a pretty strong nursing education department at the hospital.

JS: Did you have students going through the hospital?

RH: Columbia Hospital had its own nursing school. In those years it was an associate degree, a three-year program. But later it affiliated with a four-year college and became a four-year program. There was actually a separate nursing library in the nursing school building, so we had a weak nursing collection [in the Medical Staff Library]. I suspect that the nurses who were serious about studying probably went over to the library over there. But I worked hard at providing services, doing literature searches and things for nurses, and gradually they started using our library.

JS: And they had their own librarian?

RH: Yes, they actually had a professional librarian before—

JS: And she didn't take any interest in the Medical Staff Library when the position was open?

RH: No. That's an interesting question. She did not. I think she did have a professional degree, the woman that was there. She was not very impressive and didn't last very long. She was gone within the first couple years that I was there.

JS: And then did you merge the libraries?

RH: No, we did not. In fact, over the years, I probably did suggest that a couple times, and the jealousy between the people running the nursing school, there was too much baggage there. We did not merge.

JS: We had similar at St. Joe Mercy when I started—a separate nursing library. And when [the librarian] retired—or did they push her out? I can't remember—then we merged. And I remember that I had to do all the heavy work, box up all the journals...

RH: So, you had asked about a typical day and I guess I've covered—

JS: Talk again about the automation. You started with online searching. Did you bring in other stuff? Did you do the online cataloging kind of thing?

RH: That's interesting. We were very slow to do anything with the book collection, because hospital libraries were so focused on being reference libraries that, basically, when people came in and asked you to do a literature search, you did a literature search. The important thing was the journal collection and interlibrary loans. So, when DOCLINE came online in 1985, that was like a godsend. And the fact that we could do literature searching online—we went from the Silent 700 to what was called a minicomputer, I think, at that time. But they were pretty big, as I recall; they took up a whole desk. But whatever the next step was after the Silent 700.

We were so happy to be able to do online searching and do our interlibrary loan transactions online that automating the book catalog was just way down on the list of what needed to be done. If they wanted to look for a book, they walked into the library, and the book collection was so small—we kept a big chart on the wall with the NLM Classification system, so all they'd have to do was say, I want a cardiology book. Here's where I look. The section of books would be maybe ten books. So, the need for an online catalog was just not there until—we did start working on that probably in the '80s. But the systems that were affordable for a small library were just not as easy to use as OCLC or some other systems.

JS: Were other hospital libraries in town doing that kind of thing, getting more into automation beyond MEDLINE searching?



RH: Only if they were affiliated. I don't know if Froedtert Hospital had been built at that point. The teaching hospital at the Medical College [of Wisconsin], Froedtert Hospital, their library would have been part of the main campus library.

There were probably some libraries that were quicker to do something, but mostly, we all had to buy these little, dinky systems. Using OCLC was—there just weren't any cooperative ways to do that.

The UWM library was still a block away from my hospital, because Columbia Hospital was almost on the campus of the University of Wisconsin. In fact, when Columbia Hospital merged with St. Mary's, they moved to the St. Mary's campus. Columbia Hospital [facility] is now part of the University of Wisconsin-Milwaukee, and the library school is the old two-center nursing station, basically. I've been in there in recent years, and it's really odd to walk into what used to be a nursing station and find the library school and find classrooms and whatever. It's sort of an unusual situation. When Jana Bradley and Judy Messerle and I were working on the *Hospital Library Management* book, I remember going over to the UWM library, and they allowed me to sit down at an OCLC computer and I went through every chapter of that book and verified all the references. So, I was familiar with it, but that was not a system that we could afford.

JS: Talk a little bit more about the relationships with the other libraries in town, and not just the hospital, but special libraries and the academic libraries. Did you have the beginnings of consortiums and networks and things like that?

RH: There were state meetings going on, because I do remember Dr. Beckman writing to the librarian at the University of Wisconsin, whose name escapes me right now, but before Virginia Holtz was there. She was someone who might have even been a president of MLA. She was very involved in MLA. [Editor's note: Helen Crawford preceded Holtz as health sciences library director, University of Wisconsin-Madison; she was MLA president 1972/73.] He sent a letter saying, "Oh, let's have them come to Columbia Hospital for one of their meetings," and she turned us down. He was a very forward-thinking guy. And by the way, I probably didn't mention that he was at least seventy-eight years old. He was older than I am now when I was working with him.

Early on, I got to know the other hospital librarians in town, and by 1974, the National Library of Medicine was giving incentives through the Regional Medical Library [RML] Program for us to form consortia and do interlibrary loan among ourselves. We formed the Southeastern Wisconsin Health Science Library Consortium with seventeen members—I was a founding member—in 1974. We basically went from zero interlibrary loan traffic to 13,000 interlibrary loan transactions [annually] within the first seven years. I can still remember because I was a numbers person. I was the one who was like, "Let's count this. Let's make a list of who's borrowing how many." And we started keeping statistics on this because it really was the focus of getting a consortium started.

That got me interested in consortium formation, and I ended up later getting involved on the Consortium Formation and Development Committee in the Midwest Region. By

1977, we had a Wisconsin Health Science Library Association [WHSLA] that I was a founding member of.

Wisconsin decided to take the health planning districts in the state—there were six of them—and we decided to just set up a consortium in each one of those planning districts. So, we had six consortia right off the bat in Wisconsin, and those groups started meeting with each other, and by 1977, we decided we needed a statewide health science library group, so we started WHSLA. These names are all [similar]—Wisconsin Health Science Library Association, not to be confused with MHSLA [Michigan Health Sciences Libraries Association] in Michigan and all the other groups around here.

Early on, I also got involved with the Midwest Health Science Library Network [MHSLN], which was the name of the RML network. It was only a five-state network at that time. [Editor's note: The Midwest Regional Medical Library was established in 1968, with Illinois, Indiana, Iowa, Minnesota, and Wisconsin as the original states and the addition of North Dakota in 1970. The name of the region changed to Midwest Health Science Library Network in 1974.] Because you were in the KOM Region.

JS: Correct.

RH: You were in Kentucky, Ohio, Michigan [Regional Medical Library].

There was MHSLN, but there was also the MHSLA, which was the Midwest Health Science Library Association—two separate groups, and they operated separately. But they would have meetings at the same time. And eventually it got to the point where, this is silly. Why do we have this? Why don't we just become part of the network [as the Council of Health Sciences Libraries of MHSLN]?

I got involved in MHSLA, and that's where I met people like Harriette Cluxton from Illinois Masonic [Medical Center] library here in Chicago. There were a couple of women who were sort of running the Midwest group. There was one [Jean Hawkins] from Waukesha [Memorial Hospital], Wisconsin, and one [Joanne Crispen] at Lutheran General [Hospital in Park Ridge, Illinois]... These were the women who were MLA members; they were the big hospital librarians in the Midwest. And I sort of fell in with that crowd. I used to call myself a group process junkie. I always joined every organization that was out there, so I soon became the secretary [of the Council].

I then managed to become the president of that group right at the time that the RML contract came up for competition. So, in 1978, when NLM came in, when we had Bill Budington at the John Crerar Library competing against Irwin Pizer at the University of Illinois, I was the president of the [Council]. In that role, I was on the Assembly of Resource Libraries for the Midwest Region. I was the token hospital librarian. I represented hospital libraries on that Assembly of Resource Libraries. So, I was the hospital librarian that got interviewed by Sheldon Kotzin and Kent Smith. That was when I had my first contact with NLM.

JS: But interviewed to be—

RH: Interviewed to ask me questions about the two competing [proposals]. I had real mixed feelings because I loved Bill Budington. He was a very inclusive person. I was already serving on committees in the Midwest Region. He involved hospital librarians. I didn't know much about Irwin at all, and my initial impression was not great because he fell asleep in the Resource Library director meetings all the time, and I thought, oh, this guy doesn't really care what's going on in the region. He's falling asleep all the time. So, I had real mixed feelings when I got called on to comment on the two different libraries, because I really wanted Bill to keep the RML contract at John Crerar. But we all know what happened—it went to the University of Illinois [in 1980], because, unknown to me, Irwin had a big reputation in terms of library automation, and NLM probably made the right decision on that. In fact, the John Crerar Library wasn't even located at the University of Chicago at that time. It was part of IIT [Illinois Institute of Technology], I think.

JS: Yes.

RH: I remember visiting John Crerar for a field trip when I was in library school. So, moving [the RML] to the University of Illinois was probably a good idea, but it's sort of ironic that I eventually was the RML director there.

JS: Well, that covers this other topic besides getting together with the local Milwaukee hospital librarians [and] about relationships with academic [medical] libraries, so you had that role in terms of interacting with Resource Library directors for the region.

RH: I knew all of those people.

JS: Did you have similar relationships with the people at UWM and at Madison? Because those were the two big academic libraries.

RH: The two Resource Libraries in Wisconsin were UW-Madison and Medical College of Wisconsin [MCW], and Virginia Holtz was at Madison and Bessie Stein was the director [at MCW]. Both of them were mentors for me in the 1970s. Bessie did not have a library degree. She was a work-your-way-up-the-ranks person. Sometime in [1983], she retired, and I think Richard Eimas [replaced her].

JS: But she was left over from Marquette University.

RH: Yes. But they were both mentors in their ways. Virginia Holtz was actually the one who pushed for—remember I told you that the consortia in Wisconsin got together and they formed the Wisconsin Health Science Library Association. She was really behind that. She was the one providing support. She already had an outreach librarian on her staff in those early days, and not many medical school libraries did that. The University of Wisconsin had that very progressive—'Forward' [is the state] motto. The University of Wisconsin saw itself as being responsible for things going on in the whole state.

Virginia took that to heart, and she saw organizing the medical libraries in the state of Wisconsin to be part of her role and actually had a full-time librarian working with us on that. She was a very impressive lady.

JS: We're covering a lot of ground here, but we're progressing nicely. You're covering all these positions, these topics that I've written down. And I made a note to myself this morning when I went over this: Did you volunteer for these groups? And there's a whole list that I picked up from your résumé. But you already answered that. And did you start any of these?

RH: You were asking about the other types of libraries. There, of course, was the Library Council of Metropolitan Milwaukee, which was the multitype library council. Of course, since I join every library association I can, I became part of that and then eventually was president of that organization in [1984]—right around the time my daughter was born.

Getting involved in that then later on sort of qualified me to be part of the Council of Wisconsin Libraries, which was a multitype organization in the state of Wisconsin. For years, Virginia Holtz was the health science representative on that, and when she retired, I took over, or as she reached retirement and was trying to get rid of some of these roles, I was the person who took over as the health science representative on that group. So, if there was a library group to be found—and I was a member of the SLA [Special Libraries Association] chapter, too, because they had regular monthly meetings. It was a more social group.

JS: Here's a topic that I'm sure you had to address in your career—the whole issue of standards for hospital librarianship.

RH: To be perfectly honest, I'm not sure hospital librarians pay that much attention to hospital library standards. I also joined the Hospital Library Section for MLA early on [Editor's note: The Hospital Libraries Group became the Hospital Library Section 1977-1987 and Hospital Libraries Section 1987-2019], and standards were, of course, one of the things that we talked about. And I'm sure I probably made suggestions. When Jacque Doyle and that group wrote the first set—I'm sure I was probably one of the people submitting ideas. [Editor's note: MLA revised *Standards for Hospital Libraries* in 1994, 2002, 2004, and 2007, replacing *Minimum Standards for Health Science Libraries in Hospitals*, originally issued in 1984. Doyle served on committees developing the standards in the 2000s.]

JS: But part of the issue here, as I remember, there were standards for hospital libraries based on the Joint Commission insisting that—or not insisting, but they had a standard for hospitals where you had to have either a hospital library or you had to have a connection to a hospital librarian.

RH: The original standards in the '70s—the Joint Commission standards did say you had to have a library in the hospital, and they took that out. And that was the really

controversial thing. I think that's part of the reason that the Hospital Library Section got so heavily involved in writing standards and getting a representative on the Joint Commission [advisory] council that had somebody from occupational therapy and social work, and I think the Medical Library Association was able to get somebody to be the representative for health sciences libraries on the Joint Commission council.

JS: Did that all fall apart? I'm trying to remember—when I retired, the JCAHO was not that big of a deal anymore?

RH: No, the Joint Commission—it changed its name to Joint Commission. [Editor's note: The Joint Commission on Accreditation of Hospitals (JCAH) was established in 1951 and renamed Joint Commission on Accreditation of Healthcare Organizations (JCAHO) in 1987 and 'The Joint Commission' in 2007.] There might have been a competing organization at some point, but they were still going strong, and that was still a big thing for a hospital. Ironically, you invited the Joint Commission to come in and accredit your hospital, and then you had to take the results. To be able to say that your hospital was accredited by the Joint Commission was a big deal. You really needed to have that. And so, for hospital librarians, it was a big issue when they took [the library requirement] out. [Editor's note: The 1994 JCAHO accreditation manual incorporated previous standards for library services into the function of management of information.]

I remember the hospital librarians trying to get NLM to step in and say, can't you do something about this. And of course, they really weren't in a position to change things at the Joint Commission. The Joint Commission did eventually add what they called something like 'knowledge base.' You had to have knowledge-based information [KBI] available to your medical staff and employees. And they kept working around that lingo without using the 'library' word, which just drove hospital librarians crazy, because they really wanted the standards to say you need a hospital library.

Because as literature searching became more [accessible to users] as Grateful Med came out [in 1986], that was another area where the National Library of Medicine versus the hospital librarians was a big controversy. NLM came up with this great concept, Grateful Med. We can have doctors doing their own searching. Then they sent out that—what kind of adjective do I want to use for the letter that was sent out under Dr. [Donald] Lindberg's signature to all the hospital administrators in [1989] saying, "We have this great new product called Grateful Med and your doctors can do all their own searching." The letter never mentioned hospital libraries. And you can imagine their reaction.

JS: I do remember.

RH: I'm sure you do remember. Personally, when my administrator got that letter, he walked into the library and handed it to me, and said, "Hey, look, there's this new thing." And that started up a conversation in my hospital as to, yes, there is this new product. Let's use it and let's teach the doctors how to start doing some of their own searches, and I'll just do the harder searches. But for many hospital librarians, it was a big threat—and not even hospital librarians, medical school libraries, too.

I shouldn't mention names, but people like Rya Ben-Shir here in Chicago were threatening to boycott DOCLINE. She was trying to get hospital libraries to boycott DOCLINE, which to me was the silliest possible thing you could do, because DOCLINE was such a time-saver for hospital libraries. Why would anyone want to boycott DOCLINE?

I can sort of see both sides of the issue on this. I can understand why hospital librarians were really upset—and in retrospect, I always assumed Lois Ann Colaianni knew that letter went out and that it went out without mentioning [librarians]—and I could never figure out why she would have let that happen.

JS: Lois Ann Colaianni.

RH: Lois Ann Colaianni, who was at that point associate [director] for library operations. Kent Smith was still the deputy [director of NLM] then. She was a hospital librarian from Cedars-Sinai in California, and that was a big deal when a hospital librarian got a big position at the National Library of Medicine and ran Library Operations. And I could never figure out how that [letter] went out, and I always sort of blamed Lois Ann for letting that happen.

I recently had a conversation with Betsy Humphreys, in which she informed me that Lois Ann also did not know. Dr. Lindberg put his name on that letter, I think, without reading it. Lois Ann never saw it. It was written by the people who developed Grateful Med, or at least that's my understanding of it. The letter was written and sent out, and of course, for many years afterwards, Dr. Lindberg felt very bad about it. I'm sure Lois Ann felt very bad about it. There was some hand-wringing.

And, of course, we had the Bethesda 11—well, did the Bethesda 11 come before or after?

JS: That was my next topic—to lead into that.

RH: Yes, I think the meeting with the hospital librarians probably came shortly after that happened, because there was this sort of rift between the hospital librarian community and the National Library of Medicine. [Editor's note: The meeting was earlier. In January 1978, hospital librarians from the eleven regions of the Regional Medical Library Program were invited to NLM to discuss the needs of hospital libraries and their relationship with NLM. The meeting was dubbed the Bethesda 11.]

JS: And hospital librarians coming off this kind of double whammy of losing the support of the JCAHO standards, and then all of this new technology coming out, where end-user searching was going to take away their jobs. And you're right, that was also a significant issue with academic medical librarians, too, to address this whole new technology to be putting the power into the hands of the users for them to do their own searching and changing how all medical librarians viewed their role vis-à-vis technology, where they were the kings and queens of MEDLINE. And with that gone, then what do we become?

RH: Yes, I remember that. In fact, Carla Funk's first MLA meeting as executive director of MLA [1992-2015] was the one where Herb White from Indiana University and Don Lindberg did their infamous debate. I don't know if you remember that—1992.

JS: No, I do not.

RH: Well, it was sponsored by the Hospital [Libraries] Section, but it was very well attended. We had to get a big room for it. Basically, Herb White was the [dean emeritus] of the library school at Indiana University and was trying to argue that it was a mistake for librarians to cede that territory—to let NLM get away with this business of teaching doctors to do their own literature searching, because they were never going to be able to do it as well, etc. And Dr. Lindberg, I think, probably came off as winning that debate at the time, although I don't specifically remember that. He basically said, you know what? Librarians are very highly regarded by medical people and they're going to see this as a way to work with them, not replace them. They're always going to need someone to help them with a harder search, and who are they going to go to? They're going to go to medical librarians to figure out how to do that.

