MEDICAL LIBRARY ASSOCIATION

ORAL HISTORY COMMITTEE

INTERVIEW

WITH

ROSALIND FARNAM DUDDEN, AHIP, FMLA

Interview conducted by Margaret M. Bandy, AHIP, FMLA

July 6, 2018

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April 2019

Published 2019
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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 Margaret M. Bandy on July 6, 2018. 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):

   X  No restrictions

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

Rosalind Farnam Dudden
Name of Interviewee

Rosalind F. Dudden
Signature

July 6, 2018
Date

Accepted by: MLA EXECUTIVE DIRECTOR

Margaret M. Bandy
Name of MLA Interviewer(s)

Margaret M. Bandy
Signature

July 6, 2018
Date

1/4/19
Date
Biographical Statement

Rosalind (Roz) Farnam Dudden, AHIP, FMLA, directed two libraries in Denver, at Mercy Medical Center, a Catholic general hospital, and then National Jewish Health, a specialized immunology and respiratory medicine treatment and research center, for forty years. She is recognized for leading collaborative efforts with hospital librarians in Colorado and the Medical Library Association, for adopting and promoting the use of technology, for her scholarship on evaluation, and for communicating lessons learned to colleagues.

Dudden facilitated cooperation in the large group of hospital libraries in Denver through the Colorado Council of Medical Librarians (CCML) and the Denver Area Health Sciences Library Consortium (DAHSLC). She helped establish the consortium, which organized MEDLINE training to allow members to get searching codes for their institutions. In resource sharing, she led compilation of the CCML union list of serials, the use of an early email list, and surveys on interlibrary borrowing patterns that culminated in a study demonstrating that primary access libraries borrow proportionally the same amount as larger libraries, disproving a popular view. Dudden promoted the use of integrated library systems and was the principal investigator on a National Library of Medicine grant to enhance and extend the Shared Automated Library System (SALS) at the University of Colorado Health Sciences Center to Denver hospital libraries.

Dudden chaired the committee that published the 1984 edition of the Medical Library Association hospital library standards. She worked with the Consumer and Patient Health Information Section (CAPHIS) to develop their first website and database of consumer health libraries. She served on the MLA Board of Directors in 1998/2001. Dudden was instrumental in the MLA Benchmarking Network, which collected and presented comparative data from hospital libraries on size and activity in a multiyear effort.

Dudden’s achievements in her home institutions demonstrated the same dedication to collaboration and innovation in technology. She developed an audiovisual sharing program for the Sisters of Mercy regional group of hospitals. She created the first hospital website in Denver at National Jewish Health and was coprincipal investigator for an NLM/National Science Foundation Internet connection grant for the hospital. She established the role of librarians in systematic reviews at National Jewish.


Her work has been recognized many times by MLA, with the Ida and George Eliot Prize in 1981 and 2012, Frank Bradway Rogers Information Advancement Award in 1995, President’s Award (for her work on benchmarking) and Fellowship in 2003, and MLA’s highest honor, the Marcia C. Noyes Award, in 2013. National Jewish gave her their first Friend of the Faculty Award in 2002.
Medical Library Association Interview with Rosalind Farnam Dudden

MARGARET M. BANDY: This is an interview with Rosalind Farnam Dudden, AHIP, FMLA, for the MLA Oral History Project, on Wednesday, July 6, 2018. The interviewer is Margaret Moylan Bandy. The location is Saint Joseph Hospital in Denver. Roz, thanks so much for agreeing to share your perspective and experience. We’re going to begin with talking about how you entered the profession and some general questions as to how you got there. So, once again, welcome to the interview. Would you like to say anything before we get started with the questions?

ROSALIND FARNAM DUDDEN: Yesterday, I did think of something to say. I’ve been working for a couple of weeks reviewing my CV and my AHIP applications to find out what I might say, and it’s just a huge walk down memory lane. I’m a very lucky, grateful person to have had such a wonderful forty-year career. In the questions that I reviewed, I never mentioned going to the conference called Internet Librarian, which was a commercial conference. It was such a wonderful conference, and it was held in Monterey, California, which was the most beautiful place in the world, with the aquarium, and we went whale watching. Six or seven Denver librarians would go, and we’d all have dinner together and have fun and go to the conferences. You and I went several years, and one year we rented a red convertible and drove the 17-Mile Drive. We went to the place where John Denver died, which was near that drive, and threw flowers in the ocean. Why do I mention all of this in an oral history about my profession? It’s because going to the Internet Librarian was education; I went with friends; I traveled; I learned things; I was working. But I had a life, and I loved John Denver. And I had family and memories, and all of that is all mixed up in all of these things that I worked with. In the car yesterday, I was listening to John Denver, because I am a fan, and I started to cry because of the words. I’d like to quote his song, which, of course, being a technology person, I copied from the Internet onto my iPhone, transferred it to my laptop, and then put in my notes.

In his “Poems, Prayers and Promises” song, he starts off, “I’ve been lately thinking about my life’s time, All the things I’ve done, And how it’s been... And I have to say now it’s been a good life all in all.” And I started to cry. I’m sorry—tears come to my eyes still. And then his chorus is, “And talk of poems and prayers and promises, And things that we believe in”—like librarianship—and then “How sweet it is to love someone”—like my family and my friends—and “How right it is to care”—to care about what you do and how you live, and in today’s political environment—sorry, I won’t bring that up again—but to care about anything is so important. And “How long it’s been since yesterday, What about tomorrow? What about our dreams and all the memories we share?” And in there, one of the phrases he uses is, “Changes somehow frighten me.” And I think that’s a big problem, because in librarianship, we change so much. And the last thing is, “For though my life’s been good to me, There’s still so much to do, So many things my mind has never known.” And here I am, retired six years and I still want to find out some things and get to know things that my mind has never known. So that’s how I wanted to start this off. As evidenced by my CV, I just was always learning and always talking, and always with friends and coworkers.
B: Oh, thank you so much. I think I was walking down memory lane while you were speaking. I also got a little tear in my eyes. Yes, it’s wonderful. Thank you for that. Switching a little bit now, I thought maybe we’d start by having you talk about some of the things you did before you went to library school that gave you your depth, perhaps about growing up in Connecticut, and what brought you to Colorado.

D: I often say I had two professions: I was a ski instructor and a librarian. And most people say, “Well, that’s not normal.” But I was. I was raised in Connecticut, in New Haven and Wallingford, and I had a large family. It was a traditional ‘50s family. My father decided to be a farmer, and so I was raised on a farm in Wallingford and I was active in 4-H. My mother was the leader and we did tons of stuff. I had horses and cows and gardens and clothing and cooking. But I went to private school in New Haven, where my father was connected with the Yale establishment, and I had a classical education at a private school. I was probably one of the few 4-H members who was also a debutante. And I always found that to be a real dichotomy in my life: that I could be on both sides, working with 4-H people or working with debutante people in New Haven.

Then I went to Finch College in New York City, but still I had this dichotomy, and I took horseback riding in Central Park. That was my sports. I thought that was interesting. I spent my junior year abroad, which I think was very influential, because I was all alone. It was the first time with this big family that I was alone—with my group, of course. I graduated in 1966, but that was sort of a failure, because I had no job, didn’t get into graduate school, and I hadn’t gotten married, which, of course, the main reason to go to college in 1966 was to find a husband. I often say The Feminine Mystique was written in 1963 but I never read it, so I didn’t know that getting married wasn’t the goal of my life. But I decided to not worry about it, and I went to Aspen for art school, and then I stayed for three years and taught skiing and had six jobs a year. And from there I went to library school.

B: What do you think was the force that led you to library school and to librarianship?

D: Well, skiing is wonderful, of course, physically, but teaching skiing—I thought I would be a teacher, a history teacher, actually; I was a history major. I thought I would teach history and actually did apply to [University of Colorado] Boulder for an MA in history during that three years but I didn’t get in. Then I volunteered at the high school library [in Aspen]. I became friends with the librarian, a man who was there. I remember sorting the books on the shelves. I worked in the high school library as a volunteer for a little bit in the off-season. I was also friends with the county librarian. And I was complaining, maybe, about the fact that everybody makes the same mistakes skiing, and you’re constantly correcting the same thing, and it got to be sort of boring teaching skiing even though it’s fun to ski. He suggested I go to library school. I never, ever thought of going to library school. He encouraged me, and of course, there was a library school at DU [University of Denver].
One of the things about Aspen was that as a child, I suffered greatly from asthma and hay fever. In Aspen I had zero asthma and hay fever, so I determined that in Denver I wouldn’t either, and so I didn’t want to move out of Colorado because of that. I went down and applied at DU. I also realized that since eighth grade, I’d always been on the library committee in grade school and in high school. And in college, I was well known for being able to break into the reserve cage at night or on weekends—not because I was on the library committee, but I knew how to do it. But they found out and changed the system [laughter]. I really enjoyed working in those libraries as a volunteer student aide and also being on the library committee. I didn’t really realize that until after I got into library school how much involved I’d been in libraries, so maybe it was just meant to be.

B: What about the library education back then? Do you have a sense of how different it might be than today’s education as far as the curriculum and special courses?

D: Now I look at the curriculum and I hardly understand the words. It’s very theoretical now. But it was criticized then, too, for being theoretical. I remember that we took these courses for reference, and we would go to the library and look at the books. Like, we’d have a hundred books on this list for this course and we’d have to physically go and look, and make a card [for the book]. It was for our future for when we became a reference librarian. If you took a course on general librarianship or even government documents, for instance, you’d go to the government documents physical area and you would actually look at all these documents and see what they had in them and write a review of them. I don’t know if they do that—I think they might do that now for databases. There are so many databases, so they review the databases, maybe, in school. Same thing. But they also now, I think, have a lot more theory and a lot more information transfer and things they never mentioned when I was there. But I got very interested in information transfer. Things have changed a lot.

B: What about technology? Do you recall any courses in technology?

D: I do. I took a two-credit course on what a computer was. I think I learned what a bit and a byte was, although I hardly can tell you now. I learned about computers but not how to use them. There was nothing to use in 1970. I graduated in June, 1970. OCLC was invented in [1967] and no one had ever even heard of it, because it was just local in Ohio.

I wrote a paper on the Yale library, since I was from New Haven—the Yale library of 1742. It was their first library, and how it got dumped in the river—it was in Saybrook, by the way. When I was visiting my family, I went to look for it, and it was there. They had put it in the Beinecke Rare Book Library, with all the books there. That was exciting. And I wrote a paper on fonts. Who would write a paper on fonts? I don’t know what course that was, but I had a good time writing these papers.

B: You mentioned it being theoretical. Do you think it helped you have an idea of professional librarianship?
D: Oh, yes. I think what kept me going was that the teachers were so knowledgeable and so enthusiastic about helping people and being there for the customer. Even then; maybe always, I think. I never took a medical librarianship course and hardly knew special libraries existed, and then it was mostly reference and administration. I think it’s different now; I think you get more of a broader view than I got, even. But the teachers were wonderful and so friendly.

B: Well, that makes a difference, I think, when you have people that help you understand it as a profession. And then you got your MA in library science in 1970, and you worked as a library assistant II at Metropolitan State College while you were in library school, and then in Kiowa, Colorado, as a school librarian and substitute teacher for a year. Tell me a little bit about those experiences.

D: I had a little trouble the first quarter. Here I was coming off of three years in Aspen and a lot of fun and partying, and I had a run-in with one of the teachers. I decided that I needed to actually work in a library to see if I was going to make this my career—I got the feeling that first quarter that that’s what I was doing. I should actually work in a library; I shouldn’t just learn. I had to work. After the first quarter—I went in the summer, so it was in the fall—I just found this job at Metropolitan State College. I remember that for a week, I sat in chairs outside of government offices to get this government job. I got paid $2.50 an hour [laughter]. The people at DU library were only paid $1.60, so this was a really good job. I worked twenty hours a week and I went to library school. I must have gone during the day. It wasn’t a night school issue to go to the classes; they were flexible. I just loved working there at Metro. I worked for a lady named Rebecca Jackson, who was quite famous in Colorado circles. She was very demanding, and I thought that was interesting. I hadn’t actually much worked in my life; I’d gone to school. I worked in Aspen, but does that count? What I did there mostly was—would you believe—take an acquisition slip and look up the book in the National Union Catalog, the NUC, which filled the whole room with these volumes. You’d go and you’d look up this book and you’d write down the volume number and page number, and then the cataloger would get that book out and type the card—this was pre-OCLC—type many cards—this was pre-photocopy machine. I didn’t have to type cards, thank goodness, but I spent hours looking things up in NUC. But, the big thing was that I would staff desks when people went on their lunch break, and so that was exciting to work in serials or reference just for an hour. The people there were so nice and so friendly. It was a great library.

B: What about Kiowa?

D: I graduated in 1970, and I also got married in June of 1970. My husband and I lived in Nebraska for the summer, where he farmed, and then came back to Denver in August. I could not find a job. It was one of those years where librarians were not being hired. This wonderful lady at the state library helped me find the job in Kiowa. Because I had a master’s degree, they got me a special certificate, so I didn’t have a teacher’s certificate. I needed a job because my husband was in school, but it was very rural and a forty-five-minute commute. It was sort of hard, though I did commute with someone else. And
then, weirdly, I was let go, partly because I told them that I was going to get my teacher’s certificate over the summer. By taking only three courses, I could get a certificate, and they would have had to give me a huge raise, like a couple thousand dollars. But they didn’t want to give me a raise, so they let me go.

One of the things I did out there—besides doing all the things they asked me to do—was take this book called *Commonsense Cataloging*, and in the back was a questionnaire. It was about forty pages. It said, “What do you do for this? What do you do for that?” I filled out this whole book—because I had a lot of time on my hands. I also learned a lot about libraries that year. I had never heard of a serial subscription service. I got this bill and I went to the principal, and I said, “What’s this?” Of course, they eliminated my position and had the English teacher do the library the next year, and she actually wrote me a note and thanked me, because she used my outline extensively to run the library.

B: So you were teaching other librarians even then?

D: Even then I couldn’t stop teaching and learning and figuring out how things worked.

B: Well, then, fortunately, you got a new position at Mercy Medical Center in 1971, and you were there until 1986. So how did you get your job there? Because this was how you started in medical librarianship.

D: Again, it was totally chance, because this same, nice librarian found me this clerk job at the nursing school at Mercy. Mercy was what they called a hospital nursing school, a three-year program where they train nurses. They took courses in English and science and general college courses, but they didn’t get a college degree back then. My husband was still in school, so I needed a job. I worked from 1:30 to 9:30 because the library was open in the evening for the students, and I made more money with the shift differential than I had as a librarian at that school. There was a nun, Sister Jeanine [from the Sisters of Mercy of Omaha Province], who was the head librarian. She was so nice, but she had an illness of some sort and she hated doctors and nurses so she shouldn’t have been there. She was getting sick from the stress of being head of the library, this tiny, little library. So, at semester break that year, we switched, and she became the clerk and I became the head librarian. I doubled my salary, and it was just amazing to me. I was a member of the faculty and I went to faculty meetings and did all the things a professional librarian would do. They announced that year that they were closing the school of nursing. But after that, they had nursing students from Greeley at [University of Northern Colorado]. They would come down and do their practicum at Mercy and use the library, so we did have nursing students for at least ten years. Sister Jeanine was a university librarian [in Omaha] and she taught me a lot.

One of the things I still remember was that I had to type the headers on cards now. We had photocopy machines, so we would photocopy the main entry card and then type the headers. Again, I didn’t have enough to do. I don’t know why that kept happening then. I had my typewriter set up so I was watching the front door, and I would have a card in the typewriter and then I would knit [laughter]. When the elevator opened, I could hear
and I would start typing. I know it sounds so weird, but I just remember doing that. And one time I waved at someone with my knitting needle and I went, “Oh, my God,” because there was a window there. Students came up, but very few students, so it was a very odd job, but it was okay.

B: And that library was just for the nurses.

D: Just the nursing school library, just that year. That’s all I did. I learned a lot about nursing and about the profession.

B: Yes, because that was your first job in a clinical environment.

D: Yes, and I had to catch up on the subject, for sure.

B: There’s a lot of discussion about that as far as people not having a science background—can they really make the grade in medical librarianship. But I think you’re proof positive.

D: I had [majored in] history and government. In relation to my science background, I did take biology and anatomy in college, but I also took two years of Latin in high school. Latin was a big plus. I didn’t do very well in Latin, but I remember liking it, and then all of those Latin endings really helped. And then I just used a dictionary. People would use words and I’d go back and look it up. I didn’t have any problem. I also asked questions a lot.

B: And then you eventually became the head librarian for the hospital library. How was that library perceived when you first started there, and did you start making changes?

D: Oh, yes. As I said, the first year I worked at Mercy, I was in the school of nursing as a faculty member only. I probably told them I really didn’t have enough to do as a full-time employee, and so the retired nun who worked as the medical librarian in the hospital wanted to retire again. They had family practice residents and they got a new director, and the director asked me if I would run, half-time, the family practice library for the residents. I think it was a new residency for them. Starting in that September of that second year, I became both the hospital librarian, you could say, and the nursing school librarian. I had two hats. The first thing I changed was, I said, “Well, how much do I have? What’s my budget?” and [the medical education director] said, “Well, we don’t have a budget. Why don’t you just buy books and when you’re finished beefing up this library with books, tell me what you spent, and that will be your budget for next year.” And I swear that’s what they did. Being a resourceful person, I got out the Brandon/Hill list—that’s great for family practice—and I bought the starred books on the Brandon/Hill list that cost $10,000, $15,000 maybe. And that was my starting budget, for books anyway. I don’t remember the serials too much, but we had a nice, little group of serials.

It was what they called a boxcar library or a closet library. They would take a janitor’s closet and turn it into a library, and that’s what I had. The director’s office was on one
end with his secretary, and then there was this long room and a door on the other end which went into the family practice interns and residents lounge, in which I had a large closet for storage. That was my space: this long room that was shaped like a boxcar. I had books on one side and journals on the other, and at the end, by the door to the lounge, was my desk. I had no staff. Behind me was the card catalog. It was very efficient. In the middle was a table that sat about six or eight people, and that’s where the residents could sit and read books, if they chose to. It wasn’t really for the rest of the hospital so much at that time. I was just trying to catch up and learn the ropes, you might say.

B: But then eventually, there was a library for the hospital and the medical staff.

D: Yes, we just expanded. We served the medical staff as they got to know that I was there. We had a medical staff, of course, but they never supported the library with their dues; it was always the hospital budget. Then in three years, the school of nursing closed, so I was a faculty member of the school of nursing for three years with Christmas and Easter off and six or seven weeks in the summer off. I came in, I think, to work in the medical library, but maybe not. In September of that third year, I had another lucky thing in the hospital. I became a hospital employee instead a school of nursing employee, because the school of nursing was gone. The accountant asked, “How much vacation do you have?” and I said, “I don’t know.” And darn if he said, “Well, why don’t we just give you two weeks,” and I said, “That will be fine,” because I had just gotten back from my four-week summer vacation, so I didn’t mind getting two weeks again. I was a hospital employee after three years as a nursing school employee, and that changed things a little bit. I was able to feel like I could serve the nurses and the administrators.

B: And were you able to hire or did you have volunteers?

D: I still had that clerk in the nursing school. Remember the clerk I started as? I still had a clerk. I think I had a young man who was my clerk who was a library school student. And then I started this thing in 1977. I was asked to look into audiovisuals to share among the hospitals owned by the Sisters of Mercy of Omaha Province. In 1977, audiovisuals for training nurses and other allied health people were a big deal. We had a small audiovisual library, but then we could borrow from other places. We used to ship videotapes to these seventeen hospitals west of Omaha—Mercy hospitals in California, Durango, CO, Montana. I would try to communicate with them. I would send newsletters to usually the nursing director, but sometimes they had a librarian. You talk about getting out of the hospital. I went to a meeting in Des Moines, where there was a Mercy hospital, to discuss this program and its finances, and the sisters from the overarching group came. We were all sitting at lunch and the salad had been served, and no one was eating. I was sitting there with five or six sisters and others, and I said, “Sister, would you like to say a prayer?” And she said, “Oh, thanks,” and she said a prayer for the lunch. I think I got my money, because I asked that sister to say a prayer. It was a wonderful place to work, Mercy, but it was funny that that happened. I got a grant, from which I was able to hire a librarian to help with this, Suzanne Clark. We actually wrote a paper on this audiovisual program that we had. That kept me busy.
B: What about technology at Mercy? Besides the AV, were you exposed to any other kind of technology that you might have been able to use?

D: I didn’t have anything. I handwrote my research. I looked things up in Index Medicus—print—and I handwrote the citations and gave a photocopy of my handwritten list of articles to the doctor and then did interlibrary loan for them if we didn’t own the journals. MEDLINE was AIM-TWX in 1971, when I started at Mercy. I just was not too much aware of it because it was such a university thing. I heard about it from Bob Braude. He went to training at UCLA for six months to learn how to use MEDLINE. Six months! Then people went to [the National Library of Medicine] for four weeks, and then I went to NLM for training. In the spring of 1979, I was still at Mercy, and Kate Smith and Marla Graber—Kate was at St. Luke’s and Marla was at Swedish—and I convinced our administrators to send us. I think our airfare and everything was paid by NLM. We went to one week of regular training for searching MEDLINE, and then six weeks or eight weeks later we went for advanced training for a second week. We had lectures by Thelma Charen, who was the head of indexing. She was a character and wonderful to listen to. It was so exciting to do that.

As we’ll cover later, we had a consortium, the Denver Area Health Sciences Library Consortium, or DAHSLC. The consortium librarians decided they wanted to get their own code. As soon as we finished our training, we got a code, and we could actually search MEDLINE online. We had to prove that we had online access. I had to have a letter from the director of purchasing in the basement of Mercy Hospital that I could use his dumb terminal, 300 baud with a coupler, to dial out at least one hour a day. I would go down into the bowels of the hospital into the purchasing/receiving department, and I would use their dumb terminal. It was the only dumb terminal in the whole hospital. This was 1979. So that’s how technology was. Then DAHSLC organized this with NLM. I talked to the people at NLM a lot about it. We taught this class in the fall, where we took the coursework that we had from our spring class and we just duplicated it and taught the same thing to our eight or nine colleagues in the Denver area. And then, Christmas eve, all these people got their codes. We didn’t know; NLM would not guarantee that we could get a code from having this course. But somehow or other, with our communication with NLM, we got these codes. It was a huge Christmas present. So right away, eight or nine or ten hospital librarians got their codes to search MEDLINE at their institutions, and they probably went to purchasing, too. I don’t know what they did.

B: Regarding your time at Mercy, I think that was where you first got interested in integrated library systems.

D: One of the influences in my career, and I think of many librarians, is what’s happening at home and what their husband is doing. In my case, my husband [Fred Dudden] was into computers, and he purchased a North Star microcomputer probably in ‘78 or ‘76. So, at home, I had word processing. And then he did a bulletin board. We called it Mile High Mail. [The DAHSLC librarians] did that in 1980 [to exchange interlibrary loan requests by email]. We did OCLC as a group, too. I heard about the integrated library system, actually, in 1981 at the MLA [annual meeting] in Montreal.
Charles Goldstein talked about NLM’s ILS—Integrated Library System. I thought it existed, but then I sat next to him on the bus to the airport. I talked to him for like forty-five minutes about the ILS, and it turned out that it didn’t really exist, that it was really a prototype, and that some university libraries were instituting it and testing it. So even in 1981, we couldn’t get an ILS. But I came back so excited about that ILS and the whole concept of an integrated library system that in DAHSLC we studied it for three years, and then it suddenly started to exist. Then we were able to write proposals and get one. But Mercy didn’t agree to it, so I couldn’t get into that in 1984.

Also, in 1984, my staff member got laid off. It was a big surprise to me, even, but it was an opportunity for her. It was Catherine Reiter who worked for me, and she ended up working at the University [of Colorado Health Sciences Center Denison Memorial Library] as an interlibrary loan and acquisitions librarian. She was very talented and had taken courses. She took the opportunity of getting laid off to go to DU, and she was in the last graduating class of the DU library school in 1985, I think. [Editor’s note: The original library school at the University of Denver was accredited until 1987.] She then worked at DMS [Denver Medical Society bookstore] and came back to Mercy. Then she decided she would rather work in a university setting, so she worked at the university for many years. [The layoff] was sort of a blow for me, but I was able to finagle her a job with me for ten hours a week, which worked with her schooling.

I really liked Mercy, and I liked the culture of the hospital—the Catholic culture. I was not a Catholic, but I was Episcopalian—close. Their motto was “To Serve the Sick.” Caring for the sick in the name of God was nice, I thought. They opened all the manager meetings with prayers. To me it was a nice fit. And I learned a lot about management there, and I took management courses from HR and from Mountain States Employers Council. That was really a great opportunity.

I also considered getting an MBA. It was quite trendy. You have these trends in education, and getting an MBA was trendy in ‘79 and ‘80. I took four courses at CU Denver [University of Colorado Denver]. But then, it didn’t work out for me. I just didn’t like doing that, so I stopped. Often in my career, I thought, well, I’ll be a psychologist, or I’ll be a family practice physician, or I’ll be a nurse, or I’ll be an MBA, or I’ll be a webmaster. And I would look at this other profession and think, I could do that. That would be interesting. And then I would really look into it and think, hmm, I’m not sure I could do that or even want to. Then I would come back to being what I really loved, which was a librarian. That was sort of interesting to reaffirm that librarianship was what I wanted to do, even though I thought I could do one of these other things with a little education.

B: When you were talking about working with Catherine Reiter and encouraging her, it seems to me that mentoring was something that you thought was really important or came naturally to you. Throughout your career, I know that you have mentored many people. Do you think that kind of got going then, or was it because you were mentored?
D: I’m not sure, because I never formally mentored people. But I always helped people, and I always encouraged them to do more than what they were doing. I wrote a [poster] with Suzanne Clark, and I wrote a [poster] with Carol Miller, my technician, and Shandra Protzko [Knight], my last reference librarian, and I wrote papers. Shandra took over my job [at National Jewish Health] when I retired. She is my biggest mentee. I just wanted her to be a librarian who was out there, especially in this day and age. Even then, yes, I wanted everyone to be better than they were.

Using the word ‘better’ is interesting, because 4-H’s motto is “to make the best better”—which I abandoned at a certain point and decided that good was good enough [laughter]. Good is good enough, but you better be damned good. In my private school education, they were pretty tough on us. I was in a high school class of twenty-nine girls at a private school in New Haven, Connecticut, and eight of them got over 700 on their college boards. Not me, but I was with really smart people all the time. I am really smart, too, but I just was always challenged by the people around me, including librarians, because librarians are really smart people, too. They’re very challenging, and they want you to do better; they want you to learn. I think it was a symbiotic relationship that the librarians want you to learn and I wanted them to learn, and I was just able to work with that pretty much my whole life.

B: I want to be sure that we cover all the things regarding Mercy, because it was so formative for you. That’s a great segue to talking about some of your professional activities. And the first organization I think you joined was the Colorado Council of Medical Librarians. And as you mentioned, the Denver Area Health Sciences Library Consortium—you were one of the creators of that in 1977. And then you also joined MLA in 1971 and became involved in several sections as well. You joined the Midcontinental Chapter of the Medical Library Association in 1976 and became very active in that group too.

D: My favorite thing in the whole world is CCML, Colorado Council of Medical Librarians.

B: So, talk about hearing about that group and getting into that group and what their focus was.

D: I heard about them probably from someone at Mercy. I’m not sure exactly who, or maybe one of the other librarians might have called, like Dorothy Bailey from [General] Rose [Memorial Hospital]. She used to be at Mercy. I just have to tell you one story about Dorothy Bailey, because when she was at Mercy, the library was in the basement. She wanted to throw out some of these books that were not nursing books. We had non-nursing books for the English and history courses that the students had to take. She wanted to toss them, but the nuns wouldn’t let her throw anything out. She had a window in the basement that went out to the alley and she would put a box of books through the window and drive her car around and pick them up and take them away. That’s one way to weed your library. I just see her doing that, because she was a very dynamic person, too.
I just thought, well, here’s a council that I would like to join, but it’s a council. And so, being formal and from New Haven, I wrote Beth Willis at St. Luke’s a letter. I said, “I would like to join your council.” She called me up on the phone and laughed. She said, “You can join the council. This is just a friendly group. It’s not a council.” I went to my first meeting, actually, at St. Luke’s. I always remember Beth being so welcoming, and the whole group was welcoming. That would have been in late ’71/72. And, of course, the way they did things back then—and they still do at CCML, and I think it’s wonderful—this is where you get your training to be a leader. Shandra Protzko is at National Jewish now—her assistant librarian is the president of CCML now, Liz Kellermeyer. And she’s new. She’s only been a librarian for two or three years, and here she’s president of CCML. Think of the training that she’s getting in being a leader. There I was in ‘73; I started the ladder to be president. Back then you weren’t elected; you were the new kid in town and you were the secretary, and you sent out the notices. Then you were the vice president and did the meetings, and then you were president. This was ‘74-’76.

Then this book came out on hospital library consortiums in ’74 or ’75. It was all about cooperation and how to formally cooperate amongst institutions, and how it could benefit you to be cooperative and do things in a cooperative way. I suggested, as vice president and president, that CCML become a consortium, and there were great debates. Some of the older librarians would have none of it. They said, “This is not a consortium. This is a state library group. We are personal members and we’re not institutional members, and we don’t want to do cooperative things”—[laughter]—I guess. But that’s what caused DAHSLC to start, because ten or twelve people wanted to cooperate as institutions, so DAHSLC had institutional memberships. CCML had personal memberships. CCML was meeting three times a year, and then they changed it to meet six times. I was president for like a year and a half because of the six-meeting [schedule]. Ruth Gilbert from the VA was the one who made the motion to change to six meetings. I still remember it. I so wanted to meet six times a year, and she was the one. Sometimes I couldn’t say I wanted to do it, because I wanted them to do it. That was an exciting time. I had to learn how to be a leader there, too.

B: Even though CCML was personal membership, they did do some sharing as far as what journals people had, and they had a union list of serials. Is that how that started, with people typing up what they had? Describe the early days.

D: The Union List of Serials was the name of the first edition [in 1959], and we used that for at least six or seven editions and then changed it to Journal Locator, partly because of the ‘union’ word. The hospitals didn’t like unions in general. When I started at Mercy, there was a closet, and in that closet was a card file, and that card file was from the ‘50s. It was all of the holdings of all the Denver libraries, and you could go to that card file and find out that St. Luke’s or Swedish owned such-and-such journal. They had kept it up, I think, for a few years, so that was in the ‘50s and ‘60s. And here it was ‘77, and they hadn’t really kept it up for about ten years, I think. But you could still use it and hope for the best [laughter].
Again, my husband was in library school at that time, and he took to computers right away. There was a professor there called Phil Heer, who went on to OCLC, and he and my husband and David Austin from National Asthma Center got together and put together this proposal to do an automated, computerized *Union List of Serials*. Then, each year, it was determined by our committees that everybody would submit their changes. Then we’d have a meeting in the boardroom at Mercy with about ten librarians, and we would handwrite in to the old edition the changes. Then someone at DU, maybe a student, would change everything. We did that for four or five, six years, and that was always a big deal to do—first to get the changes, and then to do it.

B: Very labor-intensive.

D: Very labor-intensive. And one of the complications was the cost of it, because the printing was quite expensive, so we wanted to make sure that we could pay for it. The group didn’t have a big treasury. I was the chairman of the committee by then [following] David Austin. We had [twenty-seven subscribers], I think, in this group in the union list, and we were going to charge them each [$55]. That was quite a lot of money then. Then we were going to sell copies to non-participating libraries for $25. I got all the money in and I was $200 short, which sounds like nothing today, when we have $100,000 serials budgets. But I was short and I didn’t think I could commit CCML to something for $200, even. So I called Bob Braude, who was the head of the University [of Colorado Medical Center Denison Memorial] Library at the time, and I said, “Bob, do you have any grant money where you could help us do this list, which I think will benefit you?” and he said, “Oh, no, we don’t have grant money for anything. But you know what? I could buy eight copies of the serials list for $200.” He committed to buying eight copies of that damn list, and that’s how we started. [Denison] bought eight copies for four or five years. But we didn’t have any money problems after that. It just worked out. We actually sold quite a few to non-medical libraries that wanted to know what we had. Bob came up with this idea. Again, chance. I was able to start this program because he said he would buy eight copies. Now, he didn’t need eight copies. I could talk about the technology of that list, but it’s the stories about people like Bob Braude, who helped move programs ahead, that I think are important in oral history.

B: I started in ’79 at Saint Joe’s, so I knew all of you and knew how dedicated you were to cooperation, both in CCML and in DAHSLC. Now, what were some of the things DAHSLC did that were different? You already mentioned the MEDLINE training, but I think there were other things, too, that show the cooperative nature of DAHSLC.

D: One more thing about the *Journal Locator* was that also, in 1977, a very talented librarian named Sue O’Neill did an interlibrary loan survey for her thesis at the University of Denver library school. I must have studied that paper so many times; it was all about cooperation. We continued to do the survey about every five years for six times. That was amazingly a lot to do. Every five years, we would find out who borrowed from whom so we could adjust later on who was in our SERHOLD maps and things like that. But starting out in 1977, it was a major thing to know who borrowed
from whom, and how did having the union list change things. The whole *Journal Locater* went the way of all technology and stopped because of SERHOLD and the National Library of Medicine. [Editor’s note: CCML retired the electronic *Journal Locater* in 2007/08.] You could find out who owned what on SERHOLD automatically without looking it up.

From doing these surveys, our group wrote a paper [in the *Bulletin of the Medical Library Association (BMLA)*] in 2000, which I thought was amazing, on “Interlibrary Loan and Primary Access Libraries: Challenging the Traditional View.” The traditional view was that small libraries were like a leech on the system and they were taking advantage of the larger libraries by borrowing from them too much. That was the view that some university libraries had about hospital libraries. But when you actually looked at the statistics that we had from 1977 to 1997 [based on five surveys of libraries in Colorado and Wyoming], we could prove that this was not true: the smaller libraries borrowed proportionately the same amount of things as the larger libraries, even within the hospital library group. We also proved that buying more journals would not change your interlibrary loan patterns at all. We had [four] hypotheses in that article. We met with Scott Plutchak [editor of the *BMLA*] once at MLA up by the stage after some meeting. He had read our article. He made us take one of those hypotheses out. He said we hadn’t proved it. I don’t remember what it was about, but I was so upset. We had worked so hard on that hypothesis and I wanted to prove it. But one we did prove was that small libraries do not do that. When we did the benchmarking in the ‘90s, we could prove the same thing: that small libraries were not taking advantage of large libraries by borrowing from them. It gets missed, because who reads these articles? But it’s a nice thing, I think.

B: Well, I think so, too. I think hospital librarians have always felt like underdogs or not respected in some ways, and I think this showed really the professionalism of the hospital librarians as well.

D: The other interesting thing about that article was that we ended up having a Pareto chart. A line goes up and there are dots around the line, and it shows a span of activity. I didn’t know how to exactly put it into the article, but this showed what we wanted to show. I looked through the *BMLA*, and I could not find a Pareto chart, just glancing through many years back and forth. We did a statistical research article and those were very rare in the *Bulletin also*. We not only talked about interlibrary loans statistically, but we also brought up statistics early on in 2000. I think there have been Pareto charts since then, but we probably had the first one in that article.

B: Any other CCML activities before we talk a little more about DAHSLC?

D: I just wanted to say that in DAHSLC and CCML, the main thing was that we were not alone as hospital librarians. University librarians participated in CCML and were officers a lot in the ‘70s and ‘80s. Before that they didn’t participate as much. It was more for hospital librarians. You had someone to talk to. You were not alone. You got to meet people, three times a year, and then six times a year, and then we dropped back
now to three times a year. You got to know them personally. When you had some problem, you could just pick up the phone and call them—or email them later on.

One of the big things that CCML did also was continuing education. Due to the hospital library consortium and the developments at MLA, we brought in MLA CE starting in 1973. I do remember that Lois Ann Colaianni came and taught how to manage a hospital library. I mean, here was the future associate director of NLM; she was at Cedars-Sinai in Los Angeles, a hospital librarian then. That was exciting. I think it was Priscilla Mayden, or Lucretia McClure, who came in and taught us reference. Both were just wonderful courses. All-day courses. CCML arranged all of that, and we arranged those courses for years. We do these webinars now more, but it was just a highlight of the year to go to these in-person courses here in Denver. Many of these librarians couldn’t go to MLA, or even MCMLA [Midcontinental Chapter of the Medical Library Association], and take courses, so bringing one in to Denver—and the [Special Libraries Association] people would come to them too—was, I think, a major project of CCML to advance us all.

The big thing in DAHSLC was studying the ILS starting in 1980, and then in ‘85, we actually did it, we signed the contract.

B: Right, because you sent out several RFPs and the group went with University of Colorado.

D: Right, with CLSI as their vendor. And that was good. But unfortunately, the Mercy people wouldn’t approve me doing it. It was very disappointing. But I pursued it anyway. I just kept going and felt sort of left out.

B: Well, and you learned so much, that whole process, I think. We all did.

D: CLSI was really a circulation system. It wasn’t totally integrated, but they were planning to integrate. By the time you guys joined, I think they had cataloging. They brought in their cataloging from OCLC by that time, I’m sure.

B: Right. And the university did the cataloging for everyone.

D: You didn’t have to learn all the OCLC stuff—or continue to learn it. I did a lot of OCLC before we went up on there, because I wasn’t part of the group.

B: I think you and several others got into OCLC as a group and you shared a code and went off to BCR [Bibliographical Center for Research].

D: We would go to BCR physically and do our cataloging at their computers. That shared code would turn out not to be a good idea, because it was a fourth-letter code, and therefore they couldn’t do interlibrary loan on a fourth-letter code. They figured it out somehow at a certain point. 1984 was when we stopped, when we converted into the integrated library system; everything before 1984 we had to pretty much convert by hand.
B: Any other things about DAHSLC? I remember a few things myself.

D: Well, the current awareness service for nurses and hospital administrators. We would review the literature and then send out a notice, and then some publisher sued and said it was against the copyright law, but we went on anyway. I think they lost. Then people would ask for those articles, and we’d borrow them from each other to get them for the users. I continued to do that at National Jewish with the respiratory medicine.

But I think it was mostly that you had these friends and colleagues, and you could call locally. Then as we got to know each other regionally, we could call regionally, too. I think that’s important to remember. The regional groups, especially for rural libraries, were very important.

B: I don’t know that I included this, but I thought it was interesting how DAHSLC ended.

D: Oh, yes. DAHSLC did end in 1989, and I was the last coordinator. I was the second coordinator, and I was the last coordinator. I ran on a platform of disbanding the group, and I won [laughter]. I became a disbander. I disbanded that group and I disbanded the OCLC group, too. I don’t know why, but I was able to stop thinking that these groups were useful. It wasn’t that [DAHSLC] wasn’t useful; it’s just that it started taking up a lot of time.

One of our main programs was committing to serials. Mercy committed to the *British Journal of Haematology*, and we said we would always buy this. But that became untenable because sometimes we had budget cuts and we couldn’t buy it anymore, or things would shift and we just had to let it go. The idea was that if I committed to that, the other eight libraries wouldn’t have to buy it. And we did cancel some journals because one library committed to them. We wouldn’t commit to *New England Journal of Medicine* or *JAMA*, but to these other journals that weren’t so popular. Some of the hospitals [had specialties], like Swedish had a lot of neurology journals, and Saint Joe’s would have had OB and more surgery journals. But Mercy might not have been able to afford so many. Since Mercy was a general hospital, we had one or two journals for everything, whereas at National Jewish, it was very different. But at Mercy, we didn’t have a specialty.

We hired Gordon Barhydt from CCLS, the Central Colorado Library System, and he came in and met with us, I think, three or four times to get over the emotional part of stopping doing something you’ve done for ten years. We had a little treasury, and we gave $800 to CCML for education programs. Of course, they’ve forgotten that; it was a long time ago [laughter]. I mentioned it to Liz Kellermeyer. I said, “Did you know that DAHSLC gave you $800 and now you’re not doing any education?” I didn’t say it that way, but I suggested they beef up their scholarship program to MLA and MCMLA, because it seemed to me it had gone by the wayside, as programs do.
B: Okay, we’re starting again to complete our talk about the CCML and DAHSLC activities that Roz was involved in. And one of the things I wanted to know is, who were some of the key individuals you worked with in those early days?

D: I mentioned Beth Willis at St. Luke’s. She left the profession after a while; she wasn’t one of these people who stayed like we did forever. She was such a nice lady and knew so much. She wrote a paper on the history of CCML, which we still have in our archives. CCML started in the ‘50s amongst hospital librarians [in Denver]. Maxine Beaton, who was at Presbyterian. [Myrna Barrett], who was at Fitzsimons [Army Hospital]. Of course, we have Isabelle T. Anderson, who was at [Denver Medical Society and MLA president in 1958/59]. And then Ned Eig, who was at National Jewish. They started this, with other people, as a council of medical librarians. The university librarians at the time weren’t too enthusiastic about it. They didn’t think that hospitals needed libraries, that they could do everything. But these particular librarians saw their role.

Ned Eig started the library at National Jewish. He was active in MLA and a friend of Erich Meyerhoff’s. Erich and I always said hi. [Ned] was a patient, and this isn’t uncommon at hospital libraries. He was a patient at National Jewish. Did you know that? He had TB, of course, since National Jewish was, and is, a TB hospital. He was there in the early ‘40s, and then in ‘45 or ‘46, they invented streptomycin, which cured TB. He became cured of his TB, and he went to library school at DU. By 1949, he was the staff librarian for the researchers. His background was being an editor in New York City, so he helped them edit their papers and was their librarian. They had a library that served the scientists, pretty much—not so much the doctors and nurses. He worked there until 1976 or 1977, when he retired. I knew him back then, because I started [at Mercy] in ‘71. He would come to CCML meetings. [Editor’s note: See also the obituary of Eig by Meyerhoff in the 1993 BMLA.]

They moved the library from its place with the scientists to another building and had a huge space. [In 1977] Carole Engel really beewed it up. Then Helen-Ann Brown [Epstein]—many people know her—came in to Denver in 1979. Carole was there for about two years, but [Helen-Ann] shook everything up, because she was from New York and she knew things that we didn’t know out here in the boonies. For instance, remember the EBSCO thing? EBSCO was charging each hospital librarian a different percentage cost—up to 13% for their journal renewals. And Helen-Ann Brown came in and said, “What??” because she was paying Faxon 4.5%. I remember that figure. So, we all told the nice lady at EBSCO, “We’re quitting unless you go to 4.5,” and she said, “Sorry, I’m not going,” and we all quit. That was another cooperative thing, because Helen-Ann brought that in. Then somehow, we got disillusioned with Faxon and we all went back to EBSCO, but they gave us 4.5 or whatever it was at the time.

Anyway, back to the people that I wanted to mention. Yvonne Rhodes was at Fitzsimons for many years. Ruth Gilbert was at the VA for many years. And Mary DeMund was at the Denver Medical Society Library. Medical society libraries were very difficult financially, and she kept that library going for years against all kinds of economic
problems. And Sara Katsh at AORN [Association of Operating Room Nurses; now Association of periOperative Registered Nurses]; she was there for forty years and she was our DOCLINE person. She knew everything about DOCLINE and SERHOLD and you could ask her any question. She was always on every interlibrary loan committee and survey and on the paper we wrote.

B: And even OCTANET.

D: And OCTANET. I forgot about OCTANET [for routing of interlibrary loan requests], which was before DOCLINE. People on the East Coast wouldn’t know about OCTANET—which was ‘octa,’ Latin for eight, and we were Region VIII [Midcontinental Regional Medical Library Program] at the time. We had this grant to use PHILSOM [Periodical Holdings in Libraries of Schools of Medicine, developed by the Washington University School of Medicine Library] to do a mini-SERHOLD. OCTANET was a wonderful thing to do. Then we had to merge into SERHOLD when SERHOLD really got going [at the National Library of Medicine].

And then Teresa Martin at Porter’s [formerly at Mercy School of Nursing when CCML originated and at Presbyterian]. She was old when I was young. She was such a nice lady and so vivacious and so willing to help. She told me that she was on the orphan train [relocating children to foster homes in the Midwest]. You think, oh, my God, look at that, orphan train. I mentioned Dorothy Bailey at Rose. And Eleanor Krakauer at AMC [American Medical Center]. She was on all these committees, too. She did the Journal Locator, didn’t she?

B: Oh, she did. She was a fantastic editor. And you talk about bibliographic control.