There were the two sides of that debate. Well, the rest is history. We know that self-searching became the thing. People did learn how to do their own searching.

JS: And taught by the librarians.

RH: Right. And when the Internet came up in [1997], we found out that the public was going in and doing their own MEDLINE searching. So, this was not destined to be the territory of just the library profession. [Editor's note: NLM made MEDLINE free on the Internet in 1997.]

JS: So, let's go back. Two topics here and they're both interconnected, I think. I wrote down in the outline here to ask you to talk about the politics of hospital librarianship, and then the next topic after that, of course, is the whole issue with the Bethesda 11. So, talk generally about the political side that hospital librarians had to play. Politics in the sense of their role—

RH: Vis-à-vis what? The Medical Library Association or their administrations?

JS: Go back to the beginning, the politics within the hospital, how hospital librarians had to compete for attention, if you will, in order to promote their services and to promote their role and to be able to get the budgets for them to be able to do what they wanted to do and to do what needed to be done.

RH: That was always a struggle, but, of course, I only know my experience in one hospital. Hospital librarians talked about that. How well it worked out for you had a lot to do with how you, as an individual, interacted within your hospital. I started attending medical grand rounds from day one in my hospital because Dr. Beckman said I needed to

do that in order to learn medicine and to learn which doctors on the medical staff were interested in which subjects. Because he knew instinctively that that was going to make me a better librarian.

Some librarians took a more laid back [approach], I'll just do what I've always done, and didn't get out there and promote themselves. And I think that's where a lot of the problems came in with hospital librarians losing ground in their individual hospitals.

JS: Go off on a little tangent here. Did anybody question you when you showed up at rounds?

RH: No, because my boss would have said, "She needs to be here."

JS: Was he there with you?

RH: Oh, yeah. And they got used to seeing me there, and I developed a good rapport with the medical staff at my hospital. They all knew who I was and I knew who each of them was and what their topics were, their favorite disease—that's a terrible way to put it. But I knew what their specializations were because I was there. And I think they probably, if anything, respected me more for wanting to learn what was happening in the field.

JS: And for the record, describe grand rounds.

RH: Grand rounds, I think, was a common practice at most hospitals. It was called medical grand rounds, actually, but it included surgical, topics across the board, really. It was a one-hour program in our hospital that was every Tuesday morning at nine o'clock, I think. The chief of staff and the director of medical education would probably be the ones who would contact people from the medical staff to come and do [presentations]. If someone wanted to hear about congestive heart failure, "We haven't heard about this topic for a while. Let's have Dr. So-and-So talk about congestive heart failure." So, every week there would be a different topic. And frequently there would be slides. You might have a pathologist come in with a set of pathology slides. I do remember audiovisuals being a main part of that. Eventually I did medical grand rounds. Probably in the '90s, I was asked to talk about the databases at the National Library of Medicine. I actually ended up doing medical grand rounds in my hospital.

That was something that a large portion of the medical staff attended every week. And they got brownie points for doing it, too, because the American Medical Association required continuing education credits, and one of the ways they could document that was by attending medical grand rounds at their hospital and walking away with a little piece of paper saying, "I attended medical grand rounds."

JS: In your conversations with other hospital librarians, did you all talk about politics—in the sense, again, of how people were dealing with politics within their local institutions?



RH: Yes. We did talk about, well, how can we get this across to them that this is important. In fact, some of the things we did within the consortium, we would make a point of getting the signatures of the vice president of the hospital or who was in charge of the library. We were aware that making sure we had administrative approval, like when we did union lists of serials and when we did cooperative projects, we would get support from them. You know, I had forgotten about that. We had some kind of a statement that we all had to sign to be part of that consortium, and we would get a co-signature from the boss in the hospital.

We were aware that getting administrative support was [key]—and I don't think it was unusual. Certainly, having medical staff support weighed in heavily when it came to how the administrator looked at a library. And I think in the '90s when the whole hospital library thing began to unravel, where administrators of hospitals said, heck, anybody can go on the Internet now and find medical information. They can even get some of the articles they need without going to the library. We don't need as big a library—that whole, everything's free on the Internet thing started up.

At that point, it got to be really tough, even though the medical staff would argue in favor of keeping the library. Certainly, at Columbia Hospital, and maybe this is true in general, the balance of power between the medical staff and the administration started moving towards the administration and away from the medical staff. And the medical staff starting organizing themselves into big physician practice groups, whereas when I started out in 1970, most of the doctors on staff were small physician groups around the city.

JS: Or just independent physicians who had privileges at the hospital.

RH: Yes, just one or two doctors working together, or a single practice. There were still single practice people. By the time I left in 2002, there was a large physician practice group at Columbia Hospital. Several of the really large medical practices that had been on staff at Columbia Hospital had merged into that physician practice group. And that was being run by the hospital. So, physicians went from being independent practitioners with medical privileges to being employees of health systems by the time I left. So, I worked in a hospital during the thirty years that that transition took place.

Same thing with the nursing profession. When I started working in a hospital library, the nursing literature was almost totally anecdotal. And the nursing profession decided that, you know what? We need to have a research base. They started looking into things like nursing diagnosis, which, by the way, three nurses at Columbia Hospital wrote a book on nursing diagnosis, and they used the library heavily to support their work on that book. By the time I left, there were nurse practitioners and advanced practice nurses. That's a profession that changed a lot in that thirty years and became much more powerful in their own right, no longer the handmaidens of the medical staff but really their own group of professionals independent from the medical staff.

JS: Let's get back to politics and Bethesda 11 and hospital librarians and hospital librarians within MLA and hospital librarians vis-à-vis academic medical librarians. It sounds like everything is very political and that at times, I think, when we lived through it, it was. But now that we are past it and can reflect on it, what are some of the stories about that, especially Bethesda 11, because it didn't involve me?

RH: What's interesting is, I don't think the average hospital librarian cared one hoot that there was a group of eleven librarians that met. I think it had a bigger impact on NLM, frankly. I think it's a great thing that they pulled together this group of hospital librarians, because they wanted to show that they were listening to hospital librarians. It was a good marketing thing. Hospital librarians all over the country were like, yeah! Boy, that's great. Eleven of our representatives got to go and talk to them. But did it have an impact on our daily lives? No. I think there were a whole bunch of hospital librarians who didn't even know that meeting took place. So, the political thing might have been more within groups like the Medical Library Association, frankly, or groups where librarians were talking to each other. That's where those issues came up.

JS: Did anybody ever bring up after the fact about how those eleven were chosen?

RH: No, I don't think we knew.

JS: It just happened, and then everybody knew.

RH: Yes, it just happened. Judy Messerle was the representative from the Midwest, and we all, of course, thought that was a good choice.

JS: As I recall, everybody else was from really big hospitals.

RH: I saw the list recently. Sarah Hill [St. Luke's Hospital, Kansas City, MO]... Judy was from a very small hospital in Alton, Illinois. One of them was from a fairly big hospital in Virginia [Alice Sheridan, Fairfax Hospital, Falls Church, VA]. I don't remember who represented the West Coast [Kay Kammerer, Alta Bates Hospital, Berkeley, CA]. I didn't know a lot of these people. Jane Lambremont [Earl K. Long Hospital, Baton Rouge, LA] represented the South. I guess it was the RML regions that they used—one for each RML region, basically, and there were eleven regions at that time. There would have been somebody from KOM also, and I don't remember who it was... [Barbara Coe Johnson, Harper Hospital, Detroit, MI]... This shows you how important [it was]...

JS: I don't [remember] either. I have to look it up. So, it wasn't that big of a deal.

RH: Well, I think for a fraction of the people who were active in the Medical Library Association, it was a big deal. And the leaders of the Hospital Library Section probably saw it as a really big deal. [Editor's note: The MLA Oral History Project conducted a series of interviews on the Bethesda 11 meeting. A summary of participants and outcomes may be consulted in the introduction to the interviews.]

I sometimes think I was an outlier. I was involved in the Hospital Library Section, but I never liked the fact that the Hospital Library Section was over here doing their own set of twelve different meetings and not integrating themselves into the Medical Library Association as a whole. In fact, the only office I ever lost in MLA was, I ran for president of the Hospital Library Section and I lost to Phyllis Gillikin. Her son [David Gillikin] works, still, maybe to this day, for the National Library of Medicine. Her son and I have joked about that over the years—that his mother was the only one that I ever lost an election to. But when I ran for president of the Hospital Library Section, it was on a platform of integrating hospital librarians into all the big committees and getting them more involved in MLA as a whole. That apparently was not a popular stance among hospital librarians.

JS: Wasn't that separateness part of MLA's structure? I'm trying to remember when the section started to do more of the programming at the MLA annual meetings, and that's why the Hospital Library Section, being the biggest, would have its own program.

RH: It's not the programs; it's the fact that the Hospital Library Section had eight different committees, and they would have to have a whole day of the meeting just for their little committees to meet. And I always thought, why are you guys all meeting, in your little committees, to talk about continuing education and this and that when you could be on the Books Panel or you could be representing hospital libraries on the Continuing Education Committee—doing something that would actually be meaningful to the whole organization? So, I guess I was a little bit of an outlier.

But they did make me the section rep on the Section Council, and that was probably my first big [MLA role]—I was on Section Council from '84 to '87, and that was pretty soon after the Section Council had gotten started. I was on the Section Council the same three years that June Fulton was the chairman of the Section Council, so we got to be really good friends. She was a very impressive person.

It was during the time that Ray Palmer was there [MLA executive director 1982-1991], and they did this gigantic strategic plan for the association. And I remember, that was my impression of being on the Board [of Directors] of MLA. June told me that she was on the little executive committee that did the work on that strategic plan. She was away from her library forty days during the year that they worked on that strategic plan. So, every time somebody asked me to run for the board, I was like, no, I work in a hospital library. I can't give up time to do that. I said 'no' six times before I said 'yes' to running for the board of MLA, because my impression of what the board did was based on watching what happened in the mid-'80s, when they were doing that giant [strategic plan.]

JS: That was the dilemma for a lot of hospital librarians, wasn't it—that they couldn't afford participation because they couldn't get the time off.

RH: And they didn't think they would get the support. It wasn't meaningful at my institution for me to be on the board—whereas in an academic institution, it was part of your tenure or was part of your personnel record or whatever to be elected to a board like that. But in a hospital library, you had to be from one of the big hospital libraries in order to have staff to run the library for you while you were off.

JS: Related to the politics of all of that, then, and politics of hospital librarians within MLA—

RH: And there was a battle. I felt that when I came into the Medical Library Association—that hospital librarians were not in powerful positions.

JS: They weren't running the show even though they had the numbers.

RH: Not only were they not running the show, they weren't even represented on a lot of the committees. And that was a big chip on the shoulder of a lot of hospital librarians. I'm sure that is something that we talked about in our Hospital Library Section meetings, and yet, there we were having all of our eight different committees meeting to talk about continuing education and whatever.

JS: I kind of wanted to put this in the context of politics in terms of groups, not competing, but interfacing with each other, in the sense of the big hospital librarians versus the little hospital librarians. Was there tension there or jealously or rivalry between people like Barbara Coe Johnson, for example, or Lois Ann Colaianni when she was at Cedars-Sinai?

RH: I don't really know. I think there was more solidarity than there was tension. We were certainly aware that Donna Johnson at that big hospital system—

JS: Abbott Northwestern [in Minneapolis].

RH: Abbott Northwestern, which became Allina Health.

JS: I have to have an aside, because I kept thinking, getting ready for this—and we talked about this before—how you and I knew each other. And I remember telling you, we had breakfast at an MLA meeting in New Orleans at 6:00 a.m. in order to get ready for a 7:00 a.m. committee meeting. But we had to have known each other before that.

RH: It would have been 1988 [MLA meeting].

JS: And I'm thinking that Donna Johnson might have been one of the people who introduced us via Lynne Siemers.

RH: Donna Johnson was somebody I knew fairly well. When we went to the Hawaii meeting in '79, she got called away because the nurses in her hospital went on strike.

She had to go back to work and man probably a nursing station somewhere in the hospital.

There were a couple of people that were big, successful hospital librarians, and I remember being a little bit envious of those people. And I remember when I first found out that the hospital librarians in Michigan were making more money than I was. I can still remember that. They were making \$10,000 a year more. And I can't even tell you what period that was, probably in the '80s sometime when I would have gotten to know hospital librarians from Detroit and other places in Michigan.

JS: I remember writing these notes...labeled 'Personalities to Know.' If you knew Barbara Coe Johnson—

RH: I did not know Barbara. I knew of Barbara Coe Johnson and was aware of her at MLA meetings...

JS: She was the first hospital librarian president of MLA [1975/76].

[Editor's note: Discussion of who might have been the second hospital librarian to be MLA president is omitted from the transcript. Colaianni was the second hospital librarian to be MLA president (1979/80).]

JS: Did you know Lois Ann Colaianni?

RH: I took the hospital library management CE course from her.

JS: When she was at Cedars-Sinai.

RH: When she was at Cedars-Sinai. So, I knew her. And when she was in charge of some project for the Hospital Library Section, I remember working with her then, but I didn't know her well.

JS: Did you know Jackie Bastille or Gertrude Lamb?

RH: Didn't know Gertrude Lamb at all... That would have been 1980. That was the year Irwin [Pizer] lost, so, yes. Irwin didn't show up at the '79 meeting because he lost the election, so '79 is when Gertrude Lamb would have been the president-elect and then president in '80, and then she had a heart attack or something.

JS: I don't remember that.

RH: Oh, yes. I think Charlie Sargent [1981/82 president] had to step in. Somebody had to step in and take over for her. Yes, she had a serious problem. But I wasn't involved in the—Jana Bradley was involved in that group of librarians that was running around at the—no, that wouldn't be right.

JS: Running around doing what?

RH: Would that have been '79 [1978]? Getting names for a petition to run a hospital librarian against Irwin Pizer and the other guy [John P. Isché] that was running against [him] for MLA president.

JS: You never told me that. That Jana Bradley was doing that.

RH: She was part of a group of librarians that were like, let's get a hospital librarian on the ticket. We don't like the two choices we have.

JS: This goes back to our conversation about politics and MLA.

RH: Well, she's the one who told me about it. Whether or not she was actively going around—I wasn't aware of the politics going on behind the scenes. Jana seemed to know that people were getting a petition signed to get a hospital librarian on the ballot.

JS: Well, that's different, because when we had lunch—you, Eloise [Foster], Carla, and I—talking about Jim Williams and Faith Van Toll Ross had the petition.

RH: Oh, is that right?

JS: They showed up at Irwin's reception—RML reception.

RH: With their petition?

JS: Getting the library directors to sign it.

RH: Oh, that's interesting.

JS: So, maybe that's what Jana was telling you. She knew that people were—. Where was Jana at the time?

RH: In ['78], she was still at Wishard [Memorial Hospital] in Indianapolis when we did the [*Hospital Library Management*] book. And the book was published in '83.

JS: And Indiana was part of Irwin's RML, because it wasn't KOM.

RH: Yes, it was. It was part of MHSLN and then GMR [Greater Midwest Region]. You're right. Indianapolis was in our region.

JS: And they didn't need many signatures and they got it through and she got elected.

RH: Yes. You know, I could be wrong about that. Maybe it wasn't Jana who told me about it.

JS: Maybe you're remembering our conversation.

RH: I don't know. Maybe you told me about it.

[Editor's note: In her 1985 MLA oral history (in the unsealed sections published in 2017), Lamb recalled that she was approached to run for MLA president against the existing slate by a group led by Jim Williams. She attributed dissatisfaction with Pizer's candidacy to perceived manipulation of the election by an elite group and his views on several issues. The Nominating Committee's amended report at the 1978 annual meeting stated that Lamb's name was submitted by petition and added to the ballot. She defeated Pizer and Isché to serve as president-elect and for the 1980/81 presidential term.]

JS: You know what, I'm going to ask—let's take a break.

*[MP3 file Ruth-Holst\_OH Part 2: 210716\_006]*

JS: We're back, Ruth and I, and playing a little catch-up, because in going through our notes about what we want to talk about, we need to go back to Ruth's time at Columbia Hospital and talk about her activities in the hospital that go beyond managing the hospital library. So, start with how your role as manager—did you ever have the title of director?

RH: I did, director of the library.

JS: So, tell us about this progression over time as you're managing the library and getting involved in hospital activities, how you were approached—asked—to do things beyond your role as a librarian.

RH: As I had mentioned, my first bosses were all doctors, but beginning in the early '80s, when Dr. George Owen had a stroke, which would have been about 1982, I went to the administrator of the hospital and said, "Hey, why don't you make me the director of the library? Why bring in another doctor?" And he said, "You're right." He was more into modern management than the administrator that I had early on.

JS: And who were you reporting to at the time? What was his position?

RH: I was reporting to a vice president of whatever. They kept moving departments around over the years, and I had thirteen bosses at Columbia Hospital over the thirty-two years that I worked there. So, at any given time, I don't remember the title. I had a dual reporting relationship to the doctor that ran the library—who was called the director of the library—but more and more, I reported really to the vice president, who had the library under his—. It often was ancillary departments, and sometimes it was the same person who had the medical staff office. It was never the vice president of nursing, for example.

The main person who was president of the hospital for the longest time for the thirty-two years that I was at Columbia Hospital was John Schuler. He came to Columbia Hospital

in 1974 as an intern. He was a Kellogg School, Northwestern University graduate, MBA, came as an intern, then got the job as the vice president and morphed into the role of president of the hospital. And that probably was in the early to mid-'80s. He was very much into what I'd call modern management techniques. We did a lot of participatory management, a lot of quality improvement activities. At that point I had been identified as a manager along with all the other people at my level in the hospital.