D: Yes. And she was a wonderful person, and she was so friendly. Somebody asked her when she quit smoking. She said, “I quit smoking when I put out the cigarette as I got into the ambulance with my heart attack.” I thought, well, that’s a good time to quit smoking [laughter]. Oh, dear. And David Austin was at CARIH [Children’s Asthma Research Institute and Hospital], [which was renamed] National Asthma Center. He was here for about ten or twelve years, I think. He got people moving in technology. And then Nancy Simon was at Rose for many, many years after Dorothy Bailey, and she kept that library going under adverse economic things. It was a very small library, but she really served those doctors and took care of them. Later on, Marla Graber came to Swedish, and I don’t remember where she was before, but—do you remember?

B: She was in Oklahoma.

D: Oklahoma, yes. And she had a two-year-old and I had a two-year-old, and of course, you, Margaret Bandy had a two-year-old, so we all got together and went to children’s symphonies. I met her at MLA when her child was two and she was coming to Denver… She and her husband bought a beautiful Victorian house at 24th and Emerson and lived there for forty years, like I lived in my Victorian house for forty years, so she was a neighbor of mine. And then you moved to Denver and got your job in 1979, was it?
B: I moved here in ’78 when Charles went to the university, and I started at Saint Joe’s in February of 1979.

D: Right. And I noticed you told the story in your oral history that when I went over to meet you at Saint Joe’s, there you were with a cart throwing out the National Geographic [laughter]—as we all did. We all had some National Geographics. In the ’90s, probably, there was a wonderful article on immunology with the most beautiful pictures of the AIDS cells and things. It was all on how immunology worked, and it was such a great article. I bought thirty copies of it, and then I tore it apart and stapled the cover to the article. I would give them to patients and staff, and I often would pass them around at courses if I taught immunology. So, the National Geographic can be useful, but mostly not.

Sandi Parker was at Swedish. She was a very good cooperator. She just did a ton of things. Marla was at Swedish before Sandi, and then she went on to the University [of Colorado Health Sciences Center Denison Memorial Library] and helped run SALS [Shared Automated Library System], the MedConnect integrated library system. She was the associate director there. Joyce Condon worked for you for fifteen years or so, but before that, she volunteered for me for two years. She was so dedicated to learning and to being a librarian. She still volunteers here, right? That’s what I wanted to say about people that I knew then, and more people will come up, I’m sure, but I thought I’d mention some of those people.

B: Well, we’ll get back to professional activities again, but first I want to talk about how, after fifteen years, you took the position of library manager at National Jewish, and that was in 1986. Why did you move to that institution? Because you did love Mercy.

D: I did, I did. I had a full-time technician and she was laid off. I was sort of hurt by the lack of support from the administration, but that was a bad time for hospitals financially, and they laid off a lot of people at the same time. But we did get a new library at Mercy. We merged the nursing school library with the medical library and moved it into a very nice room with windows facing north and east. We had a beautiful room with these big windows, which had been the sisters’ dining hall, so we were not liked by the sisters too much. Then they had a kitchen, and what was later a conference room, which became their dining room. They lived in one of the buildings on campus in a convent. I knew some of the sisters. None of them really worked in the library, though, like you had sisters who did. I had my desk in the main library looking to the north and I had these beautiful windows and I could watch the airplanes land at Stapleton [International Airport] across City Park. Only in the summer would 747s land in Denver, because, in winter, it was too cold for them to land. The air was too thin or something. When you saw a 747 going across City Park, it went so slow because it was so big. I’ll always remember that. When I merged the two libraries, I had to throw out all the non-medical things. I still own a book of Audubon birds that I can’t get rid of it because it’s so beautiful, that was in my library. I had all these odd books in this library. I did have a sale, but I kept quite a few.
Then I had sort of a remnant office over in the other building, and it had two offices. I think it was for the [Mercy cooperative audiovisual service]. My staff member and I would sit in that office, and then we had another staff member, perhaps, over in the medical library. It was an old hospital room, and between the offices was a bathroom. In that bathroom was a shelf of books, and those books were my cataloging backlog of merging the nursing school library into the medical library. Oh, my God, that took so much time. The nursing school library was in the Bellevue [Classification] System for nursing, and I had to move it into the NLM system. I always remember that shelf of books because I saw it a lot.

I was sitting in this library and looking at my collection, which you could see, because all the shelves were right there in front of me between me and the windows. It was a relatively large room. We had seating for about eight or nine or ten. I got to thinking during those years that maybe Mercy, as a general hospital that had a family practice residency with ten or fifteen residents, really didn’t need a bigger library than what I was looking at. We had everything. We had patient stuff, even back then, mixed in with the regular stuff. We had all the family practice things. I did tons of research on MEDLINE. I had a new terminal, and I could do these searches. I worked with some of the scientific people who were in pathology, and some of the radiologists were very into science and experimenting. A couple of the pathologists really used the library quite a lot, and the surgeons did, too. Maybe they didn’t need more, but maybe I did, and so I felt like I was being confined to this small library.

I could have gone out of state, but I was afraid I might get asthma back. Even during this time, if I went to Omaha or Kansas City, I’d get terrible asthma and hay fever in those cities, and I’d come back and people thought I had a cold, but it was just asthma and hay fever. It would go away in a few weeks. But I just didn’t want to take the chance of having that again. I don’t think that would happen now, but it could have happened then. And then I had a beautiful Victorian house and a husband and child, and I just really didn’t want to move out of Denver.

I could have tried to move to the university, and I did sort of look at positions over there, but things didn’t come open very much and it didn’t seem reasonable. I saw Children’s Hospital and National Jewish as being larger than Mercy in relation to the library. Denver Medical [Society] Library was, too, but Mary DeMund was there and she wasn’t leaving. The Children’s Hospital librarian, whose name I don’t remember, left. I applied for that job and I didn’t get that job. And then the next year I applied at National Jewish—

B: Because Helen-Ann decided to leave—

D: Actually, it was Carole Engel, Helen-Ann Brown, and then Lyn Hammond. Lyn Hammond was commuting from Pueblo, where her husband worked; I think they moved to South Carolina. Lyn was very dynamic and fun to work with in our cooperative groups. It was Carole Engel who moved the library and Helen-Ann who brought
everybody into reference and signed up for BRS [Bibliographic Retrieval Services] Colleague and got people into that. Then Lyn Hammond kept up with the reference and also worked on the technical services a lot. She brought National Jewish into PHILSOM. PHILSOM was a serials control list where you checked in your journals and did claims and did all the serials control stuff that you do in an ILS, but it was only for serials. At Mercy, I did get them to buy into PHILSOM. At National Jewish, that might have helped that I had known PHILSOM. So, I got that job.

I had no idea that it was so different, actually, no idea. I think this whole thing was the issue of seeing—like in benchmarking—that it was important what services people did in relation to their size: how many medical staff or how many employees the hospital had or how big their budget was. That it was very important to see that it was okay to do less if you had a hospital that wasn’t as big. Even at National Jewish towards the end, I thought, how can we do any more? Maybe there will be a new service that will come up due to technology. But we kept adding services until I think that was probably it. Anyway, that’s how I got to National Jewish.

B: I talked about all the major accomplishments that you’ve achieved there, and I think we can go through some of those, and I think just as you wish to talk about them and as they occur to you. And also, I know you were getting grants in those days, too. I started by thinking about, similar with Mercy, how the library was perceived when you first started. Did you feel that you needed to start making any more changes? Probably you had to get your feet wet, of course, in that environment because it was so special.

D: I did need to make changes, and it was somewhat hit-or-miss. One of the things I did was move things around a bit because the library catalog was way in the back of the library and I thought it should be towards the front, so I did that. And then they had all of these old cardiac journals. We were running out of journal space and they had runs of cardiac journals, because in the ‘60s they did open heart surgery at National Jewish. They were quite famous for it, actually. I don’t know much about it except from history. They had kept these old runs of journals which weren’t even current.

National Jewish was different. It wasn’t a general hospital at all; it was a clinic, a huge clinic seeing 50,000 visits a year. They had a faculty of clinicians and researchers, some both: MD/PhDs, and some MDs who did a lot of PhD work without a PhD. They had doctors who worked in labs, and they had lab people who worked with the doctors extensively just up to treating patients, because they didn’t have an MD. They were a respiratory hospital and an immunology hospital. They came about because TB is a respiratory and immunological disease, just like Penrose Hospital in Colorado Springs became a cancer hospital, and AMC became a cancer hospital [American Medical Center subsequently became American Cancer Research Center and Hospital, since closed]. Many hospitals—Lutheran, Swedish—were all originally TB hospitals. There’s a wonderful book about them by Jeanne Abrams at the DU [Blazing the Tuberculosis Trail].
National Jewish was a research institute 50% and a clinic 50%, and then they had a few hospital beds. When I started in [1986], they had maybe thirty or forty hospital beds, but they kept decreasing them, and when I ended, they had five. Two or three of them were for infectious TB patients, and two or three of them were for children with eczema. So, you’re getting pretty specific here. Now they have a cooperative agreement with Saint Joe’s. Saint Joe’s built a huge, new hospital and National Jewish put their name on it, nicely. National Jewish, when I left, was trying to think about building a hospital, but hospitals cost $600 million, as evidenced by Saint Joe’s, and they, I think, decided that they needed a hospital but they didn’t need, necessarily, to build one. So, they have this cooperative agreement to do things with Saint Joe’s. [National Jewish Health and Saint Joseph Hospital have a joint operating agreement to provide inpatient and outpatient care together in Colorado.] I don’t know much about it, but I think it’s a great idea. They always needed a hospital to put some of the sickest patients in—a real hospital, I’ll call it—but they still have a license to be a hospital for these five beds—or maybe sixty beds, but they only operate five.

When I started, they had a children’s psychiatric asthma inpatient program [offering a psychologically and medically therapeutic environment], where the children would come and stay for six or eight weeks, or maybe even several months, and they would treat their asthma. They had a whole school with K through maybe sixth or eighth grade—kids who have asthma, and other lung diseases, but mostly asthma. These kids are from the Denver area, and they get their money because it’s a handicapped school, so if the kid comes from Aurora, they get money from Aurora to teach that kid. And they teach them how to manage their asthma. Many of these children miss so much school due to their asthma that they are way behind, so it’s very remedial. It’s a wonderful school. And they have a library, by the way. I helped that library move their integrated library system from their Apple IIe to a Macintosh system; they got some money to do it, and I helped them plan it.

National Jewish is a huge research institution. We had virology, we had cell biology, molecular biology, enzymology. We had a library where maybe half of the collection was science, and a fourth of the collection was respiratory, and another fourth was immunology—books and journals. We had one OB book, no OB journals. We only had journals on respiratory and immunology and science, so that was different. The budget was bigger, and I had two full-time staff members plus a shelver, I think.

The library had a huge champion in the faculty library committee. It was a multidisciplinary committee even when I arrived, and they had a nurse and administrator on it, but mostly it was the faculty. The library was seen as the faculty’s library. But the faculty included clinicians. I met with one of the faculty members to try to have him describe for me what was going on—who were these people and what did they do. We had a contingent of fellows. Our lowest educational level was a fellow. Doctors in training would become an intern for a year, back in the day, and then two years of residency. These were people who had completed their pulmonology or immunology residency, and then they became a fellow at the University of Colorado and they would rotate through National Jewish, the university, and Denver General for some reason. They would work in labs. It was a four-year program, and they would work in the lab for
maybe two years and see patients for two years. In the beginning, they were very much our clients. But towards the end, with electronic journals, they had access to the university and they could get everything over there; they didn’t use the library so much then. It was sort of sad, because I really enjoyed working with them.

B: So, it really was clinical, it was research, it was an academic environment.

D: Very academic. Our faculty were also faculty members at the university, and they actually went through their promotions over there. When they wanted to go from an assistant to associate professor, they had to go through promotions at the University of Colorado as well as at National Jewish. It was very odd to me, from Mercy, where they didn’t have any [academic faculty].

B: Did you feel like you were in heaven by having staff?

D: Oh, yes, having staff to actually help out was great. We all shelved together, though. We would, once a day, go out and shelve. I was trying to figure out the math. Before e-journals, we copied, like, 24,000 articles a year—and shelved therefore 24,000 journals. We got a volunteer soon after I arrived named Morris, who retired from National Jewish at 87. He would shelve the journals one at a time and walk the full length of the library to shelve that journal. Once I asked him about that, and he said, “Oh, it’s exercise for me.” He was 85, so he needed the exercise. But he was a wonderful man. When I started there, there were 65 faculty members; when I ended, there were 125. National Jewish expanded. The whole time, I was there, for twenty-five years, they always were building and remodeling. I suppose that happens at a lot of places, but they were constantly remodeling and building, and they did a great job, I think.

One of the former librarians wasn’t so great at cataloging, and it was my impression that the faculty noticed. To have a faculty notice that your catalog isn’t up to snuff means something’s going on there. When I arrived, Lyn was in the midst of doing an inventory to correct the deficiencies in the cataloging of the books. We called these the “plus-81s,” because when you bought a new book, you were supposed to make a whole new catalog entry. We were on OCLC, but it was cataloging on cards. [If a new 1981 edition was purchased,] someone would go through the catalog and put +1981 on the 1975 edition card set, for example—there were so many. We did inventory and corrected them. BJ Kroll helped out with that.

Lyn had already put the journals up on PHILSOM and had done a pretty good job. To me, at National Jewish, there was a huge opportunity with PHILSOM to have my serials be exactly correct [laughter]. It was so hard to have a serials list and have it correct without an integrated system. You could find a serial, and we did inventories of the serials. My assistant, Carol Miller, was excellent at this and she worked hard on it, as I did, and we would consult about things. We even did a survey about different monographic series. There’s a monographic series called Methods in Enzymology, and we kept it as a journal—volume one through whatever. We had another series called Lung Biology in Health and Disease, which, again, had numbers and was a monographic
series, but we kept it as a book. We went up on PHILSOM with that lung biology one to find out what other libraries did. Would you believe fourteen of the libraries had this journal and seven of them kept it as a book and seven of them kept it as a journal, so that didn’t help us at all. We decided to leave it as a book, because it added to our book collection.

The other thing we did there was BRS Colleague, and the faculty loved BRS Colleague. When PubMed came out and we dropped it, some of them were quite upset. They had it for a long time, but they got used to it. Even though they had BRS Colleague and some of them used it, we still did a ton of searches every month. One of my assistants was a reference librarian and one was a technical service librarian. We did current awareness services. Rather than have them do their own, we did them for them and helped them make their current awareness search—or SDIs [Selective Dissemination of Information]—on BRS and PubMed accurate, and Ovid later. Yes, we went from BRS to Ovid, and we were really Ovid users more than PubMed. We liked PubMed, but we could refine a search on Ovid much better than PubMed. I’m sure you could, if you worked at it on PubMed, do the same thing you could do on Ovid, but to have a forty-five search statement search on PubMed, I think, would be a nightmare. We also got into genetics and toxicology when they came up with the genetics databases at NLM and then toxicology, because we had occupational medicine. We promoted these to people. I remember sitting with one of the scientists, and he knew the science of genetics, and I knew how to get the system to work.

I did rearrange the furniture in the library several times and got a reference shelf that was near the front also. We had a consumer health library in the corner as you came in.

B: Well, it seems to me that technology really was a huge part of your work there, all kinds of technology.

D: Yes, it was. But maybe we could do the funding first. The budget came from the main hospital budget. I had a budget and got usual increases if I could get them. For a while, I wanted to remodel the library and so I would put in for $400,000 to remodel the library and buy new carpeting. This carpet was orange—and very orange; it wasn’t so orange, but then it faded to orange from 1977, when it was put in. When my assistant did move the library to a new space just in the last year, she took a piece of carpet and put each one into a small glass vial and gave everybody a piece of the carpet—because everybody mentioned this orange carpet. I tried to get the library remodeled but was never successful. People would say, “Well, why do you do that?” I said, “I just want to bring it to the attention of the administration that this place needs to be remodeled.” But I never could get it remodeled. I did make improvements and painted the walls.

One of the best things is that we had two scientists who were Howard Hughes Medical Institute scientists. In the early ’90s, Howard Hughes Medical Institute got into trouble [with the IRS] because you’re not allowed to be a nonprofit if you don’t spend all the money that you make. They made so much money on their stocks and bonds that they weren’t spending it fast enough. They came up with this idea to give money to the
libraries at the institutions where their scientists work, because they were a distributed institute. I think they do have a campus somewhere; I don’t know where [Chevy Chase MD]. But mostly, they fund—huge funds—some scientists at some institution, like Johns Hopkins or Yale or National Jewish. We had two. For every scientist we get $7,000—that’s $14,000 when $14,000 meant something—and you were to spend it on journals and technology. Well, those were my things. I spent it on technology in the beginning, and I got it for like ten years. I got over $100,000 in these annual things. A funny story about that is that I worked for a lady, Jan Henson. She was head of the microbiology lab and electron microscopy. Her husband, Peter Henson was the vice president for research, who I worked for. Because she couldn’t work for him, there was another scientist, Patricia Campbell, in the middle, but Jan was my boss, really. We got this letter from Howard Hughes saying we’re going to send you a check. We both said, “Oh, that’s nice.” When the check came, her husband was out of town, and she went in and took the check from his desk [laughter]. Now, nobody else would do that except that she was married to him. She took the check off his desk and sent it to accounting and set up a fund for me to use that money for the library. And every year, that check came in and was put in that fund, and I was able to use it over the years. I heard from other librarians that they had a lot of trouble getting that money out of administration to spend on the library, which I thought was funny.

B: Well, because probably at those institutions, you don’t have this relationship. You’ve got a big office someplace. Did you have to do any reports to Howard Hughes on how you spent the money?

D: They never asked for a report, but I did send them a report every year of what I spent it on. For several years, before 1999, I had so much technology that I didn’t to spend any more money on computers, because National Jewish was buying my computers for me. And I didn’t need to buy journals. I just didn’t need to spend money, if you can believe that. I was well supported. And I saved it up.

Then e-journals showed up in 1998, ’99 [editor’s note: a 1990-1995 survey identified 115 e-journals in science, technology, and medicine], and I started buying e-journals—big sets, like Academic Press. You could buy the whole thing all the way back in time. I used that money to buy those e-journals, and then I got them arranged on something like Serials Solutions. I got the faculty educated on using them, and they loved these journals. It was before you could actually click right through to the e-journals like you can now. They thought these e-journals were fantastic, and they were. And our library use went way down for the photocopy machines. I said, well, here I spent $40, $50,000 from this Howard Hughes money on these journals, and unless I get a budget increase, I’m going to have to cancel them all. I met with the faculty. There were three faculty departments—immunology, pediatrics, and medicine. I met with the library committee chairs, and the library committee chairs met with the faculty people, and then they had a faculty meeting. And these chairman of these departments stood up and said, “We have to fund these journals.” The president of the institution, Dr. Lynn Taussig, was there at that meeting, and he said he would make sure that the e-journals were funded. Three faculty members came by the library after that meeting and said, “We have it in the minutes. You are
going to get that money.” I was able to get a huge increase, like $50 or $60,000, to cover the cost of e-journals at the time. So that was an exciting time to try to get that going.

B: And then that lasted for several years then, probably.

D: That was the year 2000 or so. But, interestingly, you used to get the print journal and then the e-journal came with it, and then you were buying the e-journal, and if you wanted to, you got the print with it. By 2011—ten years only—when I retired, we only had, like, twenty print journals at the end; all the rest, every journal we owned, was electronic in 2011—even by 2005 or ‘06, probably. It was an amazing time, of course, in technology. But National Jewish supported it completely, and I was way ahead of a lot of people because of that. Once we got into Serials Solutions, scientists could click right from their search and get that journal. And we had access to the university, too, because they were university faculty. If we didn’t have the journal, they could get it from them. It was amazing, and they found it to be wonderful. Then EndNote came in where you could have an EndNote file of seventy-five journal article citations, and you push a button and go to lunch—because the library set up the technology—and come back and at least sixty of those articles would be in your EndNote file—the full PDF of those EndNote articles. I mean, it was unbelievable as far as getting the information to these people, and that’s what hospital libraries, special libraries, and university libraries do.

People say, “Oh, we don’t need this.” Well, they’re not going to get that. They won’t get that if they don’t fund a library and a librarian to make the system work. That’s at the end of my speech—the end of our oral history—but I just have to say that because I get so mad.

B: No, but that’s okay. I think that it’s important and you gave them evidence of that at National Jewish. We talked about the staff already. And I did have that question about moving beyond the library walls. Was there an opportunity for that? I guess it must have been, because you worked with all these committees.

D: Yes. And in the beginning, people would say, “I’ve never had a librarian who made house calls.” Because I would go out and help people with their EndNote, and I would look at their personal computer and they would have these terrible desktops. I mean, they were just terrible at filing and stuff. I would never change anything, but I would mention to them that they needed to beef up their system. I would teach them how to do EndNote in their office a little bit—not as a course but to help them catch up on something. We did EndNote courses constantly and search courses.

And every time, if I was at a meeting, I would hear things. We did morning report. When I started, Helen-Ann had started going to morning report, and so Lyn Hammond went to morning report. Barb Griss, who was my assistant, did morning report.

Barb Griss, Carol Miller, and I worked together the whole twenty-five years I was there. Carol retired right after I did, if not right before; Barb retired after I did. But twenty-five years, the three of us worked together. I don’t know how, but we never really had any
huge fights. We had annoyances now and then, but we each had our own way of doing things and we learned a lot from each other, I think. Barb got her master’s while she was working for me and moved from being a technician to being a librarian, so she got better salary. Carol worked with the volunteers a lot and did technology. I also had, later on, a third clerk, who did interlibrary loan. I don’t remember how I did this, but I always seemed to be able to get something. But then I got cut back towards the end. I had two people, Jim Honour and then Sean Crow. Both of them were getting their master’s from DU and worked as my interlibrary loan and front circulation desk clerk. They both moved on when they got their master’s. Jim went to work for the RML in Wyoming.

B: And in between, he worked for Saint Joe’s and Lutheran too—when he was finishing up his degree.

D: That’s right. And I had another shelving clerk, LaVonne [Griffie], who worked for me part-time, who worked for Saint Joe’s and maybe Lutheran. We shared our staff. I always felt like I trained them and then Margaret got to use their skills [laughter].

B: I know, it was just great.

D: When I got my grant to write my book on benchmarking in [2004-]2006, I was able to use what they call at National Jewish a salary savings. NLM was paying my salary, so half of my salary, then, was saved from being paid by National Jewish. Because they’re such a huge research institute with $50 million in NIH grants, they had this whole system where the faculty, then, could use that salary savings to hire someone during the length of the grant. I used my savings to hire another reference librarian to do the reference while I did the administration, while I wrote my book for two years. I couldn’t guarantee anything after two years, but I hired Shandra Protzko and we kept her on after the grant period was over. I don’t remember how, but we did; we figured it out. And then she succeeded me as the director. That was my staffing at National Jewish and how things worked there.

It was just a wonderful place to work. National Jewish is a national hospital and half of their outpatients are from out of state. They come from all over the world, actually, to be treated for lung diseases, mostly, and immunology, too. Immunology diseases aren’t too prevalent, because if there is something wrong with your immune system, you pretty much die. But there are immunology diseases that people can be treated for, and autoimmune diseases, of course. But the respiratory diseases, COPD and asthma, we were way up there. Our biggest competitors were the Mayo Clinic and Johns Hopkins.

You were talking about outside the library. We did go to the safety committee and we participated in IRB [Institutional Review Board] and IACUC [Institutional Animal Care and Use Committee] planning and tried to get people to use us. For a while, the IACUC required that the scientists have the library do the search for them. And IRB sometimes sent searches to be signed off on, but not always. The IACUC searches were very complicated, and Shandra did a wonderful job learning how to do that and tried to teach me. I’d back her up because she got pregnant twice [laughter]. When she told me she
was pregnant, my first reaction was, “Oh, no!” I didn’t mean to be nonsupportive, but all I could think of was the administrative hassle and how she wouldn’t be there for three months and I’d have to do her work. As a person I was very happy she was pregnant, but as an administrator, it was tough.

I think [talking about] the technology would be next, maybe. When you think about your career in 1979 before [we got access to] MEDLINE, I had to find a dumb terminal in the basement. In ’79 I was already doing word processing at home on a microcomputer, a North Star, and I learned Wang word processing. I actually did an acquisition system on Wang at Mercy, which I loved and I wrote a paper on it.

1982 was the Nina Matheson Report on the IAIMS [Integrated Academic Information Management Systems]. It was the academic information system and the health sciences library’s role in it. It was done by Dr. Cooper and Nina Matheson at William H. Welch Medical Library at Johns Hopkins. [Editor’s note: “Academic Information in the Academic Health Sciences Center: Roles for the Library in Information Management” by Matheson and John A. D. Cooper was published in the Journal of Medical Education in October 1982; it became known as the Matheson-Cooper Report or the Matheson Report.] This was a major, major different way of looking at how libraries worked, and from that, we got IAIMS. IAIMS said that you’re going to have a patient record and you’re going to have research records and you’re going to have library records, and somehow they’ve got to talk to each other.

And here it is, thirty-five years later, and are they? They’re barely talking to each other. I gave a paper about Dr. Ted Shortliffe. He was a real mover in the EMR—the electronic medical records system. He was saying, technologically, we can do it; it’s a political problem. Money and politics is what’s holding it all back. This was about ten years ago, and it’s still a problem. Technologically, it can be done, and it is being done in some parts of the country, but the fact that all these things are not integrated is more political and financial than technological.

In 1986, I started at National Jewish, and over at Mercy I had—I think it was a dial-up terminal, but it was 1200 baud. It had a screen and thermal paper that came out of the top, which, if you put a yellow marker on it to mark your search results, it would turn black, we soon learned. That was something. But it was a beautiful thing. One thing you could do was turn it off when you were searching and turn it on when you wanted to print your results, because if you were just on a dumb terminal, you spewed this paper out of its sprockets forever, because you couldn’t turn it off. And then you had to cut it up and give the results to people. At National Jewish, that’s the kind of terminal we had.

As I said, we had a bulletin board system, and the libraries were using that in 1980. Starting in 1980, we all met with my husband at his office, and we signed up for Mile High Mail. We each had twenty minutes a day. At ten o’clock in the morning, for instance, you would dial up and request to other libraries through email what journals [for interlibrary loan] you wanted, and then they would go in at ten-thirty, and they would take [the request] off. Then we would all traipse over with our hardbound volumes—
because we didn’t have a photocopy machine; they were in medical records—and we would traipse over to Denver Medical [Society] Library, where we all had cubbies, and we would exchange journals or paper copies. That was quite a system. My clerk would go over there, twice a week, or three times a week. But we did it somehow. Everybody regretted not talking on the phone with people, because we would call before that and ask for things and dictate. Now we just pulled the paper off and then filled it.

B: Unless it was really urgent.

D: Unless it was urgent. And even in the end, you could call anybody you wanted to and say, “Could you send me this right now? I need it now.” You could get any article in the world within two hours, I would say—within an hour if you knew the person. You could even call a university library and say, “I really have a clinical emergency. I need this article,” and they would send it to you. NLM even had a clinical emergency button, didn’t they, for their [DOCLINE] requests. But anyway, it was amazing from then to now.

When I started at National Jewish, some faculty members wanted to purchase Macintoshes [introduced in 1984], so they could do their graphics to explain their science and their spreadsheets to explain their numbers. Macintoshes were much better than the non-Microsoft. Microsoft hadn’t been invented in 1984; it was DOS—disk operating system. [Editor’s note: The IBM Personal Computer was introduced in 1981 using Microsoft’s MS-DOS.] My husband had North Star computers, and he had WordPerfect word processing. I had Microstar Word and Excel on my Macintosh, so they did exist in 1984. My husband knew some of these faculty members from his business of doing email—for people in general, not just librarians. He advised them on the Macintoshes, and about five or six faculty members went out and bought Macintoshes just as I was arriving there in 1986. They knew me from him, and I knew them because they had Macintoshes and I had one at home. I didn’t have one in the library, and I didn’t get one until the next year.

There were no IBM PCs anywhere. They sort of didn’t exist. They had an IBM mainframe and dedicated terminals wired to the mainframe, and the mainframe people were really against anyone being allowed to do their own computing in 1986. Later, even in 1995, the guy who was in charge of it said, “I think email is a passing fad.” Ha! Honestly. So, that’s what I came into. The researchers then began to purchase these Macs, and then they must have set up a Macintosh network, because when I got my Mac in 1987, I know it was not attached to a modem. I’m just sure that it had a network connection—but maybe not. I got a Mac Plus without a hard drive, and you would swap floppy disks with your program. I did get a second external drive, but it wasn’t a hard drive. Then, my second Macintosh was an SE with an external hard drive that it sat on, on the bottom.

My first Macintosh at home was a 128[K], and [the board failed and we got a] 512 board [Macintosh 512K]. That’s the memory of the machine. It was just unbelievably small. And I had that Mac for years. I still have it in a box in the shed waiting for it to increase
in value [laughter]. It still works, I assume. I lent that Mac to three or four different people. The last one was one of my senior volunteers, who then learned how to use a computer on my old Mac at home. They loved it. I’d lend it to them for a year, and then I’d take it back because they got their own computer.

People at National Jewish wanted to get onto email, because the faculty members communicated with faculty members all over the world. There was this faculty thing called BITNET. I’m not really sure what wires that ran on; I was not participating in it. [Editor’s note: In 1981 BITNET linked existing campus mainframe computers through telephone circuits and was used for email and Listservs.]

Anyway, I did buy my own personal Mac 128 in April of 1984, and I used it at the 1984 MLA convention in Denver, Colorado, which I will mention later. We produced the newsletter there. I had this image that I would teach my committee to do word processing and they would type the newsletter on the word processor at the hotel on my Macintosh. Well, that wasn’t very realistic, because nobody had even heard of word processing, much less the principles of word processing, much less had ever done word processing—except me, who did it on WordPerfect at home or Wang at work. So, I ended up doing all the typing for that newsletter. It was so exciting, and we can talk about that later.

National Jewish had this network. David Iklé was [chief of biostatistics and academic computing]. Biostatistics started the Mac network for faculty, and they got National Jewish to wire the network. All the Macs were wired on their own network, versus the mainframe wiring, which was near it and running along the same way. David Iklé was way ahead of his time, and he also gave speeches on the EMR and Nina Matheson’s idea of integrating all academic information. He predicted that the EMR would happen, things that we never even heard of it. It was amazing to me, and I wanted to be part of that even then, but it didn’t happen for years. He applied for a National Library of Medicine/National Science Foundation Internet connection grant. This was in 1993. The money came from NLM, but NLM had an onerous grant system that took years, whereas the National Science Foundation had a more light and gentle and easier—

B: Flexible.

D: —flexible grant situation. So NLM gave the money to NSF, who then gave it out to the medical and science community. Looking through my papers, I found the actual grant notice, and it was only [$29,800] to buy whatever he needed to make a connection. I really don’t know what he did with it, because he wrote the grant. I never saw the grant. He called me up one day and said, “You want to be the co-principal investigator?” and I hardly knew what that meant. You know, when you ask how things happen, and people walk into your office and say, “Do you want to do this?” and you have to say, “Sure, I’ll look into it.” I looked into that and I didn’t see any reason not to do it. It was very political, because it was an NLM grant. To have the medical librarian on the grant made the grant more important to NLM and NSF, because it was a cooperation grant between libraries and technical people. I really think that was part of it. My role was to educate
people once we got the network going, so I had nothing to do with setting up the network. We got this grant and the hardware, and the Mac network expanded.

I had this education course set up in the big auditorium at National Jewish. I was going to teach about the Internet, which everybody was talking about in 1993. I was going to teach some things, like, how to do email on Pine and elm, Listservs, Telnet, ftp [file transfer protocol], WAIS [wide-area information server], and Gophers. Gophers were interesting, because they were like the World Wide Web but they were before it. Libraries jumped on Gophers. All the big libraries had Gophers—and they were very cumbersome to use and to build—but they disappeared. Then David Iklé called me up three weeks before the course and said, “Have you heard of Mosaic [web browser] and the World Wide Web?” I said, “No, I hadn’t ever heard of Mosaic or the World Wide Web.” It had been out for maybe six months. And he said, “Well, you should look at it.” So, I looked at it, and three weeks later I taught people how to use it. That’s how fast things would go. I still can’t believe I did that. There wasn’t anything on the World Wide Web, because there weren’t enough people using it, but soon there was.

Then David called and said, “Would you like to write the web page for National Jewish? Because I have an extra computer.” It was a bigger Mac with probably a hard drive. He had it connected to the network, and I could log into it and upload files and make a website. I didn’t know how to do it. I never even heard of HTML [hypertext markup language], much less what it meant. So, I learned. I read a book and I learned how to write HTML—I started doing that in the spring of ‘94.

I had these teen volunteers who were faculty members’ children, mostly; one of them was the daughter of the chief of medicine, Anne Mason, Robert Mason’s daughter. I taught them all HTML. On my computers in the library, they would mark up Med Facts, which were patient education fact sheets. I kept thinking, well, what kind of content am I going to have on this website. That summer, they marked up forty Med Facts. In the fall, we put up information about National Jewish and Med Facts, and that was the first hospital website in Denver, in the fall of 1994. I managed that website from 1994 to 1997. I actually did the whole website and added and added and added, and used volunteers to do the adding. It was very flat and no fancy stuff.

People warned me that teenagers would do bad things, because they’re teenagers [laughter]. We’re over in photography/illustration looking at images, because we wanted to put some pictures up on the web, and this teenager sat down with a picture of the president of the hospital, Lynn Taussig, and touched his nose and made his nose huge! I thought, the teenager’s wrecking my website. It’s come true; the teenagers are going to wreck my website. So, I was really careful about what I let them do. It was like what people had said came true. It didn’t happen, though. They really didn’t do anything wrong. He was just showing how you could do things on images. I didn’t know anything about image editing, but this teenager did, already. Amazing. Then Anne Mason, when she graduated four years later from Vanderbilt, sent me a thank-you note saying that she had gotten a job at a bank; because she had her own website and knew
HTML, they were very impressed with her. That was in 1998. I thought, well, that’s really neat, what you taught them was able to help them out.

I gave speeches on the website, and I talked to people all over Denver about it—nonlibrarians and librarians and nonmedical librarians. I must have given ten or fifteen speeches about the website. I remember telling people that someday, you’ll just be able to go Ford.com and you’ll be able to look up Ford. And it came true. I tried to get National Jewish to take over the URLs—NationalJewish.org and NationalJewish.net, but they didn’t. I don’t know if they lost them, but they didn’t do it. We lost asthma.net.

In my personal life, I had just gotten divorced, and in ‘94, my daughter went to college. From ‘94 to ‘96, I would work late—I had dogs, but they had a doggie door, so I didn’t have to go home. I enjoyed this HTML so much, and like I said before, I thought I might become a webmaster. I would work until about eight o’clock at night just doing web pages and having fun. Then I would go home and stop on Colfax, where I lived, at a sushi restaurant and have some sushi and glass of sake and then go home. I’d be home by eight-thirty or nine. I would do it two or three times a week. And I often thought that if I had had a boyfriend, National Jewish wouldn’t have had a web page [laughter].

In 1994, my mom came out to my daughter’s high school graduation, and she sat in the library and she searched the web, which she had never done, of course. She thought it was so wonderful. The weird thing was that there she—she was in her seventies like me now—but what she did was, she would stop and read the pages, and I got to thinking, you surf the web and you don’t often stop and read the pages, and I think we all need to do that more. At the time, we were great surfers. But she’d stop and read. She ended up getting a WebTV, and she used it to renew her driver’s license and things like that. She actually used it, and would get email, of course.

I keep getting into these asides about my family, but one of the issues of work is the famous work-life balance, and I—even with my staff, and Shandra, who got pregnant twice—your family, your life, is just as important. When people ask for vacations or special family things, I think it’s more important to give them what they need for their family than to say, “You have to work here.” Work-life balance should balance towards the family. It’s so important. One of the times, Carol [Miller]’s mother-in-law and mother died within three days of each other, and I gave her six days of funeral leave. My boss at the time was annoyed that I had done that. I said, “She deserves it—three days for each person.” She has to arrange the funerals for both of them. Why wouldn’t you give someone the whole six days? I thought that was being petty. So, I tended to do that.

But back to technology, high tech, high touch. Marketing took over the content [of the website], and I still ran the technology with David Iklé. We had arguments about what would be on the content with marketing. One time I had to have a referee. The guy from marketing and I had such a big fight about the picture on the front page, and I think I won. I said, “I won’t do it. I’m going to quit. If you do that picture on the front page, I’m going to quit.” I can’t remember what it was, but it wasn’t good web stuff. He didn’t actually do the web; he just sort of told me what to do and what to put up. Then they
took it over completely in 2000 and moved it to a huge system and had outside consultants. They have a humongous, beautiful website now and a whole department of many, many people, which I had asked for several times and didn’t get. I think if I had gotten a web department, I would have continued more with the web, but they didn’t give me the staff I needed. You need the technology people, you need the writers, you need the illustrators, and you need the wires and you need the actual web stuff.

What happened at National Jewish is that big departments like the IACUC—the animal control people—needed to get out onto the Internet to get federal regulations and fill out federal forms to comply with what they do in their job. But the IBM people didn’t want to get a Mac. I helped those people by bringing in CCLS [Central Colorado Library System], and somebody out there would come in and consult with the animal control manager on how to get access to the Internet with an IBM. I didn’t want to learn how to do that, and it was more than I could help with, but I connected them with people who could help them; I did that with several departments in administration. Finally, administration gave in and set up an IBM network with IBM PCs, and everybody got to do their own thing. They gave away the dedicated terminals, slowly. We got PCs in the library too.

It sort of forced the IT department. Maybe by 2005, biostatistics gave up their Mac network and gave it to IT. It didn’t make sense to have two IT departments, so they merged them. That meant that National Jewish had an odd system, and I think universities have this system, but hospitals are mostly IBM. No Macs allowed. But at National Jewish, half of the computers were Macs and half of the computers were IBMs on people’s desks. In the library we had both. We needed both, so we had both. You couldn’t communicate with OCLC on a Mac, so my technician had an IBM and my reference librarian had a Mac. Everybody loves Mac. So that was the National Jewish technology. It was fascinating to watch and very dynamic, too, I thought.

B: Yes. And I remember you teaching us HTML in your auditorium over there at National Jewish.

D: Right. I taught HTML, and at CCLS I taught an all-day HTML class four or five times. One of my favorite things I did was give a speech in 1995 to the New England regional group [North Atlantic Health Sciences Libraries (NAHSL) chapter of MLA], in Providence, Rhode Island. They gave me $50, and I spent it on buying a picnic basket at a store in Rhode Island. And I still have that picnic basket [laughter]. People were hungry for this information. They were so impressed with my presentation. I believe that I had technical problems and hardly could show it to them, but maybe I had a good slide show. But they thought that what I was telling them about the web in 1995 was so miraculous and so interesting that a library could be so involved. And you got involved, for instance, at Saint Joe’s in the development of Saint Joe’s web. Many, many librarians did. I think that libraries brought these institutions into the Internet. And I gave a speech to the Hospital Shared Services, which is a big company here in Denver that does security and at the time did printing and many services for all the hospitals in the state. They’re
the ones I told that they should get HSS.com going. People were fascinated by this talk about the web, and many of them had never seen it.

B: It was interesting. That was way before all the commercialization that evolved.

D: Oh, yes. I remember showing Hospital Shared Services a toaster, because I said, “I don’t know what you do.” You don’t make toasters. But if you had a toaster, you no longer have to print how to use it, or its specifications, because you can have a ten-page document on a PDF on the web that you no longer have to print. You’re a printing business, so you should watch out for this. I showed them how you could sell a toaster and then have the specifications on the web.

My second husband, Jim [Mills], was an engineer, and he could go up and find all this stuff on the web. It was like a miracle to him, because he used to have to search through books to get specifications for these electronic things that he worked on. He remembers downloading huge specification things for whatever work he did. It’s amazing what’s out there, even now.

B: Okay. Rosalind Dudden and Margaret Bandy are back from lunch and ready to resume the oral history interview. And Roz, I wanted to talk to you about the integrated library system idea, because you were interested in that at Mercy and tried to get the hospital to support it. It didn’t work out. So how did you continue your interest when you were at National Jewish and move forward with that?

D: As I mentioned, I first started my interest in 1981 when I met Charles Goldstein. That was so exciting to hear. NLM had this tiny, little bubble chart where they had the parts of the integrated system, and they had, like, three parts. I would teach automated systems about serials control. I made my own bubble chart starting with National Library of Medicine, a small one with five or six bubbles on it, and I ended up with like twenty bubbles, all the things that could be attached to an integrated library system. It was very exciting to see what you could actually do. I never could accomplish it, but I tried to get the pieces of it.

Getting Mercy to go up on PHILSON was a big deal. PHILSON was a competitor to the NLM ILS. They were building their own integrated library system [BACS (Bibliographic Access and Control System)] at Washington University in St. Louis, which was in our region. Loretta Stucki was in charge, and she was recruiting people to be in their network. Mercy was one of the first, and then Lyn Hammond at National Jewish went up. Serials control was just a mess when you do it on those weird yellow cards that are in a flip folder—a Kardex. It was just awful to try to claim [missing issues] and it was so time-consuming. PHILSON could claim. They didn’t really have ordering, but they had everything else. I got into PHILSON, and it had a beautiful list of all the things we owned. Mercy was small so it wasn’t a very big list. But at National Jewish, it was really a big list, and it was nice to have all of that right there. We refined it and made it as perfect as we could. I felt that that serials control was really important at an academic institution—and the same with the cataloging—you really need to present
what’s in your collection to the scientists so they know what’s there, not to mention for interlibrary loan.

I moved over to National Jewish in [1986], and the [CLSI (CL Systems, Inc.) circulation system] was running at the university since ’85. We called it SALS—Shared Automated Library System. [Editor’s note: Denison Memorial Library director Charles Bandy responded to the DAHSLC request for proposal and invited Denver hospital libraries to use the CLSI system hosted by Denison and named the arrangement SALS.] I think there were four or five libraries besides the university in it and centralized cataloging—everything that was nice. We kept talking about it in DAHSLC and trying to figure out how to get more people. I don’t know how I came up with the idea, but somehow within the group we decided to write a grant and get the money to enhance SALS. The word ‘enhance’ was a big thing.

I started working with Fran Johnson, who was head of grants at NLM, and she was a wonderful person. She sent me two or three automation grants. When a grant is successful, it’s a public document. Unfortunately, now you have to pay money for these things. She just copied all these long grants. They were forty, fifty pages each, and she sent me this big pile of grants. Interestingly, I still remember that one of the things that all these grants had was a physical map of the region that they were talking about. So, I made sure that we had a map. I actually looked through my grant last night, and there it was, a picture of Colorado with all the Colorado libraries marked on it. I remember sending her my first draft. We did it cooperatively, but I would communicate with her. I had it all wrong, and the budget was over in the wrong place. But I had already done all this work, which I was able to rearrange. There was a great article by Virginia Bowden on getting NLM grants. I realized that in a grant, you have these sections like AA, BB, CC. I made a folder for each section, and I just made sure that what was in that section was in that folder. I remember that was very useful. The libraries that decided they could go in on it met as a group every month and discussed all the issues. One of the things that was apparent was that you needed to name your grant, and it had to be thirty-six characters or less, so somebody came up with the name ‘enhancement.’ We took SALS, and we enhanced it by more technology and more members. It was the SALS Enhancement Project. Fran looked at a couple more drafts, I’m sure. When I did my second grant ten years later, for some reason, the grant officers couldn’t read your grant for you. It was like a conflict of interest, because maybe they were on the review panels or working with them too closely, but they couldn’t actually read your grants and comment on them. I think that’s another deficit of the government, but who knows how these things work.

It took us about eighteen months to work on it, and then we submitted it in 1991, it was funded in ’93, and completed in ’95. So, although it was a three-year grant, it took five years. We added four libraries and improved the systems for the other five, and I think we had nine libraries at the end. [Editor’s note: Seven Denver area hospital libraries plus Denison Memorial Library were in a group that submitted the grant application, with Dudden as the program director, or principal investigator.] It was [$191,000], which is a lot of money, and it was a big project. I used Microsoft Project [for] the budget and the
scheduling, and you could do Gantt charts and you could tell people what to do. We purchased equipment for these [seven] libraries.

We gave papers and posters—quite a few, as it turned out—but we never wrote an article on it. It would have been nice to have it in the literature. Our speeches were well attended at MLA or MCMLA, but, if you can believe it, the grant ended [by] 1996, and by 1998, the Internet was on full blast. We threw out all the equipment. We changed the equipment from being a dedicated line to the CARL [Colorado Alliance of Research Libraries] computers to being on the Internet. Talking about dedicated lines and CARL computers didn’t seem a reasonable thing to write about, I guess, because we just never wrote up those papers. It’s because of the technology. It was odd to spend all that money on that equipment and then within five years, we threw it all out—I mean, physically removed it from each hospital.