He set up a management council. At first, the management council had all the big guns on it—the director of nursing and the people who ran the really big departments. But he always claimed that he thought that it was good to have people at several levels, and eventually I got selected to be on the management council and served on it, actually, two different times over the years.

He was very much into having people move outside of their boxes, so to speak. So, in the mid- or late-'80s, when the hospital decided to do product line management—we couldn't call it 'product line management' because the medical staff would have had a fit about the concept of calling a bunch of orthopedic patients a 'product line.' So, we called them 'core services.' Through a series of committees and things that led up to it, I became the core service director for women's health, which was kind of a fun thing. I didn't have any real heavy responsibilities other than putting together programming. We set up a speaker's bureau and I would go out into the community occasionally and speak about women's health. The one major thing I did do as the core service director was to write the business plan for the birthing center at Columbia Hospital. I don't remember what year that was—probably the late '80s, '90, something like that. And that was a good experience. I never had to write a business plan before, and it taught me a lot about how hospitals are managed. The idea of having a women's health product line and an orthopedic product line and all these things sort of faded away, and all the core service directors lost their jobs. Fortunately, I was only doing that part-time, so I just went back into the library. Some of the other people actually lost their jobs.

Within a year or two after that, the hospital decided to look at what were called clinical pathways. It's hard for me to believe that it took until the mid-'90s for hospitals to come up with this concept. The idea of a clinical pathway was to put together a care plan for patients that had medical input, nursing input, dietitians, PT, OT, pharmacy, all in a single care plan. You would think that's what hospitals had been doing for years, right, but they didn't. The doctor was the captain of the team, and the doctor would say, "This is what's got to happen," and then the pharmacist would maybe be called on to help pick out the drugs and the dietitian would be called on to recommend this diet. But there weren't written plans that integrated all of this stuff, and there weren't—what should the oxygen saturation rate be in pneumonia patients, the level that we go after for all pneumonia patients? You'd think this sort of thing would have been there, but it wasn't.

My boss, who was put in charge of this—he was vice president for medical affairs or something like that—asked me to find another hospital as a model. And I did find a hospital in Annapolis, Maryland, that had a strong orthopedic department, which our hospital did. I said, "I think this will be a good model for you." After that he said,



“Since you’re not doing women’s health anymore, I’m going to have you help me set up the teams that put together these clinical pathways, because if I put it under the medical staff, the nurses will complain, and if I put it under the nursing department, the doctors won’t participate. You’re in a neutral department. I’m going to make you the coordinator of this project.”

JS: Smart.

RH: Smart, yes. If you think about it, the library as a neutral department is something that I think that academic institutions have used.

We set up about ten teams and eventually created something like eighteen or twenty pathways. And this was the era of DRGs—diagnosis-related groups—and that was probably coming from Joint Commission or somebody. I don’t remember what the origin of DRGs was. [Editor’s note: DRGs were adopted for use with Medicare’s prospective payment system in 1983, replacing cost-based reimbursement.] We picked the top nine or ten DRGs to start out with in our hospital, and we set up a pathway team for each of those.

Now, I would meet with those teams as they were working on putting their pathways together, but I also met with the nurse leads. Each team had a nurse lead and a doctor lead. I worked with the group of nurse leads on the side to do the hospital process part of it. I had that going on because we couldn’t get the doctors to meet on a regular basis to do that. But they would meet with their teams.

And it was a very interesting process. I was bringing my knowledge. We didn’t call it evidence-based medicine, but I was bringing my skill in searching literature to the table as well as doing the administrative activities for these teams. It’s interesting, because years later, when I was working with Lori Zipperer doing seminars on knowledge management, it occurred to me that what I was doing at Columbia Hospital was knowledge management. We just didn’t call it that in the ‘90s, but that’s essentially what it was. And I ended up teaching the MLA class on clinical pathways for a while; turned it into a little sideshow that I was doing.

The thing I liked about Columbia Hospital was that they had this idea of let’s get people involved and let’s stretch them outside of the departments that they’re working in. So, for example, the head OT ended up being a product line manager for orthopedics, and things like that. It was sort of unusual. They would pull people out and put them [in new roles].

In fact, I remember when I was writing the business plan for the birthing center at the hospital, I remember calling a hospital in Kentucky to find out more about LDRPs—labor, delivery, recovery, and postpartum all in one room—and she wouldn’t speak to me because—well, first of all, she said, “What is a librarian doing calling me about this? You don’t know anything about LDRPs. What would you know about this? But besides that, you work for a place called Columbia Hospital,” and there’s a big for-profit hospital

system in Kentucky called Columbia and she thought I was calling from the competition. Anyway, that's another story.

I did end up going to meetings around the state of Wisconsin and meeting with other women's health core service directors, and those people would always shake their heads and say, "Why does Columbia have a librarian doing this?" But to me, it worked with the model that we had at Columbia Hospital. People worked outside their specialty.

JS: How soon did you become MLA president when this was going on?

RH: I was at Columbia Hospital until 2002 and then went to work for the University of Illinois at Chicago [UIC] as the RML director. I was there for eight years before I became president [2010/11], so I was at the University of Illinois for eight years. So, being president of MLA came considerably after—

JS: But you made that your theme as president, didn't you, in terms of hospital librarians, or all librarians, going beyond their traditional role?

RH: I still had the reputation—I was still known as a hospital librarian. And I think even after I went into the Regional Medical Library office, I was working with librarians in a ten-state region, and I was still promoting getting hospital librarians involved in things. And I think that's one of the things I probably achieved. When I came into the RML office, there were hardly any hospital librarians on their advisory committees, or—they didn't see it as part of their mission to go out and help hospital libraries. And that's one of the things I changed.

There were other regions in the country that did a much better job of that. Pacific Northwest was meeting with their [hospitals]—but Pacific Northwest didn't have medical schools. The Pacific Northwest region had two medical schools. In order to come up with a set of Resource Libraries, they had to pick Idaho State University, which had a pharmacy school, and they had to pick out big hospitals to be Resource Libraries because they didn't have enough. In the Midwest Region, we had thirty-two medical schools. The RML regions differed a lot in size and scope. I also found fairly early on that the Greater Midwest Region had more hospital libraries than anybody else in the country. We had more than 500 or 550 hospital library members. Even more, the [Southeastern/Atlantic Region] had just as many Resource Libraries as we did.

So, yes, being able to expand—and after I finished with the clinical pathways project, someone else, a case manager or someone, took over that project. I did a couple other things. I did something on medical records coding for the hospital before I left Columbia—something called 'concurrent coding.' A lot of medical records coding gets done after the fact. After the patient leaves the hospital, the doctor goes to the medical records room and writes up all the notes. Medical records directors are always running around the hospitals tracking down doctors and saying, "Get in here and finish your notes." So, we started this project of having the doctors begin their documentation

concurrently with the patient's stay. We gave them the tools to start writing their notes while the patient was still in the hospital.

JS: Electronically or on paper?

RH: No, on paper. This was still paper at that point. But it was an interesting project, and I learned a lot working at Columbia Hospital. And it really wasn't until we merged with St. Mary's in the mid-'90s and the entire top administration of the hospital turned over that I started to no longer be having fun. Up to that point, I felt I had the best job in the world.

JS: When was that merger?

RH: The merger took place in the mid-'90s, I would say '95 or '96, somewhere in there. [Editor's note: A joint operating agreement in 1995 established Columbia St. Mary's Hospital. A new hospital building opened in 2010, which currently operates under the name Ascension Columbia St. Mary's.]

JS: And then you left in—

RH: I left in 2002. At that point, I knew they weren't going to keep both library managers. We still had two hospitals and two pharmacy directors and two library managers—two this, two that—and some of the departments were already beginning to merge. So, I knew one of us was going to go, and I was not happy with the way things were going with the merger. I felt the culture of the institution was changing. I got out, so the librarian at St. Mary's was able to keep her job.

We haven't talked about my teaching at the [University of Wisconsin-Milwaukee] library school. Roundabout the fall of [1981], which was the year that MLA met in Montreal... I took Martha Jane Zachert's two-day class called "Teaching Skills for Library Educators." It was the 1981 MLA meeting. Coincidentally, in September of '81, I get a call from the dean of the library school at UWM, which is basically a block away from, or not far from, where Columbia Hospital is located. He asks me if I could come in and teach—this is September—health science librarianship, because the person who was supposed to be teaching it didn't show up on campus that fall. I said, "Give me a day to think about this." And I called Martha Jane. I got her on the phone and I said, "Help! I've been offered this opportunity, but I don't know if I should do it. Do you think I can figure out a way to teach a class?" She gave me a lot of wonderful suggestions on how to prepare for each week as I went along to make it through that first semester. She was marvelous in terms of helping me figure out some ideas for projects.

JS: Was this a faculty member?

RH: A faculty member who was going to be a new faculty member at UWM, and he simply changed his mind. I think he was Egyptian or something and he just didn't show up on campus.

JS: Forever? He never came for all the other courses he was teaching?

RH: No, I don't think he ever showed up. So, I'm sure the dean had to find someone to teach whatever other courses he was teaching. I agreed to do it, and that was the beginning of my teaching there.

JS: Did you take a course like that when you were getting your master's on health science librarianship?

RH: No.

JS: They didn't have anyone at UWM to teach that kind of course?

RH: The VA librarian taught a course, but I don't recall if it was—

JS: You didn't take it.

RH: No, I took a course from the VA librarian, but I don't know if it was health science librarianship. It might have been special librarianship. It may have been more general; it may not have been health sciences librarianship.

Then, of course, the next semester he wanted me to teach health sciences bibliography, but he wanted me to split it into two courses. I finally said, "No, we're going to do this as one and I'll teach it every third semester or something. I'll teach it once a year, but I'm not going to teach every semester. I can't do that."

JS: How many students?

RH: That first class, I want to say I only had six students. That wasn't that unusual at UWM that sometimes those specialized classes would—they probably wouldn't do it if they had fewer than five, but if they had anything over that, they would teach it. It was generally in the range of five to ten people. So, it was a very personalized teaching experience.

JS: And for how long did you do this?

RH: I continued to do it until 1990, when Alexandra Dimitroff was hired at the library school at UWM. I knew she had a background with health science librarianship, and I said, "You've got someone now. I'm outta here."

JS: She was one of Gwen Cruzat's students.

RH: Yes, she was. And she spoke highly of her.

JS: What was your relationship with other UWM faculty? Did you have one?

RH: Not much. They knew of me and they knew I was fairly active in the medical library field, so I think they appreciated that. Occasionally I would get called on to do a single lecture for somebody else in another course... Actually, that probably happened more often after Alex came on board. Alex would say, "Can I bring my class over and do a field trip to your library?" because we were so close in location that it was easy for her to use my library as a field trip.

I didn't have much of a relationship. I don't think I was even invited to faculty meetings. As an adjunct faculty member, you weren't invited to faculty meetings. The American Library Association accreditation committee came in to reevaluate the library school, and I got called in. I was treated like a faculty member at that point because they needed someone to answer questions and help them organize all their papers and things like that. But that's really the closest I came to working with the faculty.

JS: Did you stop teaching when you left Milwaukee?

RH: No, I stopped teaching when Alex Dimitroff moved to Milwaukee. And I was heavily involved in the women's health core service at the hospital. I had other things. I think at that point I had just agreed to take on the second edition of *Hospital Library Management*, and I was on the [MLA] Books Panel at that point, so I had a few other things on my [plate].

JS: You were stretching yourself pretty thin.

RH: I was stretching myself thin at that point and I thought, this is something I can get rid of, because we have a perfectly capable faculty member to take over. So, that was my mini-career—teaching. But I think that was a pretty common practice, though, all over the country, to have the health science librarianship class taught by a health sciences librarian.

JS: Well, I was going to say, almost not, in the sense that faculty get pretty persnickety when faculty don't have a PhD.

RH: Yes, that's true.

JS: If the school doesn't put an emphasis on special librarianship, then maybe they'd let it slide. But if they're thinking of themselves as a comprehensive school, then they want all their faculty to be PhDs.

RH: Which may have been the motivation for bringing a PhD librarian into the school to teach.

JS: Correct. Do you remember any of your students? Did they follow up and get jobs as health sciences librarians?

RH: They did. And in fact, you just reminded me that I also had, over the years, many interns and library school students from that same library school. Because it was located so close to Columbia Hospital, it was very easy for me to get field work students, and so I developed a relationship with many of them. One of them, Kathy Robbins, and I wrote an article. She went to work at the University of Minnesota Bio-Medical Library. She had been a PhD plant pathologist before she went into library school. And she can tell her own story about why she switched to library science. She was an intern in my library and I decided to use her to help me do focus groups for the first time with my library clientele at the hospital, and we published an article in [the *Bulletin of the Medical Library Association*].

JS: Did she become director?

RH: No, no. I don't remember how long she stayed, but she was a reference librarian at University of Minnesota Bio-Medical. Other students that I worked with—one of my first interns became the associate dean of the library school, Wilfred Fong. Some of them would get back in contact with me later and say, "Oh, I got a job in this field," but not very many of them went on to medical librarianship. I never followed up with the people who were in the class. There was another librarian, actually, from Minnesota who went to work at University of Minnesota Bio-Med who was also in that same class that Kathy Robbins was in. In addition to being an intern, Kathy Robbins took my class; she did both.

JS: I did similar at Northwestern, and the only person I remember—I didn't teach it that much. Cele [Kramer] taught it before I came to Northwestern. But the woman who became—

RH: Are you talking about Dominican University?

JS: Yes. Well, back then it was Rosary College. Cele taught the health sciences course. She taught it with Ed Tawyea, and then when Ed left, she taught it with me. The woman who was librarian at Lutheran General, which became Advocate Health system, she was the only student I ever remember...

[MP3 file Ruth-Holst\_OH Part 3: 210722\_001]

JS: This is Jim Shedlock talking with Ruth Holst [on July 22, 2021, in Chicago, Illinois], finishing up her oral history for the Medical Library Association. We have lots of topics we want to catch up. One way to start this part, it's another reminder that we are doing historical publication, if you will. But in our original notes, they were dated February 2020. And we were planning to do this oral history a year and a half ago, and of course, like everything else in the past year and a half, everything kind of stopped due to this worldwide pandemic of the COVID-19 virus. So, we're playing catch-up here with Ruth's memories, but that's part of the history as to why we've put this off for eighteen months. So, now we're going to play a little bit of catch-up going over the things we've already talked about and just kind of embellish them a little bit and maybe answer one or

two questions for some items we think might be important to record before we go on with the rest of our outline.

[Editor's note: An unnecessary correction by Holst is omitted from the transcript.]

One topic that we maybe forgot or glossed over is to talk about your library education. You went to University of Wisconsin-Milwaukee. What was the curriculum like? Do you remember the required courses you had to take?

RH: I actually had a minor in library science from the University of Wisconsin-Milwaukee, so I had taken the prerequisites before I started the graduate program. I took the job at Columbia Hospital because they needed a librarian and immediately applied to graduate school at UWM to complete the degree, and I did it over a three-year period. So, I took one course at a time.

I think it was pretty standard. There was not a health sciences library course at the time, but there was a special libraries course. But I always thought it was an advantage having taken a job before I did my graduate education, because I felt that it made it easier to write papers and do assignments, as I was already working in a library.

JS: Did it maybe also frustrate you that you were taking courses where you already knew the content based on your experience?

RH: I think I understood the need to have the master's degree on paper, so I think I probably appreciated the fact that I was learning new stuff that I didn't know, especially all of the various [resources]—for example, when you take a course on reference, learning all of those indexes and things that I didn't know anything about, and then realizing, wow, this is something I need to know for the job that I have.

JS: Was there anything in the program that you didn't like?

RH: No. We did have some adjunct faculty. So, we did get exposed to real librarians working in Milwaukee. I took a class from the VA librarian, the special libraries class. And I think there was another guy from Allis-Chalmers library, who did something, believe it or not, on technology. This was really early, before computers were—I don't think we even had punch cards.

JS: Even pre-MEDLINE?

RH: Oh, yes, this is way back. This is before we were using any kind of computer in the library. I remember being very intrigued by the fact that computers were eventually going to become a big part. This was somebody who was actually working in the library at Allis-Chalmers.

JS: What is Allis-Chalmers?

RH: Allis-Chalmers was a manufacturing company that made farm equipment. In fact, having grown up on the farm, my father had an Allis-Chalmers tractor, so I knew exactly what Allis-Chalmers did. It was a big employer in the city of Milwaukee.

JS: I know we covered this in terms of your daily work as a hospital librarian, so I'm trying to reach more into your memory as to whether there's anything else to add about the daily routine?

RH: Now you're asking me to remember what I said on Friday.

JS: My point to asking about this is that before technology, or even with technology, what the daily routine life was like in a hospital library.

RH: Well, doing literature searches was a real task. It wasn't unusual to spend three hours doing a manual literature search. I remember going and sitting down at the *Index Medicus*. Let's say you wanted to do a literature search. I don't know why this sticks with me, but penicillamine for the treatment of Wilson's disease. In order to find all the articles on that, you would have to look up Wilson's disease and then the subheading of drug therapy, and then you would look up penicillamine, therapeutic use, and you would try to find an article that was in both lists. It was like you were using Boolean logic before you even took the classes where you had to learn about it.

JS: Doing it in your head.

RH: You were doing it in your head. Because in order to find an article that you knew was going to cover that topic, you had to look in both places. And you'd maybe do ten years out, and if it was September, you'd have to do nine months' worth of monthly *Index Medicus* in addition to the bound ones or compiled annuals.

JS: And you were recording this pen to paper?

RH: Yes, pen to paper.

JS: On behalf of a user.

RH: Yes. So, you didn't do a whole lot of these searches because it took up a good part of your day. I do remember doing a search for a doctor on the staff. I think it was actually a former chief of staff who was giving expert testimony about a patient that had had surgery and the surgeon left something inside—a rubber tube or something got sewn into the patient—and this doctor was defending the surgeon that was being sued over this. And I do remember finding an article about another case where this happened. It was very satisfying if you spent two or three hours looking for something and you found just the right article. It was sort of like, eureka!

JS: Did you spend a lot of time photocopying?



RH: Oh, yes. When I first started at Columbia Hospital, we did not have a photocopy machine in the department. That wasn't a thing yet at that point. The closest photocopy machine was in the basement of the hospital, so I remember, as we started doing more interlibrary [loan]—I was in the library when it first opened in February of 1970. Services like interlibrary loan, I think Dr. Beckman's secretary was doing some of that. She was calling up the Medical College library and saying, "Send me this article." But we expanded interlibrary loan at that point.

Doctors would come in and say, "I need a copy of this article," and being very service oriented I would say, "Oh, yes, I'll do that for you." And I would load up a bunch of things in a cart and wheel it to the elevator and then down to the basement to the one photocopy machine in the hospital, because it was brand-new. When they realized how much time I was spending outside of the library to do this, it wasn't hard to make the case that we needed a photocopier in the library. But, yes, those early days were very hands-on.

JS: Was there anything else, that part of the routine in the hospital library that you can think of?

RH: No, not really. Certainly, right from the beginning, I enjoyed what I was doing and kept pushing the envelope in terms of expanding services and trying to get more people into the library.

JS: Let me talk about the issue of degrees for librarians and whether or not there is any kind of rivalry or—I guess 'tension' is one word to use—between the degreed professional librarian and people working in libraries being called librarian but didn't have a library education or a professional degree. Did you have that tension or experience in Wisconsin? First of all, in Milwaukee and then broadly speaking in the rest of the state.

RH: I don't remember that being a big deal, but it was something we talked about. And certainly, while I was still one of the undegreed people, maybe I just wasn't aware. For all I know, there could have been someone else in the city who said, "Why did she get that job." But my understanding was that nobody else applied for it.

I think as I became more aware of the importance of the degree, then there probably was a little bit more of a—we all recognized who among us had a degree. There were probably a couple of librarians that did not have degrees, but not very many. The '70s was when a lot of people started going to library school. The library school started expanding during that decade of the '70s. I really think of that as the professionalization of the library profession, that a lot of people started getting master's degrees in library science at that point.

There probably were other hospital librarians that had, like me, a minor in library science. I'm trying to remember if there were associate degree programs. I think there were later

at Milwaukee Area Technical College—there might have been two-year associate degrees, but I don't recall if that was the case in the early '70s or not.

I think we just all worked together, and I don't remember anyone making a big deal out of it or shaming anyone for not having a degree. The people with master's degrees maybe got better salaries—I don't know—than the people who didn't.

JS: Let's talk about some personalities. Your relations with other hospital library leaders—well, maybe we're jumping a little bit ahead, too.

RH: You mean in the state of Wisconsin?

JS: Well, let's start there, but I was thinking more nationally as you get involved in the Medical Library Association. First, let's talk about the hospital library leaders in Wisconsin while you were at Columbia Hospital.

RH: I think my awareness of the other hospital librarians in the state happened gradually. I joined MLA in 1973 or '74, and my first MLA meeting was 1974. And that was also the year that we formed the Southeastern Wisconsin Health Science Library Consortium. That's when all the consortia in the state of Wisconsin were being formed. As that was going on, we began to get together, with Virginia Holtz from the University of Wisconsin who would pull together some of the leaders from around the state. I got to know Eileen Emberson from Eau Claire, Mary Bayorgeon from Appleton, and there were a couple of very strong hospital librarians in Madison—their names are escaping me at the moment. We started having meetings and working together to make sure that—we started having some continuing education opportunities in the state, and—

JS: Is it through these leaders and your work with them in the state, is that how you got to know about MLA or did that even come up in your library science courses?

RH: I'm sure I was aware of the Medical Library Association, but I actually joined SLA—Special Libraries Association—first because they had a local chapter in the state of Wisconsin. MLA had big chapters, in at least our part of the country.

JS: Regional.

RH: Yes, it was a regional thing. If I did attend Midwest Chapter meetings, it probably was in concert with what was called the Tri-State Hospital [Assembly]. And I'm not sure what the three states were, whether it was Illinois, Wisconsin, and Michigan, or Illinois, Wisconsin, and—Indiana? It was a Great Lakes kind of thing, so it might have been Michigan. But you'd go to Chicago every spring for this hospital conference. [Editor's note: Despite the name, the conference included representatives from all four states.]

JS: Was this in the mid-'70s?

RH: Yes. I joined the Medical Library Association probably in 1974, in time to attend the meeting in San Antonio. I can't specifically remember what motivated me to do that, but I remember rooming with another librarian from Milwaukee at the meeting, so I think my trip was probably planned with other local librarians.

JS: But somebody had to put the idea in your head to go to San Antonio for this meeting, right? Everybody was talking about it?

RH: I'm sure there were people saying, "Let's [go.]" The librarian at Waukesha Memorial was active in MLA. Bessie Stein, who was the director at the Medical College—I guess it was called Medical College of Wisconsin at that point—probably attended and probably encouraged it. It probably came up in meetings.

JS: So, how did you get involved in MLA? Did you just volunteer? You saw a committee that you thought would interest you? You thought you could contribute to it?

RH: I think my first entrée was to get involved in the Hospital Library Section. My first committee would have been a Hospital Library Section committee, and I can't tell you what the committee was; I have no idea. But that would have been around 1977 or '78, because I can remember telling my friends, "I'm on a committee of MLA!" and it was really just a committee of the Hospital Library Section.

I do remember attending the Medical Library Association meeting in Chicago in '78 and taking a continuing education course. I don't know if that was my first continuing education course or not. Actually, my second MLA meeting in 1976 was in Minneapolis, and I was asked to teach the interlibrary loan course. I was shocked. Somebody had put together a syllabus, and somebody in MLA knew that I had helped to form a consortium and was knowledgeable about interlibrary loan. I have no idea how that came about. But someone called me and asked whether I could teach this class. I took a look at the syllabus and I said, "Sure." But I remember thinking, why the heck did they have an eight-hour class on interlibrary loan? This is so basic. I did it, and I followed the syllabus, but I can remember thinking that they could boil this down into a half day. But at that time, I think all MLA classes were eight hours, so nobody thought of being practical about it.

JS: Did you realize, maybe, as you were teaching, who you were teaching to, that maybe, going back to this business about librarians without a degree working and being in charge of a library, that these MLA CE courses were needed by these people?

RH: It's interesting. At this point, all over the Midwest there were these consortia being formed, and the main thing they did was interlibrary loan. So, I think interlibrary loan may have been a very hot topic in the mid-'70s, and so, therefore, enough people signed up to take a course on it at the annual MLA meetings. Probably after a few years they didn't need it anymore because everybody knew how to do interlibrary loan.

I think just knowing about the ALA interlibrary loan form—because we were still taking a three-part ALA form and sticking it into a typewriter and typing our interlibrary loan requests. And the top copy would get mailed to another library—or the top two would go to someone else—and we’d keep the third copy. You had to set up a system in your library to manage how many requests you would send out at any given time and how to check them in when they came in. So, there was paperwork involved in it.

JS: Well, part of those daily routines of what it means to be in a hospital library.

RH: Yes, interlibrary loan was a big part of what we did in hospital libraries.

JS: So, do you recall forming any special thoughts about MLA as an organization when you first joined and started getting involved?

RH: I do have one recollection of attending that first meeting in San Antonio and standing in the back of a big auditorium and seeing Sarah [Brown]. I must say I didn’t attend the business meetings and I wasn’t very good about attending a lot of things. I think my first MLA meeting I was having more fun just being in a city somewhere outside of Wisconsin, and walking around on the River Walk in San Antonio, probably. But I do remember seeing Sarah [Brown] from the back of the room and thinking, wow, look at that, I wonder if I could ever be president of an organization like this, and then sort of thinking, ahh, probably not [laughter].

JS: But you did think it.

RH: I did think it at the time. But I gradually got more and more involved. The Hospital Library Section was my entrée into MLA. The first time I filled out one of those applications for an MLA committee, I applied for three committees and I didn’t get any of them.

JS: You didn’t get any of those, but did you get any other appointment?

RH: I didn’t get any of those. But they called me and said, “We have this other committee.” It’s a committee that went away shortly after that. There was a National Program Committee—the NPC—but there was also a Program and Convention Committee or something like that that was in existence in the late ‘70s [1971-1989]. [Editor’s note: The National Program Committee began for the 1978 Annual Meeting; previously the Local Arrangements Committee assumed programming responsibility for annual meetings.]

JS: Yes. They were to make recommendations for where the MLA annual meetings would be held in the future [and criteria for content and format].

RH: Maybe that’s what it was. I don’t remember much about what we did, but I did get appointed to that convention committee. Or maybe it was an evaluation committee. That might have been part of it too. I did get appointed to that. [Holst served on the Program

and Convention Committee 1984/87.] And after that I never had to apply again, because every time I finished with one committee, somebody would say, “We want you on this committee,” and I never had to bother to fill out the form again.

I remember that once the Section Council got started, which was around 1980 or '81 or so—because I remember that Holly Shipp Buchanan was the first Section Council chairman. She did it from '81 to '84, and then June Fulton did it from '84 to '87, because my term on Section Council was '84 to '87. I worked in the Hospital Library Section for a couple years, and then they asked me to be the section representative.

That experience was fun because the Hospital Library Section was the biggest section, and so the Section Council was the one place where you were an important person if you were a hospital librarian, unlike the rest of the association, which was being run mostly by academics—people from medical schools. The Section Council, you had influence if you were a hospital librarian.

JS: During your term on the Section Council, did you have an opportunity to show your influence or throw some weight around based on your position as the representative from the Hospital Library Section?

RH: I probably did. I may have influenced other people. I chaired at least three committees for the council during that time. One of the things about being on the Section Council was that I observed June Fulton in a leadership role for three years, and I was very impressed with the way she conducted herself and conducted those meetings. I learned a lot about conducting committee meetings from watching her.

JS: I agree with your observation. I'm beginning to wonder if maybe you and I were on Section Council at the same time. Because I was doing the Public Services Section.

RH: I do remember sitting next to Mark Funk on the Section Council for several years, because they did them alphabetically, and he was with something called the [Library Research Section]. He got seated next to me, and so we got to be good friends and were joking around a lot. That's when I learned about those posters that he and Bob Pisciotta had done. I probably met Bob Pisciotta through Mark Funk at the time and learned about those crazy posters they did.

JS: For MLA?

RH: Don't you remember those crazy posters they did when they were at the University of Nebraska? They were jokes, they were cartoons. I don't know how to describe them but I'll get you some information on them. I don't want to go off target here.

JS: These weren't posters as part of the MLA meetings.

RH: These were jokey posters; these were humorous posters about librarians, and doing puns and drawing crazy pictures.

JS: I don't have a clue about it.

RH: Pictures of a person getting stuck in a fax machine or something—silly stuff. But that's when I learned about what a great sense of humor Mark Funk had. I'm trying to remember some of the other people who were on the council at that time, and my mind is going blank. I don't know if the whole membership turned over every three years or if they started to stagger the terms.

JS: I think they staggered them.

RH: They probably started to stagger them, so I probably overlapped with some people for only one year and some people two years and some three years. That was my first real—where I was getting into the meat of what was going on. If something was an issue in the association as a whole, there's a good chance it came up for discussion at the Section Council.

JS: So, going on from there, you're increasingly involved within MLA. Did you ever think that your thought standing in the back of the annual meeting in San Antonio in 1974 was leading you up to this bigger leadership role within MLA?

RH: I think I always thought I wanted to be actively involved, but—

JS: But you didn't have to be the top dog.

RH: No. As a matter of fact, at the end of being on the Section Council for three years, I was asked to run for chair of the Section Council, and I said no. Audrey Powderly [Newcomer] from the University of Nebraska ended up running for Section Council chair and getting that. But I was asked to run and that was the first time I was like, nahh, I can't devote enough time. Because it meant you were on the Board [of Directors]. The Section Council and the Chapter Council chairs were members of the board, and I didn't think I could devote time to that.

JS: Well, at some point you did run for the board, right?

RH: Yes. Obviously, I showed leadership potential on the committees.

JS: For greater things, bigger things.

RH: I was on the Books Panel and then chaired it. And actually, that little Program and Convention Committee I was on, I ended up chairing the third year I was on it. So, I think the leadership potential was there, and people kept asking me to run for the board. I remember Alison Bunting asking me to run; I remember Judy Messerle asking me to run; I remember Lucretia [McClure] asking me to run; I remember Jacque Doyle—Jacque Doyle asked me twice. The second time I said yes. That was at the MLA meeting in Vancouver in...2000. While I saw myself as playing a leadership role, I kept saying no, I

can't devote the time that it's going to take to be on a board. So, I kept saying, no, I'll chair committees but I don't think I can be on the board.

JS: But eventually you did say yes.

RH: Yes. And you know what probably changed my mind? I got appointed to the Biomedical Library Review Committee at NLM, and that was for four years. Yes, I think those were four-year appointments. Three times a year you put a lot of time into reviewing stacks of proposals. I remember thinking, god, if I can do that, how could being on the board of MLA take more time than that does? And that's what convinced me.

JS: Probably took you less time.

RH: Probably took me less time, yes. But that's what convinced me that I could do it and get enough support in the hospital to do it.

JS: So, what's the year you were asked to run?

RH: Two thousand. So, I was on the board from 2001 to 2004. That was my first time on the board.

JS: And from there, when were you asked to run for MLA president?

RH: I was asked to run shortly after I was on the board, and I said no. Because I was already working for the Regional Medical Library, and I remember talking to Angela Ruffin, who was the head of the office at the National Library of Medicine that was in charge of—who worked with all the associate directors in the RMLs. And I also talked to Betsy Humphreys, and Betsy talked me out of it.

JS: For running for MLA president?

RH: Yes. She said, "You're being paid by the National Library of Medicine, and you have to think strongly about what you would do if something came up where NLM was in opposition to MLA on a topic—what you would do." So, I said no the first time. But she said she would think about it. I said, "Okay, I think you're right about that. I need to think about this more." We both decided to think about it more. And I think I probably talked to her then when I was asked in 2008, probably.

JS: And then you ran for president in [2008 for the 2010/11 year].

RH: Yes. So, when I went to the 2009 meeting, I was the president-elect—or elect-elect [at the start of the meeting]. So, my second three-year term was 2009-2012—my second time on the board.

JS: I'm realizing we skipped over something important, the Janet Doe Lecture. Let's back up a little bit. You were on the MLA board.

RH: The Janet Doe thing came much earlier.

JS: Yes, 2007. Well, you were on the jury, but you were the Janet Doe lecturer.

RH: I did the Janet Doe Lecture in 1990. I was on the [1990] National Program Committee. I was asked to do the Janet Doe Lecture in spring of 1989, because I did the 1990 Janet Doe Lecture. And I was quite surprised by that. It was a big challenge, because I think I was the youngest Janet Doe lecturer, and I was the first hospital librarian. I remember definitely feeling that to some extent it was tokenism. The three people on the Janet Doe Lecture—there were only three people on those juries at that time—had a discussion and said, "We've never had a hospital librarian do a Janet Doe Lecture." Judy Messerle happened to be one of the three people on that committee, someone I knew very well. I think Virginia Holtz may have been on that three-member jury, and Erika Love was the chair. These were two people who knew me really well, so I think that's why they said, "Let's invite Ruth Holst to do it. We know her. She's a really good person, she's had some writing experience. We think she could do this." But I remember being very surprised, and it was a challenge. I struggled to do the Janet Doe Lecture. And looking back on it, I think I'd have done a much better job ten years later, but that's when I was asked to do it. Because I think there was a feeling among some people in the association that they needed to be promoting hospital librarians into various leadership roles in the association.

JS: And your topic was?

RH: "Hospital Libraries in Perspective." I looked around to see if anybody had written a history of hospital libraries, and I found a very well written chronology that was written by a librarian from your territory, from Michigan. I don't remember her name, but I remember she did sort of a chronological thing on the history of hospital libraries and I thought, oh, that's already been done. I need to come up with some kind of a different perspective on this. And so I thought, well, let's just look at how hospital libraries fit into what's going on in the hospital industry and what was going on at any given time. I started reading up on some old stuff and reading up on the history of hospitals and went from there.

JS: Pat Wolfgram.

RH: Pat Wolfgram, yes.

JS: Citation number one.

RH: Oh, in my Janet Doe Lecture.



JS: “Hospital Libraries in the United States: Historical Antecedents,” published in the *Bulletin* in 1985. I vaguely remember her. She was from not Detroit but the Michigan thumb area, I think, from Saginaw.

RH: I worked very hard on it and spent a lot of time on it, and I was very nervous about doing it. I only got up to about World War II and I just didn’t have enough time to do any more. So, it sort of ends in the ‘50s or something. I’d have to go back and look.