The whole system started with the CLSI system, but before we even got the grant, I think we moved to CARL, because [University of Colorado] had already moved to CARL, do you think? CARL had a separate corporation that ran their online automated system. They were a competitor to CLSI or the ILS out of Georgetown or any integrated library system. They were building their own integrated library system and it was, at the time, dedicated lines. We went to training. We put our holdings in through OCLC and did all of that. Then we were trained on circulation, and I still remember the day I was going to circulate my first book on CARL, Denison decided to migrate to III [Innovative Interfaces, Inc.] [Editor’s note: The abbreviated name is pronounced as “Triple-I” in the interview.] Denison had told us they were thinking about it, but their decision was made. We gave up a lot of autonomy by going into a shared system, but at the same time we gained so much in technological advancement that it was worth the lack of autonomy.

B: Yes, and the expertise.

D: And the expertise of the staff at Denison, who knew that system front and back. We didn’t have to learn something like CARL or III. As a hospital librarian, we didn’t have to learn all the ins and outs, because we could always call Denison and say, “Well, I want to do this. Is this possible?” We changed our name from SALS to MedConnect, which, we found, many other people call themselves MedConnect, but we just kept it in anyway.

When I retired in 2011, the cost of the MedConnect system was pretty high and we felt that we could get a better cost and more functionality from the OCLC WMS [WorldShare Management Services]. And it wasn’t just that, but there was this thing about Serials Solutions. And what was that thing with Serials Solutions? This whole issue of ‘discovery systems’ in 2009 and ‘10. You could search one place [for] journals and books and everything. III didn’t do that yet, and so Denison had a system where they had web discovery with Serials Solutions, and then they had their catalog with III. We couldn’t buy into the Serials Solutions. Even though many of us were on Serials Solutions, it was way too expensive to buy that other system. We had been discussing it for a couple years.
In 2011, I retired in June, and in January, I thought, well, I’m going to move this library out of III and get out of here by June, because June was the contract year. But, of course, I couldn’t do that. It was way too much. Interestingly, I stayed on for a year as a part-time employee helping my assistant, Shandra, run the library and giving her advice. In about August or so, they were going to cancel the MedConnect meeting, because Denison didn’t have much to say and there wasn’t much going on. I told her, “Don’t cancel the meeting.” Denison doesn’t have to come, but you have to meet, because if you want to get out of your contact by next June, you have to start this summer. You have to decide whether to do the WMS, and then you have to contract to do the WMS, and you have to have everything up by next June, so that you can give notice and get out of your III contract. And they did it. I didn’t help too much. I went to meetings and gave them my two cents, but Shandra and the group—you were part of it—had lots of meetings and lots of WMS, and it was financially a good deal. You were able to drop Serials Solutions and III and then buy into WMS for considerably less money, don’t you think? Do you remember it that way?

B: I think so, although we didn’t drop Serials Solutions—

D: Right away.

B: Yes. And some still kept it, because of the linking from PubMed. And Serials Solutions was very helpful with being able to set that up for those who hadn’t already done it. The serials component of WMS was not satisfactory.

D: Yes. So, it didn’t turn out to be totally great, but Serials Solutions wasn’t as expensive as the III or the discovery program that Serials Solutions was selling that I can’t remember the name of. But it’s still a problem. Denison continued to do the cataloging even though we weren’t part of their thing, so that was good.

One of the stories with the ILS is that we had subcommittees of the main committee to write the grant—subcommittees in relation to implementing the grant—and then we had meetings and tons of forms and tons of commitments by institutions. On the very last day of the deadline, you had to have your paperwork in by midnight. Well, I wasn’t going to do that, even though they do that all the time at National Jewish—FedEx things over. They even fly them over. They’ll fly an airplane to Washington just to turn in a grant. I had a deadline of, like, four days before October 1st. National Jewish had an office that dealt with federal grants—and that’s one of the things that enabled us to do this. They helped us with the forms, they helped us understand what signatures were needed. They said, “Okay, if we’re going to contract out this money to Swedish, for instance, or Saint Joe’s, we need this kind of a contract with those hospitals,” and so they helped with the legal contracting. The last thing I got was a contract from Swedish, and Sandi Parker drove it over that last day with the signature of somebody at Swedish on it and gave it to the grants office. The grants office would not submit the grant, and they wouldn’t sign off without that one piece of paper. This was a 100-page grant and there was one piece of paper missing and the grants office knew it. Isn’t that something? I think a major part of getting this grant was that these other hospitals didn’t have the kind
of grants office that National Jewish did. I was in the right place at the right time with the right help from the administration where I worked. And I think you need to look for that. Like, if you want to do something statistical, does your hospital have a statistics department? If they do, get them to help you. I actually called on my statistics department several times over my career to help me. I shipped out the grant around two in the afternoon—FedEx, I’m sure—in a huge box with multiple copies. It was 100 pages, but then there was a whole other set of appendices, which made it like 150 pages, and six or eight copies in a big box. One of my good friends was a secretary to the vice president, who was my boss for research, and she knew how to write a grant and she knew how to ship it. Just call on help where you can.

And then, very sadly, I went home and I went to bed, because I had stayed up late the night before getting these last things printed out and put together, and I got woken up from my nap by a call from my family member, who told me my sister had cancer. I knew she had cancer, but that’s when I really learned her cancer was terminal and that was so sad. I had this huge happiness of getting the grant done, and then this huge down with my sister. I’ll always remember that. How can you forget that? So, again, your family is part of your work life, too.

B: Well, I think that was certainly a huge contribution to all the libraries that participated in [the grant], and a lot of them hadn’t participated earlier. But I was wondering whether there were particular things you learned at National Jewish that influenced your thinking about libraries, about services, and the role in the parent institution?

D: I felt very at home at National Jewish for some reason. Maybe a year into it—everybody would come to the cafeteria and eat lunch. I was sitting there and thinking, why is this all so familiar? I looked around the cafeteria and over in this one corner were all the administrators with their business suits and fancy business clothes. And then over in another area was the faculty with their lumberjack shirts and their dungarees. To me, it was like a merging of my previous lives. Mercy was over there with the hospital administration and the whole hospital ethos or culture, and over here was the academic side, which was just like what I was raised with at Yale. My father was quite associated with Yale, so I knew all of the professors there, and we socialized with them. My two previous lives came together at National Jewish. I’ve often thought that, because I could communicate with the academic people, but I also could communicate with the hospital people because of Mercy. It was like two things coming together.

The other thing that helped me at National Jewish was going to morning report and learning the clinical part. I would write things down and then I’d have to go look them up because I didn’t know what they were talking about. They had a lot of patients back in 1987. They would have people staying in a hospital situation, and they had the fellows report out to an attending, and they would talk about this patient or that patient. There was a lot of camaraderie. There were nurses there, dieticians, librarians, and social workers—all kinds of people besides the doctors, and everybody was well respected. We were listening for questions and we found them. They would ask specific things, but it was always somewhat the same after a while in that everybody had lung disease. But it
was very interesting, at the same time. I would cover for Barb [Griss] and do that maybe once a week.

I just wanted to mention Gertrude Lamb, who I had met a couple of times. She once gave a speech at MLA, and the room was too small. She was talking about clinical librarianship at Hartford Hospital, and it was so new and so wonderful, and she talked about her experiences there. And she was such a nice person. It was one of those MLA things where the MLA didn’t plan for the right room. There were people in the hall listening to her. I’ll always remember that. They always were worried about that when other big things came up—that the room would be too small for this new thing, in this case, clinical librarianship.

Another thing at National Jewish that influenced my looking at librarianship in general was this huge transition to e-journals and the miracle that you could go from PubMed through Serials Solutions right to the e-journal—the scientists could bring it into their computer and read it. It was really amazing. I used it a lot, writing my book. After a while, EndNote got into the picture with Serials Solutions somehow. EndNote wrote your bibliography for your paper. [We were] teaching people how to use EndNote or their competitors. I used Reference Manager online, and they were somewhat the same.

The other thing at National Jewish was the FileMaker Pro development. I was always interested in these databases, and FileMaker Pro on a Macintosh, for me, anyway—I know it’s available on a PC—it’s somewhat easy to learn to do simple databases. If you want to do something really complicated—I did hire a consultant in the end. But I did web databases, and I did a database of consumer health resources.

Then I did a journal review. The ILS had no way to review journals. You had no place to put notes about the journal in relation to attributes. Is this journal a quarterly? You had that in there, but you couldn’t put things together and review the journal and give it a score. If each attribute had a score, then the journal would have a score, so New England Journal would have the highest score. In relation to cost, number of uses, number of downloads in the future, what the subject is, and then whether it’s your subject [of interest]—you had all these attributes. There was an article in the literature about journal attributes, and so I used that and made a database on FileMaker Pro.

One time we got a huge budget cut—2008 or something. You renew your journals in January, and this budget cut was in March, and they wanted me to cancel journals I had committed to with EBSCO, and I couldn’t cancel. You can’t cancel the journals in March. So, I took this database and I just went through it. I met with my boss for hours to try to figure out what journals to cancel. I had to cancel, like, $40,000 worth of journals. It was a nightmare. But because I had this database, I was able to make reports to myself and to him, and we did cancel a lot of journals, I remember. That was a bad time, but we made it through. But, really, if I hadn’t had that database, I couldn’t have done it, I think. It would’ve been too hard to do.

B: Yes. You would have just been making stuff up.
D: The other big thing I did another time, a doctor came in—a doctor/researcher in idiopathic pulmonary fibrosis—IPF—which I got to know a lot about. It’s one of our diseases we treat at National Jewish. It’s somewhat rare-ish, but not really, and it’s hard to diagnose, and there are lots of different kinds of pulmonary fibrosis, but idiopathic means that there’s no known cause of it. The American Thoracic Society had a committee to write a guideline of how to treat IPF. Kevin Brown, who was head of our idiopathic pulmonary group, made an appointment with me. He said, “We have this committee and we’re going to do this guideline, and we need to do a systematic review and get all the literature since 1999”—I think it was in 2006. Three faculty members at National Jewish were on the committee, including himself, and could I do that with him?

I didn’t know what a systematic review even was, I think, so I said, “Well, I’ll look into it. But it sounds like something we can do. We certainly can do the search.” There was that article in 2005 [in the Journal of the Medical Library Association (JLMA)] by [Martha R.] Harris on librarians’ roles in the systematic review process. That was a step-by-step thing on what you do to do a systematic review, and it seemed like we could do that. My assistant Barb Griss and I worked on that with that committee for six years. Everything takes so long. We updated the search quarterly; we had a search that had forty-five search statements in it that covered the IPF, and it turns out it’s got another name in Europe. We did all languages and followed the guidelines that were available to us.

We published the article in [2011 on evidence-based guidelines for IPF in American Journal of Respiratory and Critical Care Medicine]. I helped them with their bibliography. The two chairs were so nice; they would all come to National Jewish and meet, and we’d go to their meetings. The two chairs had no secretarial support at their institutions, one of which was University of Washington and one was UC-San Francisco. The one at San Francisco had worked at National Jewish before. So, we did that. This bibliography had [over 300] citations, and my staff worked on it with me sometimes. We had it in Reference Manager. I wouldn’t let anyone touch it [laughter]. Those doctors couldn’t touch those citations. Everything was perfect. When the galley proofs came in, there were three corrections, and they were all in-press articles, so I made it through. I was very proud of that bibliography. Shandra and I, and Barb, got to be authors with the committee, so there were thirty or so authors on that article. We wrote the methodology, which was online, not printed. We also did the flowchart of the systematic review process. It was a major, major thing for librarians to do in conjunction with these clinical doctors. And we kept them in line with the process. They didn’t know how to do systematic review, either, and so we helped them stay doing the right thing. Shandra and I actually wrote an article about our role later on. So that was exciting.

Now, Shandra does so many systematic reviews for the American Thoracic Society. That was the first one, and we didn’t charge them anything. But the second one we decided we’d had experience, and we decided to charge them by the hour. We talked to biostatistics on how do you charge people, and we had a memorandum of understanding and had an $80-an-hour fee. It often took about $8,000 from the ATS to get into our
budget to work on these things. That’s not a lot of money compared to all your e-journals and stuff, but it looked to administration like we were making money. So, it was good that we would charge them. Shandra has so many systematic reviews going on that she did not go to MLA this year, she told me, because the ATS always conflicts with MLA. She had three committee meetings to go to, and they pay for you to go.

They paid for me to go to a committee meeting in Dublin, Ireland [laughter]. That was exciting. I went to Ireland on my own, but I went to the committee meeting. And of course, I was meeting with twenty-six pulmonologists, and I got a cold and lost my voice to laryngitis and kept coughing during the whole meeting. The Irish pulmonologist got me some medicine, which helped my cough [laughter]. I mean, really.

I already mentioned how we worked with IACUC for the searches, and also the IRB. During my tenure there, there was a famous Johns Hopkins University death in 2001, where a young woman died by being in an experiment where they put a chemical in her lungs and she died from that. If they had done the literature search right, they would have found, in 1958, that this chemical they were experimenting with caused death, so Hopkins got into a huge amount of trouble. All research places had to change how they did their IRBs and beefed up their institutional review boards. National Jewish had two half-time people in the IRB before the Hopkins death, and a year later we had, like, four people full-time working on the IRB to make sure that things—not just the searches, but the whole process—were done right.

We worked on the website with the web people a lot. There was a clinical database where the statistics department gathered all of the medical records of people who had COPD, for instance, and put them into a database, and then you could apply to be a part of that. We worked with them in their beginning, but they went a different direction and we really couldn’t help them much, though they did talk to us occasionally.

The EMR was so politically technical. We never could get into the EMR committees, though we occasionally attended. But we did get the library represented with a link directly to PubMed, so that was good.

Then, of course, the Health Info Center, we had that. We had a little consumer health library, and we had quite a few patients.

We were the only people in the whole hospital who asked to be on committees [laughter]. Most people wanted to get off of them. But we felt it was important. It was similar to a clinical librarianship exercise, in that we would listen for questions. And we helped the nurses. We might have had a Magnet [Recognition] Program, but they didn’t involve us too much, but we did do some research with them.

B: Well, I think once you establish credibility, it’s word-of-mouth a lot. People find out that the library will come through for them, and it grows.

D: Yes, yes. That’s pretty much what happened at National Jewish.
B: Well, that’s a lot, but you were there a long time and did a lot of things.

D: One last thing about National Jewish: I just wanted to say that it was a great place to work. The faculty and staff would come and sit down and we’d chat. And I would go out to their offices and help them with their computers, and make appointments and go and talk to them about whatever problem they were having with their literature. We did SDIs, which was very important. We would suddenly have these new programs, like the systematic reviews. But these people who worked there always wanted the very, very best. National Jewish is known nationally, and they raise probably about $19 or $20 million through charitable donations nationwide; they have fundraising offices in other cities, like New York and Dallas and Miami. National Jewish gave away more charity care than any other hospital in Denver on a percentage basis in relation to its size, and I always thought that was really neat—that they cared enough. They had an 800-number Lung Line where you could call and find out whether or not you wanted to be a patient there, or ask questions about that.

They have a campus; it’s about two square blocks in downtown Denver. You know, I was really down on something—probably when I got my budget cut or something. I was feeling really, like, why am I working here; I should go someplace else; I should do something different. I was sort of down. I walked in from the parking lot across the lawn of the internal part of the campus—it’s like a little enclave—and I thought, this is a beautiful place to work and these people are really nice. What am I crabbing about? I’d rather work here than almost anywhere else.

B: Well, I’m going to switch gears again, and I want to talk about your professional service and involvement in professional organizations, because throughout your career, you’ve taken time to teach and publish and serve in many roles in professional organizations. Within MLA alone, you’ve served or chaired numerous committees, task forces, you’ve been active in sections and chapters, served on the Board of Directors, and received numerous honors and awards in recognition of your contributions and accomplishments. To begin, tell me about the committees you enjoyed the most or thought had the greatest impact. Two that I’d like to hear about—but you can talk about any—are the Standards for Hospital Libraries and the Benchmarking Network.

D: Okay. Well, we published the Hospital Library Standards [“Minimum Standards for Health Science Libraries in Hospitals”] in 1984, so we worked on them from 1979 on. It was not a committee of the Hospital Library Section, because sections were just becoming sections in ’79. That’s sort of when they started having sections. Now, the hospital librarians had been meeting for lunch since 1948. It was the first luncheon meeting for hospital librarians, and they met every year. [Editor’s note: The Hospital Library Section (formerly the Hospital Libraries Group, established in 1948) was established in 1977 according to section records. In 1987, members voted to change the name to Hospital Libraries Section.] This committee, the Hospital Library Standards [and Practices] Committee was a committee of the board of MLA, and so we reported to the board. They just had a new standard from the Joint Commission [Joint Commission
on Accreditation of Hospitals (JCAH) at the time], so the committee’s first job was to interpret that standard for hospital librarians.

The committee as a group decided to write that article [“JCAH Accreditation and the Hospital Library,” published in BMLA in 1980]. We got the Ida and George Eliot [Prize] for that in 1981, so that was my first award. I was always surprised when I got an award. But this was a surprise, and that was a very big honor. You get, like, a $100 and we had six authors, so I think we got a little check for [16] or something. I do remember Nancy Lorenzi from Ohio, who [became MLA] president, said she got an award and that she and her friends all went out and had a drink. I thought we should have done that but we didn’t.

After that project, [the MLA board asked us] to write a standard. You had this huge debate on whether to write a quantitative standard or a qualitative standard. JCAH was very qualitative, because there were no known quantities of what a [hospital] library was. There still were not when we started ours, so we had a combination. We didn’t have any quantities; everything was qualitative, because there were no places to get quantities, I think. The one thing I remember about it was that it took two years to write it, and I wrote it on my word processor at home on my WordPerfect. I would print it out… and the committee members would send back in their changes in pencil… We took it to the board, but it was contested by the California chapter because of the qualitative/quantitative thing. I still remember going to hearings. But then the board finally approved it and it was published. The next [editions of “Standards for Hospital Libraries” were 1994 and 2002 with 2004 revisions], and then you did standards in [2007], was it?

Then I got involved in the Exchange Committee, by chance, I think. I helped develop a computerized exchange with Faxon. It went on for about ten years and Faxon kept it going. Then it was a little cumbersome, so we stopped it. It didn’t replace the traditional Exchange of great, long lists that were sent out, that we had to go through, and of course, that’s probably because MLA was founded with the Exchange back in 1898. One of the purposes of the association was to exchange journals among the few libraries that existed, and so the MLA Exchange was an historic thing. You had to always take that into account, so they just couldn’t change it. I think they’re still doing it somehow [the backmed-exchange list].

B: I don’t know, because you had to be an institutional member.

D: You had to be an institutional member, which was another big issue, because that was a lot of money to have institutional members.

I got on the board in 1998, but I was involved with the benchmarking before that. It was obvious that we didn’t have any statistics, so in 1996, I did an application. On the desk behind me, I had a little dedicated Macintosh that ran the FileMaker Pro databases on the web that I controlled. I helped write the web pages for both the Hospital Libraries Section and the CAPHIS section—the Consumer [and Patient] Health Information
Section. I [chaired] both [taskforces]. It was a group effort, but I did a lot. I think that I might have hosted the CAPHIS website, because MLA didn’t host the websites then. The CAPHIS committee decided to do this database, and in FileMaker Pro, you can have people log into a database and enter their own data. I know Sandi Parker was involved in this, and they had a printed directory of CAPHIS libraries. From that printed directory, we developed this online directory. We had about 150 consumer health libraries in it, and it told all the things they did—their programs, and how many books they had, and how many audiovisuals they had, and pamphlets. There was a lot of information about patient libraries. You could search it in certain ways and get answers. It was like a benchmarking thing. You could call up different libraries, and it was all programmed in FileMaker Pro. I did most of the programming, although I might have hired that consultant. The reason I mention this in relation to the benchmarking is that everybody knew about it, and for three years, from ‘96 to ‘99, everybody was entering their own data, so it was a proof of concept of being able to enter data on the web and get it into a database—although we didn’t use FileMaker Pro on benchmarking. You could have people self-enter data and save huge amounts of data entry money. They used that as a prototype.

We determined, with Kate Corcoran in the IS department at MLA that this could be done, and we did a pilot [for the MLA Benchmarking Network]. There were only [seventy-three participants] in it. We looked at the data and decided this was okay, so we put out the 2002 survey. There were three surveys. ‘02, ‘04, and ['06]. [Data was collected in 2006, and the MLA interactive website went up in 2008.] It’s all written up, because—unlike MedConnect—I was determined we would report what happened with the Benchmarking Network. We had two articles next to each other in the JMLA in [April] 2006. One was [development and] implementation and one was results. I was determined that people would know how we did it, and I then was determined that enough results would be published so people could look back to 2006 and see what hospital libraries were like. Because, to me, even though all the results were on the web, the web is ephemeral. Maybe it would go away and maybe you’d never see them again. I doubt if you can find the 2002 results. In our research, there was a big survey in the Kentucky-Ohio-Michigan Regional [Medical Library (KOMRML)] with Holly Buchanan, and she published her results but not in a journal. If you wanted a copy of it, you had to really search for it and get a copy, which I did, but it wasn’t like you could just look it up in a journal. I wanted the results to be in a journal.

How we were going to present these results was a whole other thing. There was a book about libraries, like a benchmarking book [by Primary Research Group], and there was a Canadian benchmarking [tool kit]. They often reported in quartiles—so the smallest librarians to the largest librarians. In order to do that, you had to have a distribution, and in order to have a distribution, you had to use a statistical program. The one that was available to me was called JMP. Our biostatistics department helped me use it when I couldn’t figure out how to use it, because I’m not a statistician; but I did find out how to do statistical distributions on it. From the distributions, we would apply them to the answers that people gave. If you were a small library, you had this many journals, a medium [library this many], and for the four [groups of] libraries, you could tell how
many journals each one had or what the budgets were for each group. We then transferred the distributions onto a spreadsheet with an Excel macro that my husband, Jim Mills, wrote. Here we have our family coming in and helping out again. He wrote the macro, and we would just be able to plug in various numbers and the macro would make these tables. I did some and my staff did some. Then we sent these tables to MLA in 2002, and they put them up on the web—right from Excel to the web. Honestly [laughter]. I think in 2004 we might have done the same thing, but in [2006] it was interactive. I still had to do the distributions, because MLA didn’t have a program like JMP or a person who could make distributions.