It’s interesting, because Lois Ann Colaianni did her Janet Doe Lecture the year after me, and she said to me, “You know, you took my topic,” because she had started out as a hospital librarian. She would have done probably a much better job doing a lecture on hospital libraries [laughter]. But I took her topic, so she had to pick a different one.

JS: Was she at NLM then?

RH: Oh, yes, in ‘91, because she went there, I think, in ‘81. I had to do the introduction, and I remember calling up people who knew her—Phyllis Mirsky and Bob Braude and people—just to be able to do a decent introduction. I had to call up people who knew her and knew her work.

JS: So, back to running for MLA president. I forgot where we left off—I apologize.

RH: We didn’t skip over the ‘80s. I was involved in Section Council.

JS: But that was all leading up to being asked to run for MLA—to be on the board.

RH: Yes. I did work on a number of committees—the Books Panel and—I’m trying to think; I can’t remember at this point. When I was on the board the first time, I was asked to chair the [Task Force on] Expert Search[ing]. I ended up doing some ad hoc [committee] work in MLA over the years for various reasons.

One of the things I do recall is, I was on at least four search and screen committees. Every time they needed to do a search and screen committee and they needed a hospital librarian, Milwaukee was up the road from Chicago, so it was less expensive to bring in a Milwaukee hospital librarian. I was on the search and screen committee for the director of education, for the *Bulletin* editor in 1987, the executive director in 1991—I was on the search and screen committee for Carla [Funk]—and then the managing editor of books in 1996. I felt like I was making a career out of being on search and screen committees.

Rather than being on the mainstream committees, I was on a lot of ad hoc committees over the years. The Informationist [Conference] Task Force, the Benchmarking [Implementation] Task Force, the Centennial Coordinating Committee.

I remember being appointed to the Expert Search Task Force while I was on the board because of that incident at Johns Hopkins [2001]. That was a big point of discussion. Carol Jenkins was the president of MLA when that happened. For the record, a patient

died and people felt it was because the doctors hadn't done a thorough enough literature search to discover that the drug the patient was given was toxic. And there was literature to show that the patient—

JS: Just farther back in time.

RH: If somebody had done a more thorough literature search. That became a big talking point for medical librarians at that time—that you needed a medical librarian to really do a good literature search. And, of course, that whole process. There were great people on that task force with me—Michael Homan, Ed Holtum from Iowa, who wasn't particularly active in MLA in other ways, but was a great member of that committee. There was someone from Johns Hopkins. We had a really good group of people. And we ended up writing a white paper on the importance of having a medical librarian in your library when it comes to expert searching.

Some years after that, there was a whole evidence-based medicine thing and eventually, systematic reviews became an important thing, and I think that all came out of the work that we did on that Expert Search Task Force. Ultimately by the time I became president of MLA, I remember there was some kind of an agency in the federal government that proclaimed that in order to do a good systematic review, you had to have a librarian on your committee. This was like a proclamation that went out to academic medical centers around the country who were doing these systematic reviews... [Editor's note: In her presidential address at the 2011 Annual Meeting, Holst highlighted reports from two organizations that called for librarians or other expert searchers to be included in planning search strategies: the Agency for Healthcare Research and Quality (AHRQ) and the Institute of Medicine (for systematic reviews).]

JS: So, let's talk about being MLA president. Who did you run against?

RH: I ran against Margaret Bandy. So, one way or the other, you were going to have a strong hospital librarian. I wasn't a hospital librarian at that time, but Margaret was a hospital librarian her whole career. And once again, she might have been the better choice, but thankfully, she—

JS: She ran again and won. No, she did a Janet Doe Lecture.

RH: She did get invited to do a Janet Doe Lecture and she did an excellent job on that. She always joked—she grew up in the Chicago area and some of her friends said to her, "You're from Chicago. Couldn't you have slipped somebody money under the table or something?" and she said, "I know, but I ran against someone who was in Chicago at the time," so that was that. Margaret and Roz Dudden both ran for president of MLA and lost. They used to call that the 'Denver Curse.' So, when Jerry Perry got elected the year after me, he broke the curse. That was the end of the Denver Curse. But, yes, I ran against Margaret and did not win by that many votes. It was close. And she would have been an excellent choice.

JS: So, what was your program? What did you want to accomplish as president?

RH: Some people take on that job and they have a pet project that they want to promote, like Mark Funk was really big into technology and getting MLA involved. M. J. Tooley, of course, set up the Vital Pathways. She had done the hospital library thing and the Vital Pathways was already working on coming up, and I was part of that. I saw myself as continuing some of the projects that other people had started. I saw myself more as a lead from behind kind of person, rather than setting up another new task force to work on something. I know that Jerry Perry after me set up a task force because he wanted to do something with education. Jane Blumenthal ended up doing a big planning task force or something. But I was one of the few presidents that didn't set up a big new task force, because I felt we had several things that were going on.

The one thing I did do that I do feel some personal responsibility for was the [MLA] Disaster Information Specialization, because I was on the NLM [Long Range Planning Panel] in 2006 when we were all asked to come up with three things that the National Library of Medicine should be doing in the next five to ten years. And I remember one of the things I picked was—because of what had happened with Hurricane Katrina, that whole issue of organizing health information during an emergency became a big issue. That was the top of my list of the three things, and I don't even remember what the other two things were, but I said, "NLM really needs to be involved in organizing information for emergencies and disasters."

So, the day I showed up at the planning meeting, we were having bagels and orange juice or something outside the Board of [Regents]—people who go to the meetings at the National Library of Medicine know there's that little outer area. Elliot Siegel came up to me at the meeting and said, "Ruth, we're going to have you lead off the meeting, because we want to talk about the National Library of Medicine's role in emergencies and disasters. That was your top pick. You're going to lead off." I remember thinking, oh, my god, I have to lead off this meeting. There was a...former head of [Health and Human Services, Louis Sullivan]... There were some big-named people in the room at this committee meeting, and I remember being a little bit taken aback that I was going to lead off the meeting. I was on a subcommittee of that group that did do some planning for the kind of role that the National Library of Medicine could play in emergencies and disasters.

When I became president-elect of MLA, I was approached by Cindy Love from the National Library of Medicine, who was part of that new subsection of the National Library of Medicine that had been set up for disaster—DIMRC—Disaster Information Management Research Center—and she said, "Ruth, we've got this idea for training more medical librarians for disaster information services, and we would like to work with MLA on that." She approached me and we set up a task force in MLA, and then eventually it was the second specialization that the Medical Library Association did. The first was the [Consumer] Health Information Specialization and the second one was Disaster Information Specialization. So, I did feel I had a very strong connection with getting that—

JS: So, that was a big accomplishment.

RH: Yes, that was probably the biggest thing I did.

JS: Were there any others that you remember?

RH: I'm sure there were big things that happened during those years.

JS: Well, I'm going to ask if you had any controversies. Before that, what did you like about being MLA president, and conversely, what did you dislike?

RH: I enjoyed the year as president, and I think going out and attending chapter meetings was probably the highlight of that. And actually, having weekly meetings with Carla Funk was probably a highlight of that, too. When Carla came into the association, June Fulton was her [third] president, and they set up weekly meetings. After that, she always had weekly meetings. People used to joke about, when you were no longer president of MLA, you had to walk away from those meetings. Because you always knew what was going on in the association because you were—

JS: So, it was hard not to be involved as deeply.

RH: After you stopped being MLA [president], you missed that deep involvement in the association. I enjoyed attending the chapter meetings and learning about what was going on in the other [chapters]. But I had a very hands-on job. Being the associate director of an RML wasn't like being the director of a medical school library where you could have your assistant run the library while you were president. I was having to do a lot of hands-on work. In fact, I wrote the contract proposal at the same time that I wrote my inaugural address for MLA.

JS: That's a lot of work.

RH: Yes, that was challenging, getting the finishing touches on a contract proposal at the same time you're trying to write an inaugural address for being president of MLA.

JS: Was that your first?

RH: No, that was my second RML contract proposal. That was the one for the 2011 to 2016 contract. I had written at least half of the proposal before that for the 2006 to 2011 contract. But that one I wrote pretty much the whole proposal.

JS: Was there anything you disliked about being MLA president?

RH: No, I can't—

JS: Or anything that became—

RH: Distasteful or whatever? No, I can't say there was anything. Just probably the feeling of not having enough time to devote.

JS: Any regrets?

RH: Not really. I don't see myself as being a visionary in the association. I look back and there were certain people in the profession—the Nina Mathesons of the world who really were visionaries. I was more of a lead from behind kind of person.

JS: Get things done and do the work.

RH: Yes, get things done, keep the association afloat.

JS: Did anything take place when you were MLA president in terms of relations with NLM? Anything major come up?

RH: No, actually, thank goodness. We worked very closely with them on the Disaster Information Specialization, but I don't think there were any other—. I did end up going back and speaking to the Board of Regents at one point about the Disaster Information Specialization, but I don't think there were any other—. Something will come to me later and I'll be shocked that I didn't remember it. No, I can't think of anything else.

JS: Well, there are two topics here on the outline. One is to talk about your efforts in publishing—*Hospital Library Management* and *MLA Guide to [Managing] Health Care Libraries*. Those are two big accomplishments and kind of, what, settle your reputation as—

RH: My writing career [laughter]?

JS: Well, but also settled your reputation as leader in hospital librarianship for the '70s, '80s, and '90s.

RH: It probably did help. I think I had mentioned earlier that I was fortunate when I was working in the Midwest Health Science Library Network to be working with people like Jana Bradley and Judy Messerle. And when Jana decided to do the *Hospital Library Management* book, she had seen a sample of my writing because we had been working on something together, and she thought I was a good enough writer. In fact, Jana described my writing style as 'grantsmanship style.' I have a very tight writing style. I don't add a lot of extra verbiage. And I'm fairly good at taking a topic and writing it in a way that everybody understands what it is. I probably would have been a pretty decent science writer, actually, if I had been motivated to do that. But I was very much a rookie, and Jana had to hold my hand and tell me how to write a chapter outline and how to—and probably had to do a lot of editing on the chapter that I wrote for the book. I think Judy probably had a stronger background.

Jana's concept for that book was—she was in a large hospital library with a staff of, I don't know, six or seven people. I was in a hospital library with 3.8 FTEs and Judy was in a really little [library]—and she wanted the three editors. And she insisted on having hospital librarians write all of the chapters. Unlike previous books like the one that [Harold Bloomquist] did ten years before that, which had something to do with hospitals, was mostly written by academic people [*Library Practice in Hospitals* (1972)].

JS: Did MLA publish that?

RH: No, it was published by a different association [Case Western Reserve University]. I don't remember who published that, to tell you the truth. But a lot of it was written by people who were not hospital librarians, because there weren't a lot of strong writers.

That was a good experience, and I learned a lot working with Jana. She was an excellent editor. When she decided seven years later—around 1990—that she wanted to do a second edition, she asked me to be her associate editor because I was still working in a hospital library at that time and Judy was not. I went on to the Books Panel right at the time that she presented her book proposal for a second edition to the Books Panel. And she backed out. After six months, she said, "I don't want to do this." She said, "I'm not in a hospital library anymore. I think you have strong enough experience as a hospital librarian and as a writer. I think you can do this without me."

And so here I was. I had agreed to be the associate editor and so I took on—I don't think I would have sought to do the second edition on my own, but I had agreed to work with Jana on it and I thought, well, yes, maybe she's right. Maybe I can do this. I asked Sharon Phillips from Detroit and a librarian from Ohio [Karen McNally Bensing] to work with me on it. And that third person backed out after a couple of years. I'm embarrassed to say, it took forever. I started working on this in 1990 thinking I would do it in a couple of years, and I got waylaid along the way with health problems that set me back. I got breast cancer and had a mastectomy in 1992. So, the work on the book sort of got put aside for a while, unfortunately.

When I got to the point where I really needed to start working on it again, I was procrastinating way too much, and the Internet came along. And it was clear that the Internet was going to change the way we did every single part. All of these people who had been working on chapters on reference and how to manage your cataloging, managing your audiovisuals—all of that was going to change. So, it was really hard. We had to go back and start over at square one.

JS: And this became the *MLA Guide*, right?

RH: Yes, and it still took a number of years. I'm embarrassed to say it took almost nine years or something to do it. But Sharon and I finally pulled it together and sent it out.

Beryl Glitz, bless her heart, from UCLA, was the managing editor of books at the time. That was a position that started with Michael Homan. I don't know, I think it may have

ended. Michael did it for a while. He was very encouraging. But I want to say that Beryl Glitz, who was a fabulous editor—and she’s someone who had written contract proposals for the UCLA RML for years—went through and singlehandedly edited that whole book. She went through every chapter, made suggestions, and I learned to be an editor during that nine years that I worked on that book. I wasn’t an editor when I started. I wasn’t good at it. That’s why it took me so long. But by the time I was done, later I would say I was a fairly decent editor and could edit and helped other people with editing. But not at that time. I learned on the job. Thank goodness we put it together.

I think the result was good. I thought it was an excellent book, and it even got reviewed in the *New England Journal of Medicine*. Or was that the *Journal of the American Medical Association*? One of the medical publications actually reviewed it.

JS: Probably *JAMA*.

RH: And it got a starred review in the *Library Journal*, which was something Jana, I think, pushed for when we did the first edition and she just couldn’t get them to make it a starred publication. But we did it with *The [Medical Library Association] Guide to Managing Health Care Libraries*. Boy, that was a battle over the title.

JS: Oh, really?

RH: Yes. It was supposed to have been *Hospital Library Management*, second edition. And I can’t remember why—I think the copublisher of MLA at the time wanted a broader audience, and putting ‘hospital library’ in the title—and I remember talking to Jana about it, and after she saw the finishing title she was like, “I can’t believe you got stuck with that title.” But we called it ‘health care.’ They were going to do health sciences or something like that. We did say, no, this is for people who are working in health *care* environments, not health and education environments, not medical schools. These are for people who are actually working with caregivers.

JS: Clinical care.

RH: Yes, clinical. So, we did convince them that it should be [health care]—and MLA was into this idea of starting a series of “The MLA Guide to” at that point. This one may have been the first in the series; I can’t remember. But there were several after that that had that title—“The MLA Guide to.” I think that ended up being successful for them.

It’s funny, because I was not very sophisticated enough to know that I should be out promoting this book after it published. I just thought, we finished it.

JS: But that’s MLA’s job, isn’t it?

RH: Well, that’s the way I felt. It was MLA’s job. But it didn’t get promoted, actually, as well as I’d hoped. Interestingly enough, it came out in 2000. When I went to the Hospital Libraries Section meeting at, I believe, the 2000 or 2001 meeting, the Hospital

Libraries Section always gave out publication awards, and nobody nominated our book for a publication award in the Hospital Libraries Section.

JS: Wow.

RH: And that's when I discovered that there was this sort of—

JS: Because no one knew about it?

RH: You were expected to self-nominate. Apparently, within the Hospital Libraries Section, people who got publication awards self-nominated. I won't mention her name, but there was one person who was a chapter author on the book who nominated herself for another paper that she wrote but did not nominate herself for the chapter in the book, and I've never understood why. Maybe because she understood that if she nominated herself for the chapter she wrote, she was going to have to tell the nominating committee there was a whole book. I really don't understand.

I remember sitting with Holly Shipp Buchanan at the Hospital Libraries Section luncheon meeting—and Holly might even have been a chapter author—and saying, “Holly, were we supposed to nominate ourselves?” And I found out that was true. The next person who was chair of that committee on the Hospital Libraries Section did make up for it and said, “I can't believe that you guys didn't get nominated for publication awards until a whole year after that book was published.”

So, another lesson learned. You really need to market—even when you think somebody's going to be out there promoting your book. Nobody sent a copy of the book to the Hospital Libraries Section for them to write a review in the Hospital Section newsletter. I finally called up MLA and said, “Send a copy to the people in the Hospital Libraries Section to review this.” That was another lesson learned. It didn't get promoted the way that I should have.

When Roz Dudden and Margaret Bandy did the second edition of that book [2011], they did a much better job of promoting it—getting it out there and letting people know about it, and nominating themselves for the [MLA] Eliot award and whatever. That's another thing we could have—I should have nominated us for the Eliot award, but because it was a second edition of another book, I didn't think it was eligible. I was so naive. That's a silly reason. Because it probably would have won if I would have nominated it.

Anyway, that was my writing experience. I was a real rookie going into that and learned a lot about writing over the years and became a much better writer as a result.

JS: And your production in other areas—papers, conference presentations? You did a lot of those, too, right?

RH: Well, I ended up editing a special [symposium] of the [*JMLA*] when we did the expert searching thing. I wasn't on the Vital Pathways main committee, but I was on the



subcommittee of the Vital Pathways committee that was supposed to be editing stuff. I ended up being the senior editor on the Vital Pathways article that appeared in the *Journal of the Medical Library Association*, pulling together the work of a whole bunch of people who had written parts of it. It was a sort of writing by committee experience, and Carla and I finally said, “You know what? We need to just sit down and pull this together and make it a cohesive article.” But, yes, I probably did do more writing after that, and probably helped other people edit things after that.

JS: I have another topic here and wonder if it’s a little bit out of place, but maybe not. The topic is MLA recertification. You were involved in that back in the day?