I wasn’t chairman of the committee. Deb Rand was chairman of the [MLA Benchmarking Implementation Task Force] for quite a while, and she did a great job keeping us on track. It was very complicated. We tried to coordinate with AAHSL [Association of Academic Health Sciences Libraries], which was a sister organization to MLA and had a lot of cooperative programs, but we never quite made it. Jim Shedlock was even on our committee; he was editor of AAHSL [Annual Statistics of Medical School Libraries in the United States and Canada]. But we never could quite… We used their questions and we tried to make our questions like their questions.

The last thing I did for MLA was chair a committee [Joint MLA/AAHSL Ad Hoc Metrics Task Force] in 2011-2013 on trying to figure out measurement parameters and what was it. If you had ten measurements of a library, what would they be? They were hospital librarians and academic librarians, and nobody could decide. I wrote a twenty-seven-page report telling everybody that nobody could decide, and that was very discouraging for me. I couldn’t get people to come together to figure this out, and I couldn’t figure it out, so maybe there is no way of knowing statistically what a library is.

All in the background was the ARL Statistics—Association of Research Libraries. They had a huge statistical program. Eleven hospitals were funded by MLA to be ARL libraries and do that survey. They found it onerous, and people didn’t want to answer a lot of questions. We had 72 questions on ours, and AAHSL had gotten up to about 125, but dropped back to about 70 over the years. They publish a huge report, but it’s only made available really to the institution. One of the issues was that AAHSL libraries actually control hospital libraries. The University of Utah has a hospital library—a clinical library—that’s their library that they fund that’s in their main hospital. Many AAHSL libraries have hospital libraries as a branch, and then that complicated the issue terribly. How do you count that when the budget actually came from the AAHSL library? And, then, are the statistics in the AAHSL statistics or are they in the benchmarking statistics? So that was a problem. It was an exciting program, though. Then it just stopped. You never know why things just stop, but I think it probably got to be too expensive for MLA to run.

B: Yes. And probably, we know that libraries are starting to close.

D: Yes, and libraries were closing. They needed these statistics even more. We could never prove its total success, because we didn’t have any statistics on who used it. We
couldn’t get statistics as to how it was used. Maybe MLA could tell how many web hits it got. But what’s a web hit? It’s not enough of a statistic.

B: Do those Kaiser libraries use it?

D: There was a report that ten or twelve Northern California Kaiser [Permanente] libraries used it, and they got over a million-dollar increase in their budget, because they were able to prove how poorly funded they were and how inadequate they were, based on other libraries their size. That was exciting. But it wasn’t enough, I guess. We had anecdotal things. We tried to get people to tell us how they used it. I used it a little bit, but I couldn’t use it because we were so different from hospital libraries. There was a section for special libraries like mine, but it didn’t work because we were all so different. It was a challenge.

B: It was a challenge, and I think, ironically, when people do need these statistics, they put a question out on the Listserv to get, what’s your budget and those kinds of things, because there is no benchmarking product right now.

D: Right. It’s too bad, because it would be interesting to have sort of a rolling one, where you just updated it. If the data got more than three years old or something, you could archive it off and then have that librarian notified to bring it up-to-date. Couldn’t we do something? You’d think—self-reporting and stuff.

But there was a lot of editing. And you sorted and sorted and sorted, and you had outliers, like one library had 50,000 books, but it wasn’t really a hospital library because it was MD Anderson in Houston, which is a huge cancer library. It was an independent cancer library and they had 50,000 books, so what do you do with that? You can’t include it because it throws everything off. We took those pieces out, low and high. But I would say we had 300 and something voluntary submissions of data. I was in charge of eliminating the outliers, and I talked to biostatistics about that forever to make sure I was doing it okay, statistically speaking. They had no problem with me eliminating the outliers, but librarians did. It felt bad to eliminate the outliers. But I would swear that out of 300 libraries with 70 questions, I eliminated less than 10 [outliers]. I’m sorry, that’s statistically fine. [Editor’s note: In the 2002 benchmarking survey, of 385 submissions, data from 344 hospital libraries were edited and selected for reporting on 73 measures of library activity and 12 parameters of size.]

We checked against the American Hospital Association Guide to the Health Care Field on budgets, because people didn’t understand that question, for some reason. We would look up libraries to edit that, fix things a little bit. We would call people and ask them questions to fill it out. Everybody had to answer at least how many staff they had, what their budget was, what their hospital’s budget was, and how many beds they had—stuff like that. If you didn’t have those answered, you were eliminated.

It was amazing, actually. Maybe I did too much and they couldn’t find anyone else to do it, because the last editing was very slow—very slow. I think I jumped in in the end and
helped them finish it up, because it just was a big process to edit that stuff. You had a spreadsheet that was 70 wide and 300 long and you sorted it. Honestly.

B: But you did win an award.

D: I did win an award. I won an award for doing so much work, and I did do a lot of work and I was dedicated to this.

B: That was the President’s Award, wasn’t it?

D: The President’s Award in 2003, yes. It was a nice thing to get. I did work very hard on it, but I also thought that Debbie Rand could have gotten it, too, because she worked very hard on it too. The committee actually worked very hard, but I did all of this editing and statistical stuff with Kate, and then getting it up on those charts. I think they were useful. But I felt that people still didn’t understand benchmarking and how to use it, and that’s the main reason I wrote my benchmarking book, which I talk about a little later. We needed education and that was the hardest thing.

We had these benchmarking chapter liaisons, and they were supported to educate. Now, we have a very small chapter, and so as the educator, I was the chapter liaison. I actually ended up calling most of the hospital librarians and saying, “Please do enter your data.”

I also educated people. At an MLA meeting sometime during this process, I gave a speech on benchmarking, and Carla Funk, the executive director, was there listening to my speech. Afterwards, she came up and she said to me, “I think I finally understand what you’re trying to do,” and we’d been working on it for two or three years. It was such a difficult program to explain to people that even Carla couldn’t quite understand what we were trying to accomplish. But somehow that speech made it.

B: We’ve talked a little bit already about your section work with CAPHIS activities. I didn’t know which came first, your consumer library at National Jewish, or your involvement with CAPHIS and that inspired you. Was that relationship important for you?

D: Oh, it was. I loved CAPHIS. I never served as an officer, but I did their website.

B: And didn’t you work on a recommended list of [top health websites]?

D: Oh, yes, the top ten. Yes, that was part of the website. We had a hundred, actually, and then we moved it down to ten. It was obvious that CAPHIS should do the MLA top ten, and they still do. [Editor’s note: Websites evaluated and deemed particularly useful for health consumers and patients are currently listed in general health and specific disease categories.] CAPHIS monitors the top health websites, which are on MLANET, which is how MLA serves consumers. People come to MLANET looking for consumer information.
I had patients come into the library at Mercy, and I started buying [consumer health materials]. The whole thing started with Alan Rees’s book *Developing Consumer Health Information Services* (1982), don’t you think? I must have read his book, and so I got into consumer health really early. He was wonderful. I did have consumer health books at Mercy, and they were integrated into the collection; they were [not] in a separate collection. When I came to National Jewish, they had nothing. But Lyn [Hammond] had wanted to start one and had started the process. I did the usual thing—I met with nurses and administrators, and we had a committee to decide whether to do this. We had a faculty researcher member from the library committee on this committee to make sure that this consumer health library would not interfere with the work of the librarians working for the scientists. I remember that the library committee was like, “Well, what about us? You’re going to serve the patients.” Anyway, it was right at the right time. And you started your library and you had an environmental statement.

B: Yes, we did a big planning process.

D: You had a huge planning process. I had a two-page planning process based on yours, but I didn’t do an environmental scan. I wrote up a document of what to take into account with starting a [consumer and patient health information] library, and it went up on the CAPHIS website. About twenty years later, someone said, “This is up here on the CAPHIS website,” and I read through the thing. I said, “Personally, I think it still applies, and you’re welcome to keep it there.”

The [consumer health library directory and] database was a big deal for CAPHIS. I loved talking to the CAPHIS members. It just was fun talking to them about all the things they did. Like, Kay Deeney; she was really nice. In relation to CAPHIS’s database, we were having problems with it. I couldn’t keep it up, and then unknown people would go in and put in pornographic and bad data. Yes, they put in their own records. I got sort of worried about it, because I didn’t know how to stop them. I didn’t have the talent. I was thinking of getting rid of it anyway, and CAPHIS was moving on. But then NLM wanted consumers to be able to find consumer health libraries, and they were going to make an offshoot of SERHOLD libraries to be CAPHIS libraries. If you were a consumer health library, you filled out the consumer health part. Then in MedlinePlus [Go Local], you could search for, geographically, a consumer health library near you. This was all great. But they didn’t want to step on the toes of our database—which did the same thing, but not quite so big. I was like, here’s this computer in my library on the desk behind me serving up this database, and NLM wants to know if they can take it over. “You’ve got to be kidding. Of course! You can have it. Please, take it over.” We discussed the whole thing for about an hour at MLA one time. This lady called me and met with me, and she even brought a staff member. It was really something. I said I thought it was a great idea what they were doing, and I said CAPHIS should promote their libraries to enter their data. You had to push the right button [in SERHOLD] to put in your stuff; I thought it was sort of hidden, myself. So that was sort of a fancy thing to happen to me during my career—that NLM would ask me to give up my database in lieu of theirs. Of course, MedlinePlus changed a lot, too, and it still does. I use it personally, but also, I always recommend it to people.
B: First place to start. And you were also involved in the [MLA] Research Section.

D: Oh, yes. I got involved in that because of my book, I guess, on evaluation [Using Benchmarking, Needs Assessment, Quality Improvement, Outcome Measurement, and Library Standards (2007)]. I was involved, actually, all along. I loved to do research. It’s funny, because you look back on what you did and you don’t remember you did so much. There were those books by [F. W.] Lancaster on library statistics and research—two books, the names of which escape me. They were like the bible of library evaluation, but they’re very old. But the philosophies are still true. When I started thinking about the benchmarking book, I went and opened up the Lancaster book [The Measurement and Evaluation of Library Services (1977)], and there were all these sticky notes of all the things that I had wanted to do research on. They have a chapter on library standards and about how to use standards for evaluation, and that’s in my book.

I did quality assurance. That’s evaluation. I had a huge quality assurance program at National Jewish. They wanted you to report monthly on things you did. I did things for three years, a monthly report on some little research project on how to better the library, and I’d send them into the main office and never got one response. Then I just suddenly decided to stop, and nobody noticed. So much for the quality assurance office. But it was a Joint Commission thing. I tried to think up how to evaluate. Our staff would get together at our meetings and decide something.

B: So, did you get to know people, then, in the Research Section who were trying to do the same thing?

D: Yes. There was a task force to do the [MLA] research policy [statement in 2007]. I wasn’t on that, but all the people on that task force had PhDs, so they were all true library researchers. But then there was a task force for implementation of the policy, and I was on that, maybe because of my benchmarking work. It coincided with benchmarking, timewise. I got involved in looking into what it took to do research. I wasn’t really a member of the Research Section until about that time. I became a member, and then I got involved in what they were doing. Even though I was chair of the section, I didn’t feel I really did a good job for them. I didn’t bring in any new programs like some people did.

I worked with Susan Lessick on the new [MLA] Research Training Institute [for Health Sciences Librarians], and I was consulted on that [planning group], because the other people on that were mostly library educators—which was good—and actually taught research. But I would chime in, and then I helped Susan edit the two-page IMLS [Institute of Museum and Library Services] grant, which she got. She did a great job writing it, but you helped edit that, too. To top it off, the first Research Training Institute is this July [2018], and Liz Kellermeyer, the assistant to my [former] assistant [Shandra] who’s now head of my library, is going. You have to have a research project to go, and her research project has something to do with consumers in the library, or maybe doctors referring consumers to the library.
B: Yes, and maybe through the EMR, possibly.

D: Yes. So that is going full circle, again, around through research, through Susan, through Shandra, to Liz. Somebody knew somebody at the University of [Illinois at] Chicago, and they are providing the facilities with room and board at a reasonable price, versus a hotel. I know universities do that all over the country, but we got in with them. And I assume they got their teachers and curriculum going. It’s such a good idea. I helped do the research on finding other programs like it, and I worked on that quite a bit [in my retirement].

B: Well, I’d like to talk next about your time on the Board of Directors for MLA—what you enjoyed, who you worked with, what’s most memorable for that period.

D: I absolutely enjoyed listening to people talk, because people who were on the board are so smart and so accomplished, and they have so many interesting things to say, and they’re doing interesting projects. Everybody has an opinion, and everybody respects everybody else’s opinion. Every year, the board is a little different, because people go off and people come on. There were no big, contentious things when I was on the board, although I guess there can be. That’s the point of the board—to try to figure out how MLA can move forward and survive.

I got elected to the board [for the 1998/2001 term], and Jacque Doyle was president at the time, so she was on the board for two years when I was on it, and that was nice to get to know her. I think it’s getting to know these people. Bernie Todd Smith I already knew. Nancy Henry was from Pennslyvania, from, I think, a nursing school library [Pennsylvania State University Life Sciences Library]. She was such a nice lady. Jocelyn Rankin was from CDC [Centers for Disease Control and Prevention], and boy, she knew a lot. Hoo! I couldn’t believe her. Frieda Weise was president-elect when I started, so I was on the board with her for three years. Suzanne Grefshiem got elected when I got elected, so the three of us were on it for three years. Suzanne was at National Institutes of Health, and she had a different view because she wasn’t in a university or a hospital library. And Mark Funk was treasurer at one point. Ah! He is so smart and so funny. So, we had a great time.

I loved to listen to them, but I loved going to dinner with them all. We went to dinner every night, of course. One time we went to Chicago and went to see the Blue Man Group. Boy, that was something for me to see. I’d never seen anything like that. At one hotel in one city—I don’t know where we were—they took us during the board meeting to their experimental kitchen dining room and fed us a fancy lunch fixed by the chefs to sell us on being at the Hyatt Regency five years from then. It was a sales pitch. But it was so much fun to be part of a group that could make these decisions. We had the MLA convention in Chicago at the Hyatt Regency almost every time we went there. They went to Chicago a lot, and the other decision was Washington, DC. I heard that the biggest meeting is always in Washington, DC, because medical librarians want to take their families and see Washington when they go. So much of MLA is getting there—travel—as I’ll talk about later.
B: Do you recall what committees you were liaison to when you were on the board?

D: It’s sort of funny. I was liaison to the oral history group, and they were doing fine. I must have been the liaison to the benchmarking group. I can’t remember the other one. I do remember telling Jacque Doyle, because she was going to decide what committees I would be on, that I could not go on government relations. I’m too much of a political person, and I would be too upset to even think about talking about politics in my job [laughter]. I said I just couldn’t do that, but other than that, I didn’t mind. I didn’t get very high-profile committees, and that was fine, because I think you need a lot of support sometimes if you’re on a big committee.

B: And Carla was executive director?

D: Yes. And I worked a lot with Kate Corcoran, and I also worked a bit with Ray Naegle over the years. I was treasurer of the Hospital Library Section in [1977/78], and the Hospital Library Section was founded in ‘77. We collected dues outside the door of that famous luncheon. We had this huge group of people—like five or six people—getting money, and then we ended up with hundreds of dollars. What were we going to do with that money [laughter]? I think we had an account. Ray Naegle worked with me to move the money to MLA. About two years later, MLA collected our dues, thank God. I worked with him on the whole centralized dues collection issue. Just as an aside, Lois Ann Colaianni was the chairman of the Hospital Library Section that year [1976/77], and the executive board met in her hotel room. She had a huge suite, and her roommate was Phyllis Mirsky. There I was with Lois Ann and Phyllis, and it was like, where am I? I’m just somewhere very important. To be just a little hospital librarian there being treasurer that year. That was ‘77, and then I didn’t do too much until later.

One of the weird memories I have of being on the board was that in the third year… [Two] times a year, you went to Chicago. And you stayed at usually the same hotel. They probably had a good contract with them. It was right near the [Magnificent] Mile, so you could wander around. It was fun. I would sightsee. I always went to the Art Institute. But the third year, I don’t know, it just got to be tiring to go to Chicago for another board meeting. I sort of got homesick about not being with my family, and as I went to bed, after I turned the lights off, I would open the curtains to the windows. I had a room with a view down a street with the tall buildings on both sides. I pretended it was like a canyon in Colorado or Utah and that I was sleeping in a canyon and I was at home. It is a funny sensation—I always remembered that. You got a hotel room by yourself by that time. You used to have to room with another lady, because you were ladies and you roomed together. But by that time, the women’s lib had kicked in, and we got our own rooms. We didn’t have to room with somebody—unless we wanted to, of course.

B: I wanted to ask you also about your first MLA annual meeting, which was in 1974. And I don’t know that you’ve missed many meetings over the years. Probably not.
D: One. I missed one in 1975, because my daughter was born in July, and I didn’t go to a meeting in June. But I went from 1976 all the way to 2013.

B: Where was your first meeting?

D: The first meeting was in San Antonio… In 1974, I was just three years into being a medical librarian, and I’m not sure whether Mercy paid for me or not… My goal was to take a space planning meeting, a CE course at nine in the morning. We drove in a large van, which we owned, with our large dog and three other people. We were still almost students. My husband graduated from library school that June, and I think we went to his graduation and drove that afternoon and evening into the night and got to Dallas eighteen hours later in the evening. We drove all day the next day, many of us. The people who weren’t driving were sleeping in the back of the van with the dog. We got to Dallas and stayed about five hours and slept at someone’s house, and then we got up and drove down to San Antonio, which is three or four hours away. And we were tired. I remember driving on the interstate in that big van, and these horses were running off on the side. They had gotten out of their trailer and were loose on the highway, and they ran across the highway in front of the car. I moved away from the horse into the high-speed lane—I was going a normal speed—and the horse came right up towards the car and moved off to the side. I didn’t say anything; I just slowly moved and then I said to my husband, “Oh, my gosh, I almost hit that horse!” That’s how tired we were [laughter]. We drove into San Antonio, and would you believe my husband dropped me at eight-thirty in the morning in front of the convention hall to register and go to this damn CE course. So that was my first experience at MLA. Then he went off and found a hotel room that would take the dog. I do remember in that one, also, that they had a Mexican fiesta, and they had these booths where they gave you tacos and food. And one of the booths caught on fire. In the middle of the whole thing was this huge, flaming booth. It had all those paper flowers and stuff. That was scary.

I had only been a librarian there for three years, but I met some of the Denver librarians at MLA. And interestingly, all through the years, a lot of the people who work out in Grand Junction and the other rural parts of the state, they’d go to MLA and you’d see them at MLA, but they’d never come to Denver for a CCML meeting.

We’re going to talk about MCMLA. In 1973, MCMLA had a luncheon here in Denver to start as a Midcontinental Regional Medical Library Group. They were hospital librarians from Denver and a couple from out of state, but mostly university librarians who had been meeting as a group. They decided to include hospital librarians and to become a regional medical library group, which was one of those trends. They passed the basket, and that started the treasury for the Midcontinental Regional Medical Library Group, which became the Midcontinental Chapter. I was there when that happened and remember that luncheon. [Editor’s note: A 1995 history of MCMLA by Marge Wannaraka describes the adoption of bylaws and the name of Midcontinental Regional Medical Library Group (MCRMLG) in 1969, replacing earlier groups.]
In [1976], I went to the Special Libraries Association meeting in Denver. I wouldn’t have gone if they weren’t in Denver. I learned a lot there, but I was amazed at the parties. We were at one of the downtown hotels, and there was a party on every floor. We would go up and down the stairs to party after party. My husband and I were young, no children. We partied all the way up and down. We made friends with some famous special librarian that I can’t remember the name of. He came to our house; he was having dinner with us. He said he went to SLA and [American Library Association] every year. I said, “Well, how can you do that? How can you afford that? Who pays for it?” And he said he felt that it was his obligation to the profession to know more and to go to these meetings and be part of the profession. Even if he didn’t get paid to go or had to pay himself, he went. I was so impressed with that attitude that I decided to do that, too. But all those years, only once did I not get a dime to go, only once, and that was at Mercy sometime. They let me have the time off. At National Jewish, there were some sort of training budget cuts going on, and I ended up getting half reimbursed. Suddenly my boss noticed, and he said, “Why are you doing that? Here, have the whole amount.” If you don’t ask for the money, you don’t get it. And then, of course, look for scholarships. At the state library I got one once. And CCML, I never did take advantage of that, but they have a scholarship, and MCMLA and MLA have scholarships, so you can always find the money.

Going to these [MLA] meetings was memorable because I took my daughter. My husband and I went to Minneapolis in 1976, when she was one year old, and we took that same large, yellow Dodge van with the babysitter this time and the dog. We got to Minneapolis in a rainstorm to check into the Radisson, and they were overbooked. And they were not helpful; they would not find us a hotel. Here I was with a baby and a dog and a babysitter and no hotel in the rain. So, we drove around. We found this old hotel called the Curtis Hotel, which I think has been torn down, and it had this huge campus-like hotel—it was many hotels with lobbies. It turned out to be way better, because the babysitter could take my daughter out into the lobby and play with her on the floor, because he was not allowed to take her out of the hotel. At that time, my husband was also a librarian, and he was attending meetings, too. He was a medical librarian even. Then we drove across Minnesota and North Dakota back to Denver with the babysitter. That was the babysitter’s pay—to go on this trip with us.

Then we went to Seattle in 1977. I don’t remember what I actually did at these meetings—but I remember parts of it, like eating strawberries for breakfast while sitting in the window of the hotel looking at the skyline of Seattle. My daughter was two, and we left her for the first time ever with Fred’s cousin. She waved goodbye to us at the airport, and, later in the week, our cousin asked her, “Where’s your mom and dad?” and she took our cousin out to the porch and pointed to the sky—age two. That was hard to leave her to go to that meeting. Then Hawaii [1979] when she was three, and we had a great time there. We found a day care that went into the night, because it was twenty-four hour, and we dropped her off there, and when we went out at night sometimes, or for the meetings. It was wonderful to be there with her, and we went on vacation afterwards. In Hawaii, you learn how to relax on a vacation. You don’t rush around and see things; you just sit on the beach. Montreal [1981], I always remember, because it was such a
beautiful city, and I mentioned that I sat on the bus with Chuck Goldstein about the ILS. And going to Anaheim [1982] to see Disneyland. I had been to Disneyland once years and years before. We took our daughter, who was six, and had a great time there.

Finally, in 1984, in Denver, I was the associate chair, and your husband Charles was the chair [of the National Program Committee]. It was often common then to have the university librarian be the chair of the city they’re in. He asked me to be associate chair. I was in charge of local arrangements and also the newsletter [MLA Mile-High Memo]. As I mentioned before, I had gotten my Apple in April, and the meeting was in [May]. I still remember that those Apple Macintosches came in this weird brown box that you could carry with a strap. They were portable computers. It weighed a ton, but if you were strong enough, you could carry it. I put that brown box bag with the Apple in it on a secretarial chair and wheeled it into the Hilton Hotel downtown. MLA provided us with a room to produce the newsletter. As I was saying at lunch, I thought that somebody else would do this, but obviously nobody could. You had to do word processing. But I had a bunch of reporters, and they all gave me their news. We had four or five editions—a daily newsletter. At four o’clock, Ruth Gilbert took it to the printers, and it was ready for the next morning. We made every deadline. It was on legal-sized paper, and I finally figured it out while I was there—I printed out headers for each day and then four or five copies, and then I would run them through and print one column. Microsoft Word didn’t do two columns in those days. Then I would print the next column, so it was in two columns. I used a quilting theme. As a hobby, I had done all of these little quilt squares, and so you had a log cabin and things like that—wedding bands. It was a really pretty thing. That was the theme, these quilting squares. It was the first convention newsletter produced on-site. We weren’t printed on-site, but we were produced on-site. [Before] they would always take the newsletter that back to the university library in town or whatever and type it up there.

Two other things about that meeting. I went to Dr. Rogers’ Janet Doe Lecture. Was that that meeting?

B: No, I think that was a lot earlier [1968].

D: Anyway, Dr. Rogers was retired but still active in Denver, and he gave a dinner, I think, at his home, and you and Charles were there, and Fred and I were there, and everyone else was there—Nina Matheson. Everyone who was anybody was at Dr. Rogers’ dinner, including me. I was so young and so impressed, and it was so exciting to be part of that group.

Then you and I and Charles had a party. I don’t remember why Charles agreed to have that party, do you? We had a party for the committee and all our friends at my house in downtown Denver, which was a big Victorian house. We invited too many people, and I think about eighty people came, and my living room isn’t that big. One guest said, “Oh, I just love this. It’s elbow to elbow!” It was Memorial Day weekend, probably, and it was so cold. We had chairs and tables in the backyard and front porch, but it was too cold to sit outside. We had chili and drinks; we had a lot of drinks. And everybody drank and
ate chili. I failed to think about cleaning up, but luckily I had two friends who were in
town who had nothing to do with libraries, and they acted like maids for me and cleaned
up everything. They went around and picked up glasses and plates. It was such a party,
and everyone talked about that party for years. It was in someone’s home, for one thing.

B: That’s it. It wasn’t in a hotel room.

D: It was a taxi drive from downtown, twenty-five blocks, and the taxi started doing a
circle. They would take people downtown and then come back to pick up more people,
and then come back to pick up more people. You always could get a taxi out front.

But the conference itself was fantastic. Isn’t that where we walked down to that other
theater?

B: We did. And one of the issues was, we had to have [three] hotels…

D: And has MLA been back?

B: No.

D: Because the facilities here aren’t right for what we do. It’s too bad. We’re too small
for the big thing, but we’re too big for the hotels. We need two ballrooms and most of
the hotels in Denver—

B: Although there are bigger hotels now than there were.

D: Yes, they should check it out. But they have people who look into that.

On with just a few more things. I was determined to go to Tokyo, and I went to Tokyo,
and I gave a speech there on cooperation. It was a great speech, actually, and it was
published. That was in 1985. I thought that Fred and Laura, my daughter, would go with
me. She was about nine then. Financially, it turned out we couldn’t do it, and then
financially, I couldn’t even do it. It was like a thousand dollars for a plane ticket.

B: Was that ICML [International Congress on Medical Librarianship]?

D: It was ICML, the fifth [congress]. I decided to go ahead and submit the paper even
though I didn’t have any money, literally. Mercy wasn’t going to pay for me to go to
Tokyo. My parents went off on a trip, and when they got back, I called them and asked
them for the money. It was taking a chance, and they gave me the money to go—that
was so nice of them. I counted my money all the time, and I stayed at youth hostels. I
was in Japan for three weeks—one week at the convention and two weeks touring the
country, and I had a great time. I gave a talk to CCML afterwards on my experience at
the convention, but also about my experience in Japan. I had done all this research, and I
found out that the YWCA was around the corner from the convention facility, and
everybody else was staying at the Grand Palace for $85 a night, and I was staying at the
Y, including breakfast, for $22 [laughter]. I stayed at these youth hostels, and I had made all these arrangements over the summer. The ladies at the Y called and talked in Japanese and made sure my arrangements were true.

Then in [Portland in 1987], I was chairman[-elect] of the Hospital Libraries Section, so I ran the meeting and I invited Nina Matheson to give the [breakfast] talk [on a national agenda for hospital information services], and that was exciting. She wanted us to do a white paper. I didn’t even know what a white paper was, and nobody could figure out what we were supposed to do. But it would have been probably nice to do one.

By that time, I was at National Jewish, and I went every year. I gave a poster session in Detroit [1990] on consumer health information behaviors. I loved that poster session. I put it up in the library, and I had it up for years. It was about the different behaviors I considered, like, where do you go first? First, you go to your doctor for information—your doctor, your nurses, then a librarian, and then the databases and consumer [resources], and then medical [resources]. There were like six levels of consumer health behavior—“information-seeking behavior,” I called it.

Then San Francisco, in 1991, my sister—the same sister who unfortunately died of cancer that fall—came to San Francisco. She had lived in San Francisco. She came and stayed with me at the convention hotel and went to some of my social events and then did her own thing touring San Francisco. We just had a nice time. One of the things I took her to was the Elsevier party at the St. Francis hotel in a fancy room with murals all over. Elsevier always had these huge parties. I had actually not been to any, but somebody told me to go to this one. They had this food that wouldn’t quit, so we had dinner there. That was a really wonderful thing to do. Then my mother flew out, and my husband and daughter and a friend and the dogs drove out, and we all met in Yosemite. Susan Lessick went to Yosemite with us with her husband and son. We all stayed in these tent cabins with a bath down the path. It was quite a family event. It was one of the things that we did a lot—going on trips after the convention.

I was going to mention 1992, because that was in Washington, DC. I probably was there on my own. After the meeting, I remember walking down Connecticut Avenue and stopping at a cafe and having a journal and just looking at the program and writing down all of the things I’d learned. One of the things about MLA that I just loved was that you would learn so much from the speeches and all the things you could do in your own library. I marked off, could I do this in my library? I wrote down these things. Could this happen in my library? And maybe this is great. Maybe the group could do this. I was so excited. I spent an hour writing down all the things I’d learned at that convention. I didn’t do that very often, but I just would love to do those things that were mentioned at the convention. You can’t do them all. That was one of the most exciting things.

And in 1995, I got the Rogers Award [Frank Bradway Rogers Information Advancement Award]… in Washington, DC again, and my mother came. That was also the Seventh [ICML] Congress. We went to dinner with Funmi [Akigbe], your Nigerian Cunningham fellow, which I was going to mention later. My mom saw me get my
award. She went to several of the general sessions, and she also toured Washington, DC. She was old enough for me to worry about her. She would go walking off or take taxis and see museums and go downtown. She had a great time. My daughter did join us, and we all saw Washington together, and then we went back to Connecticut.

Philadelphia [1998] I remember because it was the 100th anniversary [of MLA]. I was so impressed with Philadelphia. Do you remember Philadelphia well? I just remember it being a great meeting.

B: I couldn’t make that meeting because my son was getting married.

D: Oh, dear, another family thing. Then I went to the London Eighth ICML. I was determined to take a four-week vacation, but my present husband was working and wanted to go for two weeks. I went to England for two weeks, and the second week was the ICML. The first week, I walked in the Lake [District]. Then I had to go over to Paris for three days and wait for Jim. It was just terrible [laughter]. We took the train down to Chamonix and Zermatt and Amsterdam. So, we had a great trip with the London trip. The same year, in May [2000], we went to Vancouver. Because we were right at the ships’ [port], the ship [seemed to] come right into our room when it landed. That was something. My husband flew up afterwards, and we went skiing in Whistler in May.

B: I’d like to kind of move along now, because I remember so many of these things too, but I’d like to ask you to mention a bit about your involvement with NLM, because you were a member of the Long Range Planning Panel [for the 2006-2016 plan].

D: Yes, I got asked to be on that. I was a little overwhelmed because everybody was so important. But in the end, I really felt that I did contribute. There were several times during the meeting I would make a comment and people would take it seriously, or I would start a discussion that might not have started if I hadn’t made that comment. So, I felt like I did contribute, even though I wasn’t sure I would be able to. Because what do I know about long-range planning and NLM? It was interesting to see Dr. Lindberg in action. I was used to the hospital president and [people] like that, but he was in charge. It was interesting to see him interact with the committee. He was respectful and listened, but he also was definite about what he wanted, too. I think that’s important, because the leader needs to lead and the committee could get offtrack from what he sees as very important. It wasn’t like he didn’t want us to get offtrack. There were two meetings, so you got to know the people on the committee. Wayne Peay was on it; he and I wrote an article in the Regional Medical Library Program newsletter.

B: Yes, because you were on the Advisory Committee for the region [Midcontinental Regional Medical Library Program].

D: I was on that twice, once back when and once more recently. The one further back was slightly more interesting in that they weren’t used to having hospital librarians on that Advisory Committee, and we brought a different perspective than the academic librarians that were running it before. That was sort of interesting, because you really
had to stick up for yourself, and yet the Regional Medical Library Programs seemed to be for hospital librarians to help them, but then again, they were also for the academic libraries to cooperate in some way.

B: Any other comments about any of the other associations you participated in?

D: Actually, before I do that, there were two things I wanted to mention on MLA, and they’re very recent. One was in Minneapolis in 2011. I took the Twitter course. I might have been the only person over sixty to take the Twitter course. They had a meetup in the lobby of the big, huge hotel in Minneapolis, which had huge west-facing windows three stories tall. Everybody was tweeting to each other and they were all chatting, and they were all under forty, definitely. They all were just so enthusiastic about this new technology. I tried to learn it. I don’t use it, because I don’t quite like it too much. I think there’s a use for it, but I can’t do it. The funny thing was that the sun came out and all those under-forty people, they all reached into their pockets or purses and took out their sunglasses and put them on. Being over sixty, I didn’t have any sunglasses. I thought, this is a generation gap.

One other generation gap story is that I was waiting to meet with some people about the MLA web, back in the day when it was starting up in the ‘90s. I was at one of the conventions, and I was talking to Jackie Bastille and Jane Lambremont. I said I was there for a meeting with these people for the web, and then the guys showed up—and they were guys, three guys, and they all had beards and mustaches. So young, way younger than we were. Jane and Jackie both kidded me about meeting with these guys and what was I doing. It was like another generational gap between librarians.

The last thing about technology and MLA was—I don’t know when it started but in 2010, the Medical Informatics Section had the “Top Tech Trends.” I went to several of them, and some of them were interesting, and some of them were, like, what? At this one, they had a Google jockey—which I had never heard of—and that was somebody who ran the Google while the person was talking. The panelists would have given the Google jockey all the websites they wanted to look at, and the Google jockey would type in and make the web do what the guy who was speaking was talking about. They had it on one screen. On another screen, in case you were bored, they had puppies playing. And then on the third screen was a Twitter feed. Here you were sitting in the audience—crowded room; always a crowded room—and you had these screens up there. Everybody in the room was tweeting what was going on in the room, and it was going by on the screen.

Meanwhile, I was sitting with my iPad on my lap taking notes on what they were saying. It was amazing, overwhelming. That’s the kind of thing where you would go away from MLA saying, this is happening, all this technology stuff.

B: Other associations—I know you mentioned [inaudible].

D: I went to SLA chapter meetings if they interested me, and I went to [CAL—Colorado Association of Libraries] meetings, if they interested me, or it was in Vail or someplace nice. I went to these things that were run by an independent group of interlibrary loan
librarians, and it was called the Colorado Interlibrary Loan Workshop. Back in the ‘70s, I went to that a lot, because I was really interested in interlibrary loan. The nonmedical librarians did things differently, and you could always learn a few things. After that, I would send my interlibrary librarian sometimes to go to that workshop.

We were both members of the ACLIN, which is the Access Colorado Library and Information Network [implemented in 1992]. We did medical websites on the ACLIN site, and our group worked and updated these websites for about five years. I was on a technical group to run ACLIN. ACLIN [partnered with] SuperNet, which was the first Internet [provider] in Colorado, and they paid to put up the wires. The NREN—National Research and Education Network—bill probably gave the Colorado State Library money. They wanted to get access to the Internet in every county in Colorado. Most of the access was in the public library. But some weren’t appropriate or something. There was one county in southeastern Colorado where the computer was put into a market gas station, because there was no other appropriate place to put the node for ACLIN.

B: Loaf ‘N Jug?

D: Yes… We mentioned the Cunningham fellow that you sponsored [in 1990]. Her name was Funmi [Akigbe]. I sponsored a Cunningham fellow also from Nigeria, whose name was Grace Ajuwon [in 2004]. I remember that Charles raised money, giving massages at the MCMLA, so that Funmi could have some money when she came to the International Congress [on Medical Librarianship] in Washington, DC [in 1995]. You and I both went to an ATM and took $300 out each and gave Funmi the $600, and then we got our money back from the association. My mom went to lunch with Funmi, and Funmi was wearing her native costume, which was this huge headdress, and she was very tall, and she was so beautiful. My mom was so impressed with her. And then Grace—the Cunningham fellow needs to go up on stage and give a speech at the awards banquet—and so she was worried about it. I was with her when she was getting dressed in her native costume, and she said, “Oh, I don’t think I can wear this headdress. I don’t think I can do this. I don’t know how to do this. What do I do?” I thought she was having trouble getting the headdress on. But it turns out she just was unsure whether she should wear it or not, because she put her hands up and she did this fantastic folded cloth headdress that you wouldn’t believe—in thirty seconds, she had her headdress on. She wore her headdress throughout the [luncheon], and then afterwards, people complimented her on it and made a big deal about it. I’m so glad that I didn’t let her not wear it. Grace and Funmi were both wonderful people. It’s such an experience to have a Cunningham fellow. Grace learned how to do HTML, and she made a website at my place, and then she took all her files with her on a CD and refined it at another place she visited. She seemed to have a very good trip.

I was on grant review boards twice. The second one had to do with technology grants. These were NLM grant review boards with ten or fifteen people, and you all read all the grants, and then you stick up for two or three or four of them and recommend them and talk about them somehow. This board had 110 grants to read over the summer. I remember sitting on my front porch reading grant after grant after grant. I hate to say it,
but the last grant I read—the thing started at eight in the morning—I was sitting on the toilet in my hotel room reading the last grant. I really feel sorry for that guy [laughter]. His name probably began with ‘Z.’ It was almost impossible to read every grant. A hundred and ten grants, and some of them were very thick and some of them weren’t. It was just amazing the amount of work you have to do on these grant review boards. I would give every medical librarian who has been on one all the credit in the world. I was very involved in trying to get people to write grants, and I wrote grant-writing tips…

B: I’d like to talk now about the publishing and presentations, because you have quite a list of those: personal authorship, editorship, presentations, papers, etc. I’d especially like you to talk about your book: Using Benchmarking, Needs Assessment, Quality Improvement, Outcome Measurement, and Library Standards: A How-To-Do-It Manual, published in 2007—which I think you actually wanted a shorter title for.

D: Yes, it wasn’t my idea [laughter].

B: How did you get the idea for this book? And how were you able to accomplish it while managing the library?

D: I said that any librarian needs to learn how to do benchmarking, but books on benchmarking are exceedingly boring and very long. But they aren’t applied to librarians, and definitely not hospital librarians. They’re sort of in general how benchmarking works. There were very few articles that were reports of benchmarking projects. Very few articles on that, because I searched and searched. And there were very few articles on how to do benchmarking. I felt that if you a hospital librarian, maybe a 30-page chapter might be better than a 5-page article or 300-page book. That’s what I was aiming at—to get a larger chapter. Then during the process of writing the book, it became apparent to have a workbook. I laid out the steps, and each chapter has a step-by-step process in the back of the chapter and on a CD that you can use as a workbook. If you wanted to do a quality improvement or an outcomes measurement, you could step-by-step it in these workbooks. To me, that would be very useful to people.

I couldn’t possibly do this, I thought. I don’t remember how I came up with the idea to get a publications grant, but I just decided that maybe if I had time, and the grant would give me time. I ended up talking with Elliot Siegel, and he was very enthusiastic about my plan, and I did talk to other people. I wrote to three or four people who had been successful in getting their applications funded—which you can find on a database; CRISP was the database—about things that might apply to what I was doing… I structured the book and wrote a grant and submitted it, and I got it. Elliot was so enthusiastic about it, because they had so few library grants. They wanted to fund libraries to publish things, but nobody asked, I think. So, ask. I worked half-time writing the book and half-time managing the library. Because National Jewish has this odd thing where you can get a salary savings, I was able to hire Shandra, yes. Shandra then worked full-time as a reference librarian and I worked part-time as the manager, and I just got it all done. I sold over [1,100] copies of the book, which was unheard of at MLA. I think it was a best seller at MLA. I was really pleased with that.
Then I collaborated with you on writing the *MLA Guide to Managing Health Care Libraries*, second edition. And again, technology let us do that. You probably talked about it in your [oral] history, but to me, the work that your husband did with the Joomla content management system for us—I don’t think we could have done it without that.

Every time someone put up a draft, I got an email, and I filed all those emails into a folder and counted them at the end. We had over 500 emails. That means that over 500 drafts were either sent out by you and me or sent back by them. There were twenty-three authors, including us. We had three rounds. We did it in one year and one month. We wanted to do it in one year. I just thought that was such an accomplishment, and everybody liked that book. We even got a review in *JAMA*. That was the best part. Look at this! I think this book was really good.

B: I do, too, and I think it’s still useful, just like your book, even though there are so many changes.

D: I tried, with that committee that I worked on from 2011 to 2013 [on metrics], to find new information on evaluation of libraries and how to do it. I couldn’t find anything new. People would talk about what we already talked about. It’s a very difficult subject to evaluate anything. I got a letter misdirected to me instead of to the National Jewish school library, and it was an offer by the Robinson Dairy here in Denver to have an ice cream social at their school, and if you do this, would you please fill out this evaluation. The outcomes and the value of an ice cream social were in this letter that I opened by mistake. I thought, this has got to be taking it a little too far. I’m all for outcomes, and if you can measure outcomes, that’s great, but I don’t think the world revolves around outcomes. Sometimes you just need to do it because it should be done.

B: And typically, as we’ve talked a little bit before, throughout your career, when you learn something new, you develop a class, make a presentation, write an article, talk to your colleagues informally, formally. I mentioned earlier the class on HTML that you taught to CCML members, but why do you do this?

D: I don’t know. I find things exciting. I read something and I find things exciting. I just think I see things. I tried to figure that out. Certainly, HTML and running the Internet was an exciting thing to do. It was all so new and different. I just wanted other people to know about it, know about how exciting these things were.

One of the weirdest speeches I gave was on the UMLS, which is the Unified Medical Language System, which is a very esoteric thing that NLM does. I’d heard a speech on it at MLA, and I looked it up afterwards on NLM’s website and read about it. The idea of having one language—they were trying to unify things from pathologists and radiologists and trying to get one language in medicine. It just seemed so logical and such a wonderful thing—I wanted other librarians to know this existed. I never used it, never got involved in it, because it wasn’t applicable to my job. I gave a speech on it to CCML, and they were really interested. I gave the speech in a meeting room at MGMA, the
Medical Group Management Association, which had a medical library. I was giving this speech, and I had to close the curtains. And I could close the curtains with a remote control. I told the group that this was the most exciting part of the speech, that I could do this, and I pushed the button and the curtain closed, and everybody clapped [laughter]. I wrote a paper on the Serials Solutions connections in MEDLINE. Somehow or other, I always could see how to explain to somebody how to get from Serials Solutions to get to the article through PubMed, and there was a series of steps to take. I wrote a very detailed article in 2006 for the Hospital Libraries Section newsletter [National Network], because I thought hospital librarians needed to know this in order for them to get it done.

I guess I just feel sort of mechanically inclined to explain things in steps. I just have a lot of curiosity. I guess, about things, and I think I think differently than other people, and people have pointed that out. I was once in a class with the DAHSLC group on creativity. This lady had an exercise to help you solve problems. You take your problem and then you take words—normal words like bicycle, window, cup. She had, like, ten words. You write down your problem and you draw a line from the problem to this word, and that association between that word and that problem will help you solve the problem. My problem was overdue books, how to get them back. The word ‘window’ is there. I have windows in my library. So, I drew a line to window, and I wrote, “Put a sign in the window by the bicycle rack to say, please return your books.” That’s a solution. I went and drew a line to every word, all ten words, and I started writing, connecting every word to overdue books. The teacher was going around looking at what everybody was writing, and she comes to me and says, “What are you doing?” And I said, “Well, you said to connect the words to the problem.” She said, “Not every word.” [Laughter] The whole room just laughed, and some people said, “Oh, Roz always does that.” That really made an impression on me, because first off, I do do things differently. But everybody knew it, and they thought it was wonderful. It was a validation of how I think, and I think that helps. Because sometimes when you’re so smart, people say, “Oh, don’t ask any more questions. You’ve asked enough questions,” or they look at you funny because you’ve asked so many questions. So, I’ve always asked fewer questions than I could have thought of, but lately I’ve given that up. In the library group, I could ask any question I wanted to, because everybody expected me to, in a way. Sometimes it was a burden, because I didn’t want to dominate the conversation with my opinion, so I would stop asking questions.

B: … I think maybe we could go on to talk about some of your honors.

D: One presentation I wanted to mention was the benchmarking presentation. I was reporting results. I think, from the 2002 survey at MLA in a relatively large room with about forty or fifty people—which is large for an MLA contributed or invited paper session. I talked about the results of the survey and what it meant. I remember, in the middle—as I was talking, I became aware that everyone in the audience was listening to me totally intensely. They were so interested in what was being said—not necessarily what I had to say, but the results of this thing—that it made it seem very important that I was reporting this to them. I still remember that feeling I had as I was talking. Have you ever had that feeling?
B: Yes, and you’re getting the energy from the audience. It really, I think, transforms your presentation.

D: Yes. And they didn’t fidget and they didn’t move their books around. They were all listening to exactly what I had to say and what was being said about the program.

B: Well, you have won a lot of awards and honors. Most recently, the Marcia Noyes Award [in 2013]. Tell me what that meant to you.

D: Well, it did mean a lot to me, because it was the culmination of my career. And it meant a lot to me that as a hospital librarian I won it. Scott Plutchak came up to me afterwards and said it was great that I had won the award, because it showed that people who work in small library settings could do as much as anybody, if you really applied yourself and wanted to do it. It meant a lot to me to get that award, and especially at the end of my career, which is when you usually get it.