RH: Oh, the certification issue, yes. That was one of my first challenges, so to speak, at a Medical Library Association meeting. I was one of those people—and I’m trying to remember—I think Barbara Coe Johnson might have been president of MLA. So we’re talking the mid-‘70s then.

JS: Controversy again that was related to medical library education.

RH: The controversy was that the association had a certification program, and as somebody who had graduated from a library school that was not ALA-accredited the year I graduated, I was not eligible for MLA certification. At some point, the organization had what they called a competency-based exam. Remember that?

JS: Yes.

RH: They were changing the certification program. This is before they went into that whole portfolio AHIP [Academy of Health Information Professionals] thing. But there was that step in between where they said, we have this competency-based examination and obviously you can’t be competent unless you pass this examination. But they wouldn’t let me take the exam because I didn’t graduate from the right library school. And I can remember thinking, well, if this is a competency-based exam, why wouldn’t you let anyone take it? Because this is how you would establish if they were competent [laughter]! I remember being one of the people who got up on the floor at an MLA business meeting and said, “This isn’t fair. You need to open this up to other people.”

JS: Wasn’t the issue started because this was a way to address those librarians who did not have professional education?

RH: I think it was partly that, and the people who went to library schools that weren’t accredited—it was both of those things.

I’m trying to remember at what point MLA opened their membership to non-librarians, because that was a big issue for a long time. You must have a master’s degree from an ALA-accredited school to become a member. [Editor’s note: The degree requirement pertained to the certification program rather than to membership in MLA. During this period, individual regular membership was open to persons actively engaged in

professional library work in the health sciences field or in related roles.] And at some point, there was that big debate about, well, if a doctor wanted to be a member, would we say you can't?

Maybe it's because at that point, library schools were morphing into information schools. There were people out there who were getting master's degrees in information science, so the argument was, isn't that the same? Or are we not going to let these people—because they went to an information school or had a related degree, are we not going to let them be members of the association? Because I think there were starting to be people like that working, especially at the larger academic libraries.

JS: I don't remember that so much as I was thinking it was this issue of people who went to unaccredited programs, but mostly for people who didn't have any library science education, that you still had these—

RH: Yes. I don't know at that point—did we ever allow people who did not have a master's degree to be—? I actually don't know the answer to that.

JS: In my time, I was introduced to MLA during my library science education. Dr. Cruzat promoted membership. Take advantage of the student membership fee. Join now and get involved. But I didn't think, because it didn't involve me.

RH: When the association did the change to that portfolio, AHIP, the Academy of Health Information Professionals, when they went into that type of certification, they grandfathered in all the people who had been—

JS: Who had been certified.

RH: No. A one-time-only offer: If you had a master's degree in library science, you could get in even if your school wasn't ALA-accredited the year you graduated. I'm not sure how they worded it, but they somehow grandfathered in a bunch of us. And that's how I was able to get into the Academy of Health Information Professionals.

JS: My recollection is that academy business is controversial, too, because for hospital librarians, certification was a big deal, because a lot of other health care professionals within the hospital environment also relied on certification for their status within the institution.

RH: Yes, and the Joint Commission on Accreditation of Hospitals looked at certifications. OTs had to be certified.

JS: PTs had to be certified.

RH: Pharmacists. People who worked in hospitals. Hospitals were. Everybody had certifications and accreditations. That was a big deal for hospital [librarians], to be able to say that you had a certification.

JS: So, to move to this academy idea was a big sell.

RH: I think it probably helped people, it did help some hospital librarians to be able to say, “Look, I’ve not only got a master’s degree, I’ve done the work to be recognized as a member of the Academy of Health Information Professionals. So, give me a raise, promote me.”

It was a big deal. And it was also something that was done, I think, very consciously to influence the Joint Commission, to see professional librarians—not that they ever wrote it back into the accreditation standards, but at least it got an asterisk mention or something in the table of contents of the Joint Commission standards in conjunction with knowledge-based [information]. You had to have knowledge-based information, and there would be an asterisk and it would say, generally acquired by getting a master’s degree in library science from an accredited library school. I think that was as close as we got to being able to say that you need a professional librarian in charge of your library. Yes, that was a big battle over the years. Ongoing.

JS: This is the end of your career when we want to talk about leaving Columbia Hospital.

RH: My career as a hospital librarian but not the end of my career.

JS: Well, your transition to a new career, almost a new career. What year did you become associate director of the RML at the University of Illinois-Chicago?

RH: 2002. I spent thirty-two years at Columbia Hospital in Milwaukee and then finally decided to make the change. I think I had mentioned previously that when the hospital merged with another hospital, it wasn’t as much fun for me anymore to be a hospital librarian. And I knew that eventually one of the two hospital librarians were going to lose their job. I was the one who was probably least happy with what was going on; I thought, time for me to get out, move on.

JS: Did you go looking for this particular position or were you looking at other positions?

RH: It popped up. I’m trying to remember if I applied for anything else. I was looking. I thought that I might transition to something like a project management kind of thing, so I was looking. Because somebody I knew had looked at my résumé and said, “You know, you’ve done a lot of project management. Why don’t you consider going to work for a nonprofit?” I did actually start looking around to see if, for example, the local cancer society needed an executive director, because I really think that might have been something I could have done—go to work for a small nonprofit in the Milwaukee area.

Then this job in the RML came up. I don’t specifically remember Susan Jacobson contacting me, but she says that she did contact me and encouraged me to—I don’t

specifically remember that, but it's quite possible that I did get a phone call or an email or something urging me to apply.

JS: Susan was the library director.

RH: Susan was the director at UIC. I thought, this would be good practice. I saw it as good practice for a job interview, because I hadn't been on a job interview in twenty-plus years. I had applied for a job once at Marquette's main library.

JS: While you were working as a hospital librarian?

RH: Yes, back in the '70s or something. But it had been twenty years since I had gone to an interview. So, I thought, oh, this is good, I can practice. I was pretty low-key about it. As one of my friends now points out, I showed up, I didn't even wear a suit with a skirt; I wore slacks and a sweater set. I was not dressed in a business suit at the interview, and it's been pointed out to me that I'm lucky that they didn't look at that sort of thing.

I interviewed. Interestingly enough, it happened to coincide with one of those conferences that was held that spring at the National Library of Medicine. The Informationist Conference was in 2002. I was actually a speaker at an NLM conference at the time that my potential boss was sitting in the audience. I remember thinking, gosh, my potential boss, if I take this job, is probably sitting in the audience.

JS: So, you came for the interview.

RH: I came for the interview, yes, and then they offered me the job, and I gave it serious thought and said, well, yes, maybe I should do this, and I agreed to do it.

JS: Seemed to me at the time that it was natural. With a population for the RML, it's mostly hospital libraries and the Resource Libraries.

RH: I already knew a lot of the Resource Library directors. I knew a lot of people in the Midwest Region. There were a lot of people around that I knew.

JS: It was almost a no-brainer. So, you come in, you're the new associate director for the RML. How long did Susan last after you came in?

RH: I came in in 2002 and she left I think about 2006. UIC had a very stringent tenure track, and I'm not sure why they made people at that level go through the tenure track but they did. As the director, she had to go through tenure, and I think she just didn't make it through tenure.

JS: She didn't get it, right. Who was university librarian? Do you remember? Was that Sharon?

RH: Well, I interviewed the day before Sharon Hogan died.

JS: Oh, my god.

RH: I interviewed with Nancy [John]... She was the acting director at that time. She was actually supposed to be at a meeting in Europe, and the university leadership called her back and said, "You've got to get back here. Sharon Hogan is dying. We just got word that she is not going to last much longer." They brought her back. The day before Sharon Hogan died, I was there interviewing, and Nancy interviewed me. So, that was kind of a weird experience.

The RML was not fully staffed when I came in. I think it took me a year and a half after that to bring it up to full staffing. There was at least one, maybe two positions, sitting open at the point that I came in. Chris Shaffer left almost immediately after that, because Jean Sayre had just taken the job in Iowa and I think she had already told him that there was going to be a job for him in Iowa. That's what I'm guessing. He stayed on long enough to make sure the new associate director got in place.

JS: Because he went to be associate director at Iowa.

RH: I don't know if he was [assistant] director or if he was a department head, but yes, he did go on to take a position at [University of] Iowa.

There were some personnel issues; there were some challenges going into that position. Part of it was me not having the academic background, having to learn how academic bureaucracies work. UIC was interesting because a lot of universities have all of their research and grants in one department. The University of Illinois at Chicago had an office of research services, but then they had a grants office in the finance department. So, they separated the front and back ends of the [grant process]. So, when we would give out grants and awards to other libraries, I would go through the office of research services to do that, but the payment part of it—giving out the money—went through a different department. And it was rumored—I didn't know these people personally—that the heads of those two departments didn't work well together, so there was always conflict going on. So, this was my introduction to university bureaucracy [laughter].

JS: Well, that's interesting to hear that. It makes me think about the difficulties we've had with the RML related to money. And I don't remember how this was handled at Northwestern University, but if the two are together—you apply for the grant, the grant's managed, part of the management is the money—you don't necessarily have an opportunity where you lose the money. It drifts off someplace else because it's being managed by a whole different group outside of the people that are dealing directly with the substance of the work that has to be done and for which you're being paid to do. Interesting.

RH: Yes, it was interesting. And I found out shortly after I got there—I was very naive about all these things—the accounting or purchasing department—I don't remember what

the name of the department was—but they were supposed to be filing quarterly financial reports. I was doing quarterly reports for what was going on in the office, but the quarterly financial reports were supposed to be done by the finance people in your university, and I found out that they were two years behind.

JS: And the process for the RML is that both of these reports go together to NLM.

RH: I think they probably were sent in separately in all of the regions because it was two different things. It was NLM working with your grants office and then it was NLM working with your RML office in the library, and they often were two different things. But that was kind of disconcerting. I discovered that they weren't consulting us when they were turning these in, and they weren't sending us copies of them. And it took me a year or two before I finally set up a meeting and said, "Hey, you guys need to be turning these quarterly reports in, and you need to be consulting us and making sure that our financial records match yours," and they weren't, and they didn't. One of the people I hired to be an office manager in my department worked very closely with the people over in the finance area to get that cleaned up, but it took several years.

JS: Does this create conflict with NLM?

RH: They did not hold that against us. Angela [Ruffin] did have to do an evaluation once a year, I found out, or maybe it was just once or twice per contract, something like that. We did get bad evaluations for that. But we weren't the only university that was having this problem. I've heard horror stories of what went on at some of the other—I won't get into that. There was one university that was taking the money out of the RML contract and paying reference librarians.

JS: But that was at the local library level.

RH: Yes. There were much more egregious things going on in other RMLs, so the fact that our quarterly reports were late was not the end of the world as long as, at the end of the contract, they could close the contract. And part of the time I was in the RML, the contracts office at NLM was having a lot of turnover, too, and those people all had to come in and learn the ropes. So, there were mistakes being made on all levels. But that was all stuff I didn't know about before I went to work.

JS: Was Angela in charge of the RML office at NLM the whole time you were—

RH: Yes. Interestingly enough, she came in—I think Becky Lyon left a year before I came in or something like that. I came in the second year of the contract, so this was the 2001-2006 contract and I came in in 2002, so Angela may have started at the beginning of that contract. And she retired like two months before I did—just months before I did—so we pretty much overlapped.

JS: So you at least had that kind of continuity. What are some of the accomplishments you had as RML associate director?

RH: One of the things I did want to do—when I came in, there was very little emphasis on what was happening with hospital libraries in the region. I did try to make sure that more of the grants and awards—we weren't supposed to call them grants because we were working under a contract, so we had to call them awards for the whole time I was there. But everybody called them grants anyway. Every time somebody would get money from us, they would say, "We got a grant from the RML," and we'd say, "No, you got an award from the RML." That had to do with the lingo that was used for—the fact that the Regional Medical Libraries operated under contracts from the National Library of Medicine, not under grants. The whole set of operational financial rules that you used were different for contracts than they were for grants, and I learned all that the hard way, because I remember at least two of our Resource Libraries—Indiana University and University of Iowa—both went to NLM and complained because we weren't giving them their standard overhead. They wouldn't take my word for it that we were not giving them grants, so their standard overhead with the National Institutes of Health did not apply. But they wouldn't take my word for that, so they would contact the National Library of Medicine and complain. I'm sure that happened all over the country. You'd get a hotshot new grants director in the office and they would say, "No, we're going to demand that 10% of every award that comes in goes to our office."

JS: Yes, I remember running into this when we had to tell the grants people in the medical school, there ain't no overhead here. NLM doesn't give it. We're applying for this for the glory of trying to get it, plus you get the money to pay for the people to do the job. But your university's not getting anything out of this except the glory.

RH: It wasn't so much that NLM wouldn't give—we did do large awards and probably did include some overhead, but the overhead was always in that much lower category. The research people—they used to get 40% or more.

JS: I think some of the scandals were that they got more than that. And that's what financed the school.

RH: Often, the educational overhead was more like 10 or 15%, something in that range. We probably did have some universities that would put that in—if it was a bigger award, like a \$50,000 award, we may have rolled some [overhead in]. But for the small awards, like we gave our outreach libraries \$5,000 a year. Well, you don't want to take money out of that—\$5,000 is a small amount of money. It would help pay for travel or help them do little projects and things, outreach. We didn't want their universities taking 10% of that out of their [award].

JS: Because they would take everything eventually.

RH: There wouldn't be anything left. I learned a whole lot about overhead on contracts and business things.

But your question was what some of the accomplishments were. One of the things I did do was set up a peer review process and start teaching grant writing in classes, so that the people who were applying would write better grants. The proposals we would get would be awful. And sometimes, if it was a library that you really wanted to award, you would send them a list of questions, twenty questions, that would rewrite the proposal. It would say, tell us what you need to do. How are you going to evaluate it? You'd force them to answer questions, so that the final proposal had all the parts in it that needed to be there.

And we started doing peer review. Because I had been on the Biomedical Library Review Committee of the National Library of Medicine and so my experience was, you have peer review. What's going on here? Why aren't we doing a normal peer review? So, I set up a peer review process. And people loved being able to do that because they learned so much from that process about writing grants. That was how I learned about writing grants, was being on the BLRC. And then, plus, I did inaugurate a grant writing class and spent a lot of time—so, proposal writing was something that I was good at.

And I spent a lot of time advocating for hospital librarians while I was in the RML.

Otherwise, I do recall that one of the projects we did was—MLA had a lot of continuing education classes and people were clamoring for these to be online. There was that stage in there—I forget exactly what period of time—people had to relearn how to take a CE course that they were teaching and move it into a digital format, to do it in an online format. MLA had asked for a considerable amount of money from the National Library of Medicine to do a project to teach librarians how to convert their classes, and NLM had turned them down.

At the end of one of the contracts, I had some money left at the end of the year, or possibly at the end of one of the contracts, and I worked with the people in the Medical Library Association office, and we came up with a way to do it for \$50,000 instead of the \$150,000 or so that MLA had asked for. We said, we will give you \$50,000, but half of the people—it will be a course for sixteen people, eight of them have to be RML people. We sort of negotiated the deal where we ended up teaching a very hands-on, weeklong class on how you take a CE course and turn it into an online course.

JS: When you say that half had to be RML people—

RH: We had eight RMLs at the time and we wanted one instructor from each of the RMLs to be able to take this course, and so that's what we did.

JS: So they could spread the word.

RH: So that they could spread the knowledge to people in their own region. We came up with this agreement. There was a committee set up to screen the other people who applied to take that hands-on class. Kathleen Gaydos [Combs] from MLA brought in some people from a university in Michigan—Eastern Michigan? Western Michigan? I forget which university. There was somebody there who was good at doing this and they



brought in several people and taught a weeklong class in Chicago. I was proud of the fact that we got that done, and a lot of people after that, then, started converting their classes from in-person to digital classes. So, that was very transitional.

I modified the [GMR Regional] Advisory Council while I was there, too. When I came in, there wasn't one big Advisory Council for the whole RML; there were five little ones. And that became a real pain having to do five meetings every summer. With the technology committee and the education committee and the 'this' committee, and we had five different little committees. So, we finally said, no, we changed that when we wrote the next proposal. Let's just do a single Advisory Council.

JS: Describe relations within the region. Did you have any issues there? The issues to me would be with the Resource Libraries, I think, more than anything else, but maybe not. Maybe groups of hospital librarians had issues with the RML that you had to address.

RH: I don't know that there were issues. I always worried that there would be a competing contract. Especially when Linda Walton went to Iowa, we were aware in 2011 that she could write a very good proposal and take the contract away from us. We were always worried, or I was always worried, about the Jane Blumenthals and Linda Watsons—we had some pretty top-notch academic librarians in the region, so I always tried to be as nice to those people as I could and to involve them.

At one point we even worked with the University of Michigan to set up—do you remember that series of classes that the University of Pittsburgh did on teaching librarians how to do systematic reviews? A lot of people couldn't afford to go to Pittsburgh for a week to do that, and Jane and the people at Michigan came up with an idea to do an online version of that. We funded that for several years. The first couple years they did that. We ended up being the competition for Pittsburgh for teaching that. I always tried to work with the Resource Library directors as much as possible, because I always sort of felt they were some of my prime constituents. I tried to rotate them through the Advisory Council.

JS: So, what else do we need to talk about regarding your time as associate director for the RML? Anything we're missing?

RH: No, I think we've covered that.

JS: Well, then we have some general topics to deal with as we come to a close. What do you think was your biggest impact on the profession?

RH: Probably advocating for hospital libraries and hospital librarians. That certainly was a central theme of what I did over the years. Certainly, publishing two books to help young or newer hospital librarians do their work. I would say that was probably the main thing I did. I think I helped people in small ways, like grant writing and hopefully setting an example for other hospital librarians.

JS: Certainly in the Midwest, and I think with your MLA work, you also had an impact on people outside the Midwest Region. Did anybody ever give you any hints about that other than, I guess, voting for you in elections and other things?

RH: Yes, I think so. I would get invitations to speak. I remember being invited by the Association of Rhode Island [Health Science Libraries] to come and talk to them. M. J. [Tooey] invited me to a hospital library summit of some kind at the University of Maryland once. I remember going out to Seattle, the Pacific Northwest Region—it may not actually have been in Seattle; it was in Boise, I think—to give a speech. So, I did end up being recognized in that way.

JS: Something you just said made me think of another topic that we probably didn't address when we were talking about politics within hospital librarianship. Was there any thought among your peers when you were coming up through the Hospital Library Section and beyond to splitting [off] the Hospital Library Section? When you said 'Rhode Island Hospital Library Association,' it made me think of that topic where there was so much tension between hospital librarians and MLA not giving the recognition and yet having the political numbers, if you will, among the total membership versus MLA being run by the academics. Did people ever think about saying 'nuts' to this, we're better off being a section in SLA?

RH: I may have misspoken on the Rhode Island thing. I don't actually remember the name of the association, but it could have been the Rhode Island Health Sciences Library Association or something like that. I'm sure there were some people in the Hospital Library Section who wanted to somehow take a stand on things and probably did want to try and pull some activities into the section or whatever. But to seriously set up a separate organization? I don't think so. I don't ever remember anything like that.

But I think in the early days, there were associations of hospital librarians. I think there was in the Midwest.

JS: Oh, you mean the local groups?

RH: Yes, the local groups.

JS: Yes, we had that in Detroit—the Metropolitan Detroit Medical Library Group—that started sometime after World War II. And we were always separate, never a part, in any kind of official way, of MLA or the Midwest Chapter of MLA or whatever.

RH: I think there were a lot of separate associations. You look at Special Libraries Association, which has a lot of state subsets, but MLA always had these regions. And yes, in the state of Pennsylvania, they had the Philadelphia chapter and the Pittsburgh chapter—two chapters in one state. But most of the rest of the country, you had several states—

JS: Coming together as one chapter.

RH: And as the RML regions developed, oftentimes those chapters would have roughly the same borders—the chapters of MLA and the regions of the RML. They've all been reconfigured again in 2021, so now, the [Greater] Midwest Region [Region 6] is back to [seven] states...

But there were always those, well, there's my group over here, which is mostly hospital librarians, and then there's my group over here, that has all kinds of health science librarians in it. I think there were always those kinds of tensions going on. We had that Midwest Health Science Library Association, which was different from the Midwest Regional Group [former name of chapter] of MLA. And the boundaries on the Midwest Regional Group of MLA changed somewhat, I think, too? I'm not sure about that; maybe not. Maybe they stayed the same.

But the Midwest Chapter certainly has always been one of the biggest geographic- and population-wise in the Medical Library Association. And you ask about splitting—that's something I would have been in favor of, splitting the Midwest Chapter into two separate chapters. Because I always thought that was unwieldy. So many of the librarians who had more modest budgets—the hospital libraries and such—couldn't afford to go to the chapter meetings. And what would happen is, when the meeting was on the east side of the region, mostly it was people from the east of the region who attended; and then when the meeting would move over to the west side, a lot of the east side of the region didn't attend the meeting. I think there was talk about splitting the Midwest Chapter at some point but it never got off the ground.

JS: But never to really split up MLA.

RH: No, never. I don't ever remember a discussion about splitting up MLA.

JS: So, when you think back, do you think of what you would have done differently based on what you know now?

RH: As a librarian or do you mean a different profession [laughter]?

JS: Well, both.

RH: The one other job I applied for at the time I applied for the job at Columbia Hospital was a bookkeeping job, and I've often wondered what would have happened if I had become an accountant; or, if I'd taken that job, and instead of getting a master's degree, I would have gone for an accounting degree. Because I probably would have been a pretty decent accountant. But looking back on it, I think librarians are much more interesting people than accountants are. One of the things I have always liked about being part of this profession is that librarians are so well read and they're patrons of the arts and they're organized and they're fun people. I'm not sure a group of accountants or CPAs would have been this fun.

JS: I'm sure you can find some CPAs who would disagree with you.

RH: I'm sure.

JS: Any regrets?

RH: No, I think I had a good career, and I certainly enjoyed my career in the Medical Library Association. So, no regrets about that.

JS: What do you think about the future? You've seen a lot of hospital libraries in all your years—even from the perspective of the RML. What's the prospect?

RH: You know, I really don't know. And I have to confess that I've been retired now seven years and I haven't been keeping up with what's happened with hospital libraries in that time. But I suspect that a lot of those positions got combined, probably, with the director of education or some other function going on in those hospitals. I don't really know what's happened with that.

But I have to say, in terms of looking at the library profession, I'm very impressed with the younger people coming out of library school now who seem to be so much more adept at manipulating data and using technology, and at the academic libraries knowing so much more about the research process and being more embedded in what's going on at the university. And I saw some of that happening, even though I was in the RML office the whole time I was at UIC, I also participated with the department heads group and watched that transformation of embedding the libraries out in the medical school, the nursing school, the pharmacy school, and the dentistry school and other places on campus.

JS: What prompted your retirement? You just had enough? You were the right age?

RH: I had always planned to retire at the age of sixty-seven or sixty-eight, which is what I did. I felt I had to get out before it was time to write the new RML contract. The contract ended in 2016, and so I didn't want to pull out in 2015 and stick somebody—I tried to get out at least two years before the end of the contract, so they could get someone in to write the new contract. That influenced the timing a little bit but not much. I was going to retire.

JS: And then that's when the contract ended for UIC.

RH: The contract ended in 2016, and yes, our friend Linda Walton at Iowa wrote a very good proposal to take over the RML in the [Greater] Midwest Region.

JS: Was she the only one? Was there another proposal?

RH: As far as I know from the Midwest Region. But my contacts, who reviewed those proposals, tell me that Linda wrote one of the best proposals that were submitted that year, so it would have been a tough competition no matter what was in the UIC proposal.

JS: So, now we are in retirement. Liking it?

RH: Liking it? Oh, yes, loving it. The first couple months—you know, it takes you a while to get used to the idea of getting up in the morning and thinking, why am I just sitting here reading a newspaper and drinking coffee? Shouldn't I be doing something? But I got over that. I got over that fast, within a couple of months, and then started looking around for other things to occupy my time.

JS: The fun things you're doing?

RH: Well, I've always liked cooking, so I certainly still continue to do that. And of course, reading. I'm in two book clubs and of course I love reading murder mysteries. Whenever I'm not reading a book for a book club, I'm reading a murder mystery. Still a member of the Jane Austen Society of North America. That's always been a favorite thing of mine.

I had mentioned earlier that I always got involved in all the organizations. Sure enough, I moved to Chicago and joined the Chicago branch of AAUW, American Association of University Women, and very quickly got enmeshed in the happenings in the Chicago branch of AAUW.

JS: You've also done a fair amount of travel, too, haven't you?

RH: Yes, we did do some traveling. My first IFLA meeting was when I was president of MLA, and two years later when it was back in Europe in 2012. My first IFLA meeting was 2010, and I went to Sweden for that meeting. The one two years later was in Finland and so I thought, hey, I really enjoyed that experience. So, I did attend the IFLA meeting in Finland, and in both cases my husband and my daughter met me, and we then traveled around. And even after I retired in 2014, the meeting was back in Lyon, France, that year, so I did that meeting and then met my husband and daughter in Belgium. They're big fans of Formula One Grand Prix racing, so we've combined a couple of Grand Prix racing trips with library trips or with vacations.

JS: That's a nice combination.

RH: Yes. We've since gone to Montreal, we've gone to Silverstone, which is near Oxford. We spent some time in Oxford one year because of the Grand Prix race at Silverstone. So, yes, we've done some fun traveling. Mostly Europe, though, not other parts of the world.

JS: For the record, IFLA is—

RH: IFLA is the International Federation of Library Associations [and Institutions]. It used to be that when you were president of the Medical Library Association, you automatically had your travel paid to the IFLA meeting. I believe that the Medical Library Association may have dropped their membership in IFLA since I retired.

JS: Wow, I didn't know that.

RH: Changes. Another change.

JS: So, what's missing? What didn't we cover? You get the last word.

RH: I think we've covered it. I have to say I've always enjoyed attending my Medical Library Association—it certainly was a common thread throughout my life. I always looked forward to attending MLA meetings to run into old friends. I always felt rejuvenated after those meetings. So, it's been an important part of my career and I've certainly enjoyed every minute of it. And I've enjoyed getting to know you and a whole lot of other people in MLA.

JS: Well, again, thank you for doing this. We'll have a public record of your contributions to the medical library profession, MLA, and hospital librarianship, so, thank you.

RH: You're welcome, and thank you for taking time to do the interview.

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## Ruth Holst – Resume

**Retired:** May 31, 2014

### PROFESSIONAL EXPERIENCE:

- 2002 – 2014 Associate Director, National Network of Libraries of Medicine, Greater Midwest Region, University of Illinois at Chicago Library, Chicago, IL
- 1983 – 2002 Manager of Library Services, Columbia Hospital, Milwaukee, WI
- 1998 – 1999 Internal Management Consultant, Columbia Hospital, Milwaukee, WI
- 1994 – 1997 Manager, Coordinated Care, Columbia Hospital, Milwaukee, WI
- 1988 - 1991 Director, Women's Health Core Service, Columbia Hospital, Milwaukee, WI
- 1981 – 1990 Adjunct Assistant Professor, University of Wisconsin-Milwaukee, School of Library and Information Science, Milwaukee, WI
- 1970 – 1983 Medical Librarian, Columbia Hospital, Milwaukee, WI

### GRADUATE COURSES TAUGHT

University of Wisconsin-Milwaukee, School of Library and Information Science, Milwaukee, WI

- LIS 544-817 Information Sources and Services in the Health Sciences, Fall 1990  
Information Sources and Services in the Health Sciences, Fall 1989  
Information Sources and Services in the Health Sciences, Fall 1988  
Information Sources and Services in the Health Sciences, Spring 1987  
Information Sources and Services in the Health Sciences, Fall 1985  
Information Sources and Services in the Health Sciences, Summer 1984  
Information Sources and Services in the Health Sciences, Fall 1982
- LIS 544-619 Special Bibliography: Health Sciences, Spring 1982
- LIS 776 Health Sciences Librarianship: Organization and Management, Fall 1981

**EDUCATION:**

- 1973            Master of Science - Library Science  
University of Wisconsin-Milwaukee
- 1970            Bachelor of Science - Education  
University of Wisconsin-Milwaukee  
Minors: Library Science, Mathematics

**HONORS/AWARDS:**

- 50 Distinguished Alumni Award, School of Information Studies, University of Wisconsin-Milwaukee, 2017
- Leadership Award, Hospital Libraries Section, Medical Library Association, 2003
- Fellow, Medical Library Association, 2002-
- Publication Award, Hospital Libraries Section, Medical Library Association, 2002
- Librarian of the Year, Wisconsin Health Science Library Association, 2001
- Associate member, Milwaukee Academy of Medicine, 2000-2002
- Selected as one of *100 Most Notable*, Medical Library Association, Centennial Celebration, 1998
- Fellowship, National Library of Medicine, Medical Informatics Course, Woods Hole, MA, 1997
- Distinguished Member, Academy of Health Information Professionals, 1990-2015
- 1991 *Notable Alumnus*, School of Library & Information Science, University of Wisconsin-Milwaukee
- Janet Doe Lectureship Award, Medical Library Association, 1990
- Ida and George Eliot Prize, Medical Library Association, Co-recipient, 1984

**FUNDED GRANTS AND CONTRACTS:**

- National Network of libraries of Medicine, Greater Midwest Region (2011-2016). \$8,930,533.. National Library of Medicine Contract HHS-N-276-2011-00005-C2. Principal Investigator
- National Network of libraries of Medicine, Greater Midwest Region (2006-2011). \$8,965,573. National Library of Medicine Contract N01-LM-6-3503. Co-principal Investigator.
- End-User Search Service Using CD-ROM MEDLINE (1990-1991). \$12,000. National Library of Medicine Information Access Grant NLM-EP (1 G07 LM05145-01). Principal Investigator.

## PROFESSIONAL SERVICE:

### National Library of Medicine

- Invited speaker [MLA Disaster Information Specialization], Board of Regents Meeting, September 11, 2012
- Invited speaker, Disaster Information Outreach Symposium, March 30, 2011
- Long Range Planning Panel 2: NLM Health Information for Underserved and Diverse Populations in the 21<sup>st</sup> Century, 2005-2006
- Special Emphasis Panel (Internet Access to Digital Libraries) Chair, 2002
- Special Emphasis Panels (Publication Grant Review), 2000, 2002, Chair 2001
- Biomedical Library Review Committee, 1996-2000
- Outreach Project Reviewer, 1990
- Planning Meeting for Resource Grants and Medical Librarianship Education & Training, 1988
- MEDLARS III Briefing for Hospital Librarians, February 25, 1980

### Regional Medical Library Network / National Network of Libraries of Medicine

- GMR Regional Advisory Council (Wisconsin Representative), 1999-2001
- GMR Resource Sharing Committee, 1999-2001
- MHSLN Reference Interview Project Team, Lead Editor, 1981-1982
- MHSLN Council of Health Sciences Libraries, President 1978-1979, Recording Secretary 1976-1978
- MHSLN Assembly of Resource Libraries, 1978-1979
- MHSLN Consortium Formation & Development Committee, 1978-1980
- MHSLN Reference Committee, 1977-1980
- MHSLN Council of Health Sciences Libraries, Nominating Committee, 1975
- MHSLN Ad Hoc Committee to Define a Resource Library, 1974

### Medical Library Association, Member, 1974-

- Rising Stars Mentor, 2017-2018
- Rising Stars Jury, 2013-2014
- Nominating Committee, Chair, 2012-2013
- Disaster Information Specialization Advisory Committee, 2011-2012
- MLA/AAHSL Ad Hoc Metrics Task Force, 2011-2013
- Past-president 2011-2012
- Joint MLA/AAHSL Legislative Task Force, 2010-2011
- President 2010-2011
- MLA Executive Committee, 2009-2012, Chair 2010-2011
- President-elect, 2009-2010
- 2011 National Program Committee, 2009-2011
- Board of Directors, 2009-2012, 2001-2004
- Janet Doe Jury, 2007-2009; Chair 2008-2009
- Hospital Libraries Vital Pathways Project, 2006-2009
- Information Specialist in Context Task Force, 2003-2005
- Secretary, 2002-2004
- Expert Searching Task Force, Chair, 2001-2004

- Informationist Task Force, 2001-2002
- Benchmarking Implementation Task Force, 2001-2003
- Pew Credible Information Task Force, 2001
- Election Task Force, Chair, 1999
- Managing Editor of Books Search & Screen Committee, 1996
- Nominating Committee, 1996
- Centennial Coordinating Committee, 1994-1999
- Books Panel, 1990-94, Chair 1993-1994
- Participant, Think Tank on MLA's Research Initiative, 1992
- Executive Director Search & Screen Committee, 1991
- Handbook Advisory Committee, 1990-2000
- Nominating Committee, 1989
- 1990 National Program Committee, 1988-1990
- Bulletin Consulting Editors Panel, 1988-1990
- Bulletin Editor Search & Screen Committee, 1987
- Program & Convention Committee, 1984-87, Chair 1986-1987
- Nominating Committee, 1982
- Section Council, 1984-1987 (Chaired 3 committees)
- Editorial Committee for the Bulletin, 1981-1984
- Director of Education Search & Screen Committee, 1979

#### Medical Library Association Subunits

- Consumer & Patient Health Information Section, 1988-2003
- History of Health Sciences Section, 1997-2014
- Hospital Libraries Section, 1975-2019
  - Information Technology Committee, 2006-2007
  - Strategic Planning Committee, 1985-1988
  - Executive Committee, 1984-1987
  - Section Council Representative, 1984-1987
- Management/Leadership Section, 2002-2014
- Medical Informatics Section, 1992-2002

#### Midwest Chapter/Medical Library Association, Member, 1974-

- Joint HSLI-MW/MLA 2013 Planning Committee, 2013
- Professional Practice Committee, 2011-2013
- 2001 Annual Meeting Program Committee, 1999-2001
- Executive Committee, 1994-1996, 1989-1990
- Strategic Planning Committee, 1990-1991
- Program Committee, Chair 1989-1990
- Elections Committee, 1981

#### Special Libraries Association, Member, 1972-

- Wisconsin Chapter, Student Liaison Committee, 1997-2001, Chair 1999-2001
- Wisconsin Chapter Board of Directors, 1997-2001
- Panel Moderator, Great Lakes Regional Conference, Milwaukee, October 3, 1997

#### American Medical Informatics Association, Member, 1998-2002



Dominican University Graduate School of Library and Information Science, Health Sciences Advisory Board, 1999.

University of Wisconsin-Milwaukee, School of Information Studies Advisory Council, 2011-2012

*Journal of Hospital Librarianship* Editorial Board, 2001-2014

*New England Journal of Medicine* Library Advisory Board, 2003-2004

*Radiology* Library Advisory Board, 2006-2014

Midwest Genomics Forum Advisory Committee, 2007

National Patient Safety Foundation, Information Consortium, 1998-1999

Health Science Librarians of Illinois, Member, 2002-

- Joint HSLI-MW/MLA 2013 Planning Committee, 2013
- Facilitator, Joint meeting of Illinois health science library consortia, November 1, 2006

Council of Wisconsin Libraries, Member, 1993-1997

- Interloan Committee, 1996-1997
- Electronic Reference Sources Committee, 1995-1996
- Executive Committee, 1995-1996
- Information Gateways Committee, 1994-1995

Wisconsin Health Science Library Association, Member, 1977-

- President-Elect/President, 1992-1994
- Planning Committee, 1992-1993, 1980-1983
- Legislation Committee, 1990-1993
- Continuing Education Committee, 1986-1988, 1978-1979
- Secretary, 1979-81

Library Council of Metropolitan Milwaukee

- Continuing Education Committee, 1990-1992, Chair 1992
- Nominating Committee, 1989, 1987
- Planning Task Force, Chair 1985
- President 1984
- Board of Directors, 1981-1985
- Newsletter Committee, Chair 1976-1977
- Long Range Planning Task Force, 1975-1976

Southeastern Wisconsin Health Science Library Consortium

- Presiding Officer/Coordinator, 2001-2003
- Technology Committee, 1993
- Automation/HITC Liaison Committee, 1989-1992
- Coordinator, 1977-1978, 1974-1975

## **INSTITUTIONAL SERVICE:**

### National Network of Libraries of Medicine

- Site Visit and Review Team, Pacific Southwest Region, 2008, 2013
- Community College Task Force, Co-Chair, 2012-2014
- Clinical Trials.gov Task Force, Member, 2012-2013
- Emergency Preparedness Cross-regional Planning Group, 2006-2011
- Hospital Internet Access Task Force, Chair, 2003-2005
- Site Visit and Review Team, MidContinental Region, 2003

### University of Illinois at Chicago

- Health Information Practice Summit Planning Committee, Chair 2013
- Library Assessment Council, 2012-2014
- Library of the Health Sciences - Information Practice Task Force, Chair 2011-2013
- Library Emergency Preparedness/Business Continuity Task Force, 2009-2010
- Library of the Health Sciences – Presence Committee, 2009-2010
- Center for Clinical & Translational Science - Community Engagement Core, 2007
- Library Steering Committee, 2007-2014
- Library Scholarly Communications Task Force, 2005-2009
- Library Strategic Planning Committee, 2005-2006

### Columbia Hospital, Milwaukee, WI

- Radiation Oncology Planning Task Force, 2001-2002
- History of Medicine Club, Coordinator, 1991-2002
- Medical Education Committee, 1995-2002
- Coordinated Care Steering Committee, 1993-1998
- Practice Patterns & Outcomes Committee, 1992-1993
- Management Advisory Council, 1991-1993, 1985-1988
- Management Journal Club, Coordinator, 1985-1993
- Breast Cancer Task Force, 1991-1992
- Health Information Materials Committee, 1989-1990, Chair 1990
- Library Committee, 1971-1994

## **COMMUNITY SERVICE:**

### American Association of University Women, Member, 2006-

- Treasurer, Chicago Branch, 2020-
- Governance Committee (National), 2019-
- Career Development Grant Review Panel (National), 2015-2019
- President, Chicago Branch, 2016-2020
- Illinois College/University Relations Director, 2018-

### Open Books Ltd (Literacy Organization)

- “Read Then Write” Volunteer, 2014

- Book Store Volunteer, 2015-2017

## **PUBLICATIONS:**

### **Books and Book Chapters**

Holst R, Phillips S, eds. *The Medical Library Association Guide to Managing Health Care Libraries*. Chicago: Neal-Schuman with the Medical Library Association, 2000.

Holst R. Libraries in health care settings: an introduction. IN: Holst R, Phillips S, eds. *The Medical Library Association Guide to Managing Health Care Libraries*. Chicago: Neal-Schuman with the Medical Library Association, 2000.

Holst R, Phillips S. Administrative issues. IN: Holst R, Phillips S, eds. *The Medical Library Association Guide to Managing Health Care Libraries*. Chicago: Neal-Schuman with the Medical Library Association, 2000.

Holst R, Skopelja EN. Collection development. IN: Holst R, Phillips S, eds. *The Medical Library Association Guide to Managing Health Care Libraries*. Chicago: Neal-Schuman with the Medical Library Association, 2000.

Holst R, Bensing KM. Document delivery. IN: Holst R, Phillips S, eds. *The Medical Library Association Guide to Managing Health Care Libraries*. Chicago: Neal-Schuman with the Medical Library Association, 2000.

Bradley J, Holst R, Messerle J, Eds. *Hospital Library Management*. Chicago: Medical Library Association, 1983.

### **Journal Articles**

Huber, JT, Kean EB, Fitzgerald PD, Altman TA, Young ZG, Dupin KM, Leskovec J, Holst R. Outreach impact study: The case of the Greater Midwest Region. *J Med Libr Assoc* 2011 Oct; 99(4):297-303.

Holst R, Funk CJ, Adams HS, Bandy M, Boss CM, Hill B, Joseph CB, Lett RK, Vital pathways for hospital librarians: present and future roles. *J Med Libr Assoc* 2009 Oct; 97(4):285-92.

Wilson D, Yowell S, Holst R. Take ten: A ten-step approach to emergency preparedness and service continuity. *J Hosp Librarianship* 2009; 9(2):139-46.

Holst R, Funk CJ. State of the art of expert searching: results of a Medical Library Association survey. *J Med Libr Assoc* 2005 Jan; 93(1):45-52.

Holst R, Guest Editor. Symposium on Expert searching. *J Med Libr Assoc* 2005 Jan; 93(1):40-115.

Shipman JP, Cunningham DJ, Holst R, Watson, LA. The Informationist Conference: report. *J Med. Libr Assoc* 2002 Oct; 90(4):458-64.

Holst R. The value of hospital library internships. *J Hosp Librarianship* 2001; 1(1):51-60.

Holst R. Responsibility Matrix for Clinical Pathways. *J Nurs Care Quality* 1996 Dec; 1(2):3-4.

Holst R. Hospital Libraries in Perspective. *Bull Med Libr Assoc* 1991 Jan; 79(1):1-9.

Robbins K, Holst R. Hospital Library Evaluation Using Focus Group Interviews. *Bull Med Libr Assoc* 1990 Jul; 78(3):311-3.

### **Other Publications**

Freiburger GA, Stemmer Frumento K, Holst R, Lett R. White paper on medical/health libraries. Institute of Museum and Library Services (IMLS) Study on the Future of the Library Workforce, Dec 15, 2005.

Funk C, Holst R. Article abstract and review of "Bates DW, Gawande AA. Improving safety with information technology. *NEJM* 2003 June 19; 348(25):2526-34." National Patient Safety Foundation, Patient Safety Journal Club, August, 2003.

Holst R, Funk C. Article abstract and review of "Bates DW et al. Detecting adverse events using information technology. *J Am Med Inf Assoc* 2003; 10(2):115-25." National Patient Safety Foundation, Patient Safety Journal Club, May, 2003.

Holst R. An Insider's View of the NLM Grant Process. *3 Sources* 1999 June/July; 17(3):1,4-5.

Holst R, Stephens M, Welch E, Goldberg K. The Reference Interview: Preparation for Positive Results. Chicago: Midwest Health Science Library Network, 1982.

### **SELECTED PRESENTATIONS AND POSTERS:**

Affordable Care Act: Resources for Librarians (Invited Online Presentation) – Special Libraries Association, Illinois Chapter (SLA-IL), February, 25, 2014.

Health Information Practice Summit (Facilitator) – Midwest Chapter/MLA, Peoria, IL, October 7, 2013.

Prescription for Success: Drug Information on the Web (Invited presentation) – Iowa Library Association, Coralville, IA, October 17, 2013.

Librarians and the Affordable Care Act (Invited Presentation) – Part of "Affordable Care Act: What Libraries Need to Know," Reaching Across Illinois Library System (RAILS), August 26, 2013.

ACA and the National Network of Libraries of Medicine (Invited Online Presentation) – Part of "Libraries and Health Insurance," WebJunction, July 26, 2013.

Health Insurance Literacy and the Affordable Care Act (Invited Presentation) – North Suburban Library Consortium, Consumer Health Information Group, Skokie Public Library, Skokie, IL, July 25, 2013.

ACA and the National Network of Libraries of Medicine (Invited Presentation) – Part of "Libraries and Health Insurance," American Library Association, Chicago, IL, June 30, 2013.

NLM Resources to Support Research (Invited Presentation) – Part of “Research for Better Patient Outcomes: What Librarians Should Know” Symposium, University of Illinois at Chicago, November 15, 2012.

MLA’s Disaster Information Specialization (Invited Presentation for Open Forum). Medical Library Association, Seattle, WA, May 22, 2012.

Adult Health Literacy: Focus on Seniors (Invited Presentation with Chris Childs). Iowa Library Association, Council Bluffs, IA, October 13, 2011.

Competencies for Outreach Librarians (Poster Presentation with Lisa Massengale, Rhona Kelley, Barb Knight and Jacqueline Leskovec). Midwest Chapter/Medical Library Association, Indianapolis, IN, October 10, 2011.

NLM Update (Invited Presentation). Midwest Chapter/Medical Library Association, Indianapolis, IN, October 9, 2011.

Presidential address. Medical Library Association, Minneapolis, MN, May 15, 2011.

Disaster Information Training for Librarians (Panel Presentation). Disaster Information Outreach Symposium, National Library of Medicine, Bethesda, MD, March 30, 2011.

New Roles for Hospital Librarians (Invited Presentation). Hospital Library Summit, Baltimore, MD, January 6, 2011.

Stepping Forward into New Roles (Keynote Address). Midwest Chapter/Medical Library Association, Madison, WI, September 27, 2010.

Rethink: Our values and our roles. (Inaugural Address). Medical Library Association, Washington, DC, May 25, 2010.

Outreach funding sources (Breakout Session). Third Wisconsin Health Information Outreach Summit: Health + Information + Community, Madison, WI, August 6, 2008.

Go Local Wisconsin (Discussion Facilitator). Third Wisconsin Health Information Outreach Summit: Health + Information + Community, Madison, WI, August 6, 2008.

Moving the National Library of Medicine to Chicago (Poster Presentation with J Shedlock). Medical Library Association, Chicago, IL, May 2008.

Public Health Information Models. (Poster Presentation with KL Thompson). Medical Library Association, San Antonio, TX, May 17, 2005.

Library and Community Partnerships. (Panel Presentation) Midwest Chapter/Medical Library Association, Springfield, IL, October 11, 2004.

Overview of IT Issues Facing Hospital Librarians. (Panel Presentation) “The Three Ps of Hospital Library Success: A forum focused on strategies for hospital library survival: being proactive, political and practical,” Seattle, WA, October 2, 2004.

Greater Midwest Region of the NN/LM. (Panel Presentation) Wisconsin Health Information Outreach Summit, Madison, WI, August 18, 2004.

Open Forum on Hospital Library IT Issues. (Moderator) Medical Library Association, Washington, DC, May 24, 2004.

Roles and Essential Skills for the Expert Searcher (Panel Presentation) MLA Satellite Teleconference, March 10, 2004.

Alternative Careers for Librarians: What about becoming an Informationist? (Invited Paper) Michigan Health Sciences Library Association, Frankenmuth, MI, October 16, 2003.

Survival of the Fittest: The Future of Hospital Librarians. (Invited Paper) Rhode Island Health Sciences Libraries, 50<sup>th</sup> Anniversary Celebration, Providence, RI, June 18, 2003.

Mentoring: Sharing Experiences for Professional Growth. (Panel Presentation) Medical Library Association, San Diego, CA, May 7, 2003

The Value of Hospital Library Interns (Contributed Paper). Medical Library Association, Vancouver, BC, May 8, 2000.

Resume' Writing Forum – UWM SLIS (Panel Presentation) Special Libraries Association Wisconsin Chapter, Milwaukee, WI, June 28, 2000.

Focus Groups as a Marketing Tool (Panel Presentation) Special Libraries Association Wisconsin Chapter, Milwaukee, WI, February 24, 1999.

The Interrelationship of Quality Improvement, Clinical Pathways, Outcome Studies, and Cost-Related Activities (Poster Session). Pigg JS, Holst R, Firkus J. Medical Outcomes Research Symposium, State Medical Society of Wisconsin, Milwaukee, October 18, 1996.

History of Hospital Libraries (Invited Paper) Columbia Hospital History of Medicine Club, Milwaukee, September 3, 1991.

The Future of Biomedical Information (Reactor Panel Member) Medical Library Association, San Francisco, CA, June 2, 1991.

The Development of the Regional Medical Library Network: One Librarian's Perspective (Invited Paper) Health Science Librarians of Illinois, Chicago, IL, November 2, 1990.

The Journal Club as a Tool for Information Leadership Within the Hospital (Contributed Paper) Midwest Chapter/Medical Library Association, Minneapolis, MN, October 22, 1990.

Hospital Librarianship in Perspective (Janet Doe Lecture) Medical Library Association, Detroit, May 23, 1990.

Balancing the Burden of Interlibrary Loan Within the Hospital Library Consortium (Contributed Paper) Medical Library Association, Portland, OR, May 18, 1987.

Quality Assurance for Hospital Libraries (Invited Paper) University of Wisconsin-Extension Program, April, 1984.

Quality Assurance in Libraries, (Invited Paper) MHSLN "Consortia in a Wider World" Conference, Chicago, IL, March 1981.

Energizing for the Eighties (Moderator) Midwest Health Science Library Network, Madison, WI, March, 1980.

## **INVITED TEACHING/LECTURES**

Measuring What Matters to Stakeholders (CE Course), Health Sciences Librarians of Illinois, Oak Brook, IL, March 20, 2014.

Measuring Your Impact (CE Course co-taught with Jacqueline Leskovec) Health Sciences Librarians of Minnesota, Minneapolis, MN, June 15, 2012.

Measuring Your Impact (CE Course co-taught with Jacqueline Leskovec) Indiana Health Sciences Library Association, Indianapolis, IN, June 12, 2012.

Grant Writing (CE Course co-taught with Jacqueline Leskovec), Midwest Chapter/Medical Library Association, Indianapolis, IN, October 8, 2011.

Grant Writing (CE Course co-taught with Jacqueline Leskovec), Health Science Librarians of Illinois, Springfield, IL, October 29, 2009.

Measuring Your Impact (CE Course co-taught with Jacqueline Leskovec) Midwest Chapter/Medical Library Association, Columbus, OH, October 3, 2009.

A 10-Step Approach to Service Continuity Planning (CE Course co-taught with Barbara Platts) Michigan Health Sciences Library Association, Holland, MI, September 24, 2009.

Measuring Your Impact (CE Course co-taught with Jacqueline Leskovec) Michigan Health Sciences Library Association, Holland, MI, September 23, 2009.

Grant Writing (CE Course co-taught with Jacqueline Leskovec), University of Illinois at Chicago – Rockford Branch, Rockford, IL, July 24, 2009.

Grant Writing (CE Course co-taught with Jo Dorsch) Medical Library Association, Chicago, IL, May 17, 2008.

Measuring Your Impact (CE Course co-taught with Jacqueline Leskovec) Wisconsin Health Sciences Library Association, Milwaukee, WI, April 23, 2007.

Measuring Your Impact (CE Course co-taught with Jacqueline Leskovec) Midwest Chapter/Medical Library Association, Louisville, KY, October 8, 2006.

Measuring Your Impact (CE Course co-taught with Jacqueline Leskovec) University of Minnesota Biomedical Library, Minneapolis, MN, August 17, 2006.

Grant Writing (CE Course co-taught with Angela Ruffin) Medical Library Association, San Antonio, TX, May 15, 2005.

Lecture on NN/LM for Health Sciences Librarianship class at Dominican University, Graduate School of Library and Information Science, River Forest, IL, March 19, 2005.

Grant Writing (CE Course) Midwest Chapter/Medical Library Association, Springfield, IL, October 12, 2004.

Grant Writing (CE Course) Ohio Health Sciences Library Association, Columbus, OH, April 22, 2004.

Grant Writing (CE Course) Bluegrass Medical Libraries, Harrodsburg, KY, November 11, 2003.

Grant Writing (CE Course) Wisconsin Health Science Library Association, Oshkosh, WI, October 3, 2003.

Grant Writing (CE Course) Mid-Michigan Health Sciences Libraries, Lansing, MI, February 18, 2003.

Grant Writing Workshops, The Public Library and Consumer Health Conference, Washington, DC, January 10 & 11, 2001.

Grant Writing Workshop, Wisconsin Health Science Library Association, Madison, WI, April 28, 1998.

Clinical Pathways (CE Course) Medical Library Association, Seattle, WA, May 24, 1997 & Philadelphia, PA, May 27, 1998 and Midwest Chapter/MLA, Des Moines, IA, September 27, 1997.

Clinical Pathways and the Librarian Workshop, Wisconsin Health Science Library Association / Health Science Librarians of Illinois, Lake Geneva, WI, April 30, 1996.

Standards for Small Health Science Libraries Workshop, Fox River Valley Area Library Consortium, Manitowoc, WI, April 15, 1994.

Interlibrary Loan (CE Course) Medical Library Association, Minneapolis, MN, May, 1976.