B: As you say, it’s the highest award that our association provides. But you also won the Ida and George Eliot Prize in 2012 [with Margaret Bandy]. You had won that earlier—you mentioned that—in 1981. The Marla Graber Award from the Colorado Council of Medical Librarians. You became a fellow of MLA in 2003. And the President’s Award in 2003. That was for the benchmarking work you did. And talk about the Friend of the Faculty Award at National Jewish.

D: Interestingly, they have these plaques outside the library door on the wall where they have the faculty awards. I think it was an incentive for the faculty—for each other—to do better. They maybe were the best paper, or the most papers, or the most help, or best teacher, because we did have a teaching component there. Then they just came up with the idea—and I was the first one to get it—to award a staff member who had contributed to the faculty’s work. It meant a lot to me to be recognized by them for the work that I had done for them. Other people who won were, for instance, the person at the IRB, or the secretary of the vice president got it one year, and the lady who ran the animal care facility. The people who really work with the faculty on a one-to-one basis, almost, and help them get their jobs done.

B: Well, all your work with getting them into the Internet, and—

D: Yes. They said in their little speech that I dragged them kicking and screaming into the Internet age [laughter]. And I did. I had some pushback; it wasn’t all straightforward. A lot of people didn’t like e-journals. They had this thing about [serendipity], I guess, is the word. When you’re reading a journal on paper, you look at the table of contents, and you see a journal article that you weren’t even looking for. People thought they were going to lose that with the e-journals. I tried to say, “But you can still see the table of contents. You just see it on the screen instead of in your hand.” It’s interesting about e-journals and me. I love e-journals and I think they’re great, but they’re not going to be the end. Things are going to change, and librarians need to get
ready for it. When I would shelve my journals by volume, number, and year, I would think, people have been shelving these books this way since the [seventeenth] century, when a journal was invented. They’ve had volume numbers since then.

People—not necessarily librarians, often slaves or scribes—would file books in order the same way I’m doing. I read a book on the history of libraries by that guy from [the University of] Pennsylvania; he was the head of IT and classical literature [James J. O’Donnell, Avatars of the Word: From Papyrus to Cyberspace (1998)]. It was a wonderful book. He pointed out that things change very slowly. You’re not putting [the journal] on the shelf anymore. But why did they go to all that trouble to make it look like it does: the old printed article. You can print it out on PDF if you want to have a paper copy of it, and it looks just like you’ve made a photocopy of the thing that I shelve since the seventeenth century.

They tried to do something with pediatric asthma. There was a journal you could subscribe to that got articles from all the pediatric journals on asthma. The Journal of Pediatrics would have an article on asthma, and the journal called Pediatrics would have an article on asthma. They would bring them all together in one journal. I think that makes a whole lot more sense than having the Journal of Pediatrics, which has articles on every disease. There’s got to be something different, and technology will move us in that way. Databases will change.

B: They will. And I think the costs of these things—Something has to give on that—even though you and I don’t have to worry about that anymore.

D: In this book that I mentioned about the history of libraries, he said that the people who owned the books in [1440], when the printing press was invented, they were the wealthy people, the noble class, and the literate class—the monks and the nobility. They had slaves—or scribes they called them, but they were really servants and slaves—and they handwrote the books. You’d borrow a book from a friend, a colleague, and then you’d have your slave recopy the book and put it in your library. Then the printing press was invented, and books became easier to reproduce. But these people, for 200 years, some of them, would not allow a printed book to be in their library. They still employed scribes—if they got a printed book, they would have their scribe rewrite it and put it in their library, because only a written book was true. We have to be careful not to wait 200 years. Maybe we will. Maybe things won’t change as fast. People are always saying the book is going away, but still, it might, but something else will come along.

B: Absolutely. And the other award I thought was really interesting was the Frank Bradway Rogers Information Advancement Award in 1995. What was that award for?

D: By chance, I found out that I was nominated by Sandi Parker, who worked at the university, and she shared her nomination pages with me. It was for the SALS project, mainly, and the huge amount of cooperation and work that I had done for other librarians in relation to technology. A lot of those awards are for a very specific project, but this was mostly for the SALS project, how I reported it, and also, my beginning work on the
Internet—because it was still going on—and the collaborations, like with the *Journal Locater*. And, nicely, she said in that thing that Fran Johnson—who we mentioned before—told the director of the library at the time, who told Sandi, that it was the best grant she had ever seen. That made me feel good. And it was. It was an excellent grant. I was glad I got it funded. It was a feather in my cap at National Jewish to be a department head with an NIH grant. Significant amount of money. Both grants were very much appreciated by National Jewish. With the first [SALS] grant, I didn’t get what they call ‘indirect costs,’ because it was equipment, and a lot of the equipment went to other hospitals. But the second [publications] grant, they got indirect costs, which, at National Jewish, it’s 50% or so. I got [$50,000] a year, which included salary support and some money for a statistician and a computer, and then National Jewish got $75,000 [total]. The economics of that book are crazy. It was over [$150,000 over two years] of federal money coming to National Jewish to write that book, which sold for a $100. I got very little; I got 10%. Anyway, the economics were really weird.

The Frank Rogers Award was really nice, especially since I knew Dr. Rogers. I think they had just renamed it the Frank Rogers Award. It was an ISI [Institute for Scientific Information] award for technology, and they named it the Frank Rogers Award about that time. [Editor’s note: The award was subsequently sponsored by Thomson Reuters and currently Clarivate Analytics, and the award name recognizes the sponsor and Rogers.] He, of course, invented MEDLINE. [Editor’s note: Rogers was responsible for the introduction of MEDLARS, as the director of the National Library of Medicine; he retired from NLM to direct Denison Memorial Library.] He was another person who I got to know a little bit before he passed away, because he was old when I was young, as I like to say. We taught a course in ’83 and ’85 at the University of Denver on medical librarianship—you taught part of it. I taught a part that was very complicated and had a lot of things about RMLs and NLM. But he taught the history of the book and of medical books and medical incunabula, because that was his big thing—he liked to rebind books. He gave lectures at CCML occasionally. He would hold an old book in his hands, and you would see the love he had for that book in his body. That’s the kind of person he was. It turns out he was in the same class at Yale as my father, Class of ‘36. I invited him and his wife over when my parents were here, back in the day, and we had a dinner in the backyard, I remember, with him and his wife and my parents. He didn’t know my father, but they were in the same class.

B: Among your other awards, are there any others that were especially meaningful to you from this big list?

D: The things about these awards, I knew Dr. Rogers, and then Marla Graber was one of my good friends, so it was great to have that award. To be recognized by my peers at CCML was really nice. Marla got the first Marla Graber Award, and was it you and I who got the second?

B: We got the third. We came up with the idea of that award when she was retiring.
D: Yes. Of course, getting a [MLA] fellowship was really nice, and the President’s Award the same year. I remember calling you and saying, “Oh, I got an award,” and you said “Are you sure you just got one?” It was great confusion, because I got two letters and I thought they were duplicates. But they were actually two letters, one for each award! At the convention it was fun. After I had a few drinks at a party, people would say, “Oh, I hear you got an award,” and I would say, “No, I got two awards.”

It was nice to be recognized by MCMLA for my achievements there; I did lots of things for them, but I never served as an officer. I worked on the conventions a lot. I actually knew Barbara McDowell. [Dudden received the Barbara McDowell Award for Excellence in Hospital Librarianship.] She was the first hospital librarian on the RML Advisory Committee, and she really told them off. She was a VA librarian [in South Dakota]. Then I took over from her. I knew her quite well on the regional level.

The Resolution of a Debt of Gratitude—that was before HLS [Hospital Library Section] had any awards. They now have awards. That was nice that they recognized the work I put in on the hospital library standards.

B: Well, it’s kind of neat, because you can see, starting with the Eliot Prize in ‘81 and going forward. Some of the things maybe you never got an award for, but I think you got a lot of recognition from people.

Well, let’s move to some very broad final questions. At this point, I’m going to ask you some questions, but you don’t have to be bound by that. I’m interested in your thoughts about it. You’ve mentioned some of the people who most influenced your life and career, and you’ve mentioned some of them as we’ve gone along, but I wondered if there were any others you wanted to talk about.

D: I already mentioned Lois Ann Colaianni and having her teach the class in Denver in 1973. I got to know her then. But then to actually run the Hospital Library Section and start it up—because she was the one who was the first president.

Nina Matheson, she was so thoughtful and so nice. She had written an article called “The Idea of the Library in the Twenty-First Century” [the 1994 Janet Doe Lecture], which I think is still a great thing to say. It said a lot about moving away from books. At the time, people thought, “Oh, how are we going to get away from the books?” When I was in Seattle for a regional meeting, we had a lot of talk about the Seattle Public Library [Central Library], which had just been built a few years before. We had the architect give us a tour. That was the first time I ever heard this, but they had to decide whether to commit to the book. They built this beautiful library [2004], and they decided to commit to the book; they were going to keep their books. And every library has to decide that. My assistant, who had the opportunity to move the library at National Jewish, she committed to the book. She has a wall of books, and she didn’t get rid of them. But I have known other hospital libraries where you go and they have no books, because they’re an office and they have electronic books. That’s maybe the future. That’s a decision you make.
B: It is a decision, and it’s part of knowing your clientele, knowing that technology can fail. Something where you need a copy of *Harrison’s* or something on the shelf.

D: That reminds me of my technology fail, which was after the Columbine High School shooting, which was 1999. A backhoe cut the telephone lines to National Jewish, and for three days we had no telephone. This big hospital—no telephone and no Internet. So, do you have a plan for when you have no Internet? No, we didn’t have a plan. We tried to do all kinds of things with modems, but we still didn’t have a phone, even, so how do you do it? Now you can use your cell phone to bring in the Internet. But then it was a disaster. Everyone knew that this had happened to me, so I was asked to be on a CCML panel on terrible disasters. The other disasters were, unfortunately, the public librarian who was right next door to the Columbine school; the library was closed for three months while they worked on that disaster. They had had FEMA training at that public library. That’s nothing like my disaster. The other disaster was the [Colorado State University 1997] flood, where they flooded the whole basement and [damaged 500,000] volumes. And I thought, wait a minute, I just lost my Internet connection, and it was a disaster. The RMLs wanted us to do disaster plans. It’s so hard to do a disaster plan, because are you going to have a flood or an Internet disconnection or a shooting? You can’t know what your disaster is going to be. To be on that panel, I felt a little less important [laughter].

B: Did you go first or last?

D: I don’t remember, but it was awkward. The CSU thing was interesting, because we were in the midst of deleting from our journal collection, in order to maintain space. We would throw out old stuff based on parameters of journals. We were able, with coordination with them, to send them over a hundred boxes of journals to replace the journals that had been wrecked in their flood. [Denison Memorial Library] also sent them stuff. Some moving company picked up all our boxes and took them up there for free.

Some of the people who have influenced me: My last boss’s name was Dr. Greg Downey, and he was a pulmonologist and a researcher MD. He was so supportive of the library. I always felt, after all these years, that finally, I had someone who really knew what the library was supposed to be doing and what it was doing. He so approved of what I did, and he had so many complimentary things to say to me during my annual evaluation. Occasionally I would ask him for things, and he was always very thoughtful about it, so I really respected him. At Mercy, they could never figure it out, and I worked for twenty different people in those fourteen years. I ended up with the department of education, which was okay, but it would have been better to be like at National Jewish, where I was under research. He was in charge of the faculty. It was a very complicated system. I worked for him, because we were a research support service.
The first thing I ever did, working in a Catholic hospital, was go to a seminar. I think I traveled to Chicago, even. I went to a seminar of the Catholic Hospital Association. And the librarian there, her name was Helen Yast.

B: Oh, yes. She was at AHA [American Hospital Association]…

D: Oh, okay. Well, maybe it was an AHA program then. But I did go to a Catholic Hospital Association thing, too. She was very supportive of everything. I talked to her at MLA and other places, and she was a wonderful person. Debbie Rand, of course. I mentioned her. She was from Long Island Jewish, and she just was so capable on the benchmarking and tried to keep things going. Lucretia McClure was always friendly to me and always said hi. We’d have a drink together. I didn’t know her that well, but it was always wonderful to talk to her. Jim Shedlock was so dedicated and so helpful on the benchmarking and the board. Susan Lessick is a good friend of mine. She has worked so hard on that research stuff. When she was chair of the Research Section before me, she was really dedicated to that, so I’m glad she’s still doing that. I had a roommate named Phyllis Gillikin. She and I were roommates for about ten years, and then suddenly she said to me, “I’m retiring.” Turns out she was fifteen years older than I was, and I didn’t even know it—because she was so young at heart, I guess. Jackie Bastille and Jane Lambremont. Wayne Peay in Utah, he always had something to say. He always had an opinion about everything, and I loved that. And Nancy Lombardo, she worked here and taught us how to use Pine and elm. She was married to a resident, and her husband went out to Utah to work, so I said, “Well, you should call Wayne,” and she did. She interviewed with him and got a job and stayed the rest of her career at the University of Utah. I helped her get a job. That always felt good to me. Then Scott Plutchak always has something to say. Like I said, he took out that last hypothesis out of that article. But I still read him a bit; not enough. Carolyn Anne Reid was in our region for years, and Mark Funk. She went on to be head of Cornell. She was so competent and so interesting. I was sort of friends with Betsy Humphreys. She would always say hi and we’d chat about things. She was so famous and such a hard worker. She just epitomized how to be a medical librarian. Just retired. And of course, I just think that all CCML librarians are great, and I loved working with you. Just being able to bounce things off of people, getting perspective on things, and getting encouragement to go ahead with stuff, because sometimes you think, well, maybe I shouldn’t be doing all this. But people would say, “Go ahead. Do what you want.”

B: And you’ve already mentioned people that you’ve enjoyed working with on different projects and papers and that sort of thing. This is always one of those question that—it’s like your obituary or something [laughter]. How would you like to be remembered by the library community in your most important contributions?

D: Well, I think the benchmarking book and project, and the management book, and the standards. But I also wrote all these small papers in the [Hospital Libraries Section] National Network. It’s too bad that it’s so hard to find things like that… I liked writing these small papers, because you felt like you might actually get to people. I wrote some for the Journal of Hospital Librarianship. Lisa Traditi, another great librarian, asked me
to talk about the librarian’s role in systematic reviews, so Shandra and I wrote a paper in *Medical Reference Services Quarterly*. And I gave a paper at the Cochrane dermatology section that met in Denver at the university…. I just wanted hospital librarians to learn and succeed.

B: And I made a note that you dedicated your benchmarking book to hospital librarians. You said: hospital librarians serve the people who serve the sick. And over all these forty years, hospital libraries have not always an easy time. So where do you think they’re headed at this point?

D: It’s so hard, because the technology is against them, in a way. Just this month, we had the librarian in Durango retire, and they didn’t replace her. It came out that she’s part of a system. So, what is it with these systems? You hear about systems like Allina in Minneapolis, which just sort of wrecked their libraries. They weren’t supportive on a system level quite a few years ago. Maybe things will come back. Several systems are trying to centralize their libraries, so how do you do that? Somebody should write something about how to centralize a library. How much staff should a library have to serve all of these things? Then, of course, the military is doing that when they closed the Air Force Academy hospital library. They closed the Fort Carson hospital library, because other hospital libraries in other forts and other Air Force installations support the needs of the people in those. I think it doesn’t take into account the need of a human being to teach people how to use a library. That role of the librarian to make human connections, in this day and age of technology, has not been recognized enough. How would you ever benchmark that?

B: Do you think things like the Magnet Program are going to be helpful for hospital librarians?

D: I think it has been for some hospital librarians, where the nursing people are really into it, like Jerry Carlson in Poudre Valley [Fort Collins] is really involved in their Magnet program. You were involved it in here. But National Jewish, they didn’t involve us in it too much. We had a very small nursing population there, sixty nurses, and you had hundreds. It’s a different culture. But I think the Magnet thing is very important to libraries, because [nurses] have to do research, and how are they going to do research without a library? I try to be optimistic, but when you have to get down to the practitioners—I feel sorry for the practitioners if they can’t get the information they need to practice their discipline, and then I feel sorry for patients who are being treated by people who have not been able to learn how to treat them properly.

There are so many new things going on. At MLA, you hear things like, this doctor was talking about how he would get a notification for a new treatment of a GI disease and his EMR would send a list of his patients who had that disease, and then he could determine if those fifty patients could benefit from this treatment. How are they going to do that without a librarian to help educate the doctors to use such a system? That’s so forward-looking, but it could happen. It easily could happen, except for the money and the politics [laughter]. But I think it will happen. I am optimistic about the technology, and I
think all the issues of today with all the politics and the Russians and all that, that’s just
going to show people that they need more humans involved in this technology. To have
the humans say, in this case—like the thing I just talked about, the GI thing, that is right;
that should be done; whereas the Russians shouldn’t be done. You need some human
interaction to somehow evaluate the technologies, and that’s not happening right now,
because it’s all too new.

B: If some library school student at DU came by and asked you for advice, what would
you say? Especially, they have a lot of choices in these programs, whether they’re going
to be school or public. School librarians have a hard time, too. But archivists and that
sort of thing. But do you feel like you would encourage people to go into medical
librarianship?

D: Oh, I think I would. I would—especially because I think the universities— the
hospitals are closing, but the hospitals maybe are trying to get the universities to help
them. I think there’s a role for the universities to expand their systems, if they could.

I would encourage everyone, once they get out there, just to network and to take CE and
to form friendships like we have, and to call people and go to conferences, and don’t be
afraid of what’s new, like John Denver said at the beginning of all this.

I’d go to scientific presentations at National Jewish, and I didn’t know what they were
talking about, but I felt like I should know something about that. I’d go to the
presentation, and I’d write down the words that seemed important or were repeated many
times, even though I didn’t know what they meant, and then I would go back to the
library and look them up and find out what they mean—I always used to call those
vocabulary lessons.

You’re not going to learn anything that’s practical, because you don’t know what’s going
on, but you can learn the vocabulary of technology. In the beginning, the IT technology
is just unbelievable. They have these glossaries. Read the glossary and learn the words.
Then from the words, you might be able to figure out… Genetics is such a thing…

But you need to be out there where the people are who are using your library and
understand what their lives are like. Once I was talking to some manager, and they really
didn’t know anything about how the hospital worked or who worked where, or what this
or that department did. I realized that the personnel department knows all the
departments and knows what everybody does, and the library does, too. But which other
department has to know every department? Not many. Nursing doesn’t really have to
know—a lot of things they have to know, but they don’t have to interact with some
departments, whereas the library has to interact with every department. You, as a
librarian, know more about the departments of the hospital than most of the people in the
hospital, except for human resources, maybe. I once saw something about hospitals. If
you took every profession, including the carpenters and the plumbers, there are about 125
professions in a hospital, and then health care people want to change things. How are
you going to change something that’s so complicated? I feel sorry for the future
sometimes. But we’ll make it. Hospitals have to be there. But the issue is change, and change is going to happen, and just be part of the change.

B: Well, I think that one of the things your career has demonstrated is learning about these changes, accepting that change is going to happen, but also, figuring out how it fits in and how you can make it work in your environment. So, I think your career has demonstrated that, for sure. Before we wind up the interview, is there anything else you want to talk about that we haven’t covered.

D: I really never talked about my continuing education activities. I went through my conferences ad infinitum, but I can’t go through my CE, because I went through and figured out how many courses I’d actually taken. Over the years, I took like 155 courses and attended 77 conferences. So, I went to 6 things a year. All I can say is, the teachers of these courses are the most dedicated and talented people. A great way, first off, to learn your subject is to teach it, and that’s another reason I often taught—to learn more about what I was doing. But these CE teachers are dedicating their time to develop that course and then teach it several times and travel to different cities to give it. I would compliment every CE teacher that ever was. I never got into the MLA CE system—maybe it was too restrictive for me. I like the sort of free-flowing—I taught for the RML a lot… I never could focus on one thing to teach. But it is a good way to meet people and learn what it is you like the best.

I did glance over the CE courses, and there are trends. Back in the ‘70s, I did a lot of AV, and then, of course, the Internet. I always enjoyed the CE courses, but towards the end, I didn’t take so many because maybe I didn’t need to. Then I got very picky and it had to be somebody famous teaching it that I really liked. For example, I would have liked to have taken that management course that Scott Plutchak and Wayne Peay and somebody else…

B: Rick Forsman. They taught a management course for academic [library] people.

D: I thought that was a great idea. I didn’t need to take that course, because it was too late for me. But I’d always see these wonderful things. I took writing for publication from Jana Bradley. She ended up writing novels, so maybe I’ll write a novel in my next life…

B: I like your idea of, by looking at the CE, you can see what the trends were. Or the coming thing, or a new way for you to use your talents in a different way than you had before.

D: I will say there were one or two CE courses where I felt sort of trapped because I already knew the subject or else the subject was suddenly boring to me. It wasn’t the teacher’s fault, necessarily; it was the subject. I was more careful about what I signed up to take towards the end of my career. It had to be more dynamic and trendy.

B: Anything else before we close?
D: I think that I just had a wonderful career. I don’t know why, but I just lucked into it back in the day. I was able to accomplish things that I never thought I would. And to think of all the things I did do.

… I didn’t have one of those famous [Texas Instruments (TI)] Silent 700 portable 300-baud terminals, so I borrowed one… This was so exciting. I went out onto the floor starting at three or four in the afternoon. I did it for twenty-four hours. I went out onto the nursing floors and I went on all three shifts, up and down nine floors, and did searches. I said, “Do you want me to do a search for you?” And I did searches. I did, like, sixty searches in twenty-four hours, and then I couldn’t stop dreaming about searches. But it was such an exciting idea to do, and it was such a promotion for the library. I got a lot of nursing searches after that.

There were so many things we did that were so exciting. I think the MEDLINE course where we got our codes was one of the most exciting. Then we taught medical librarianship at DU again. We did it in ‘83 and ‘85, but we did it again in the ‘90s; CCML did it… It was good to be part of a group that was so supportive and so interesting.

B: Well, then, I think this concludes the interview of Rosalind Farnam Dudden on July 6, 2018. Roz, thanks so much for sharing your thoughts about your rich and varied career. I think we are all richer for what you have accomplished.

D: Well, thank you very much.
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Curriculum Vitae

Rosalind Farnam Dudden

Education


Professional Certification

Distinguished Member, Academy of Health Information Professionals 1990-2015; Emeritus, 2015.
Certified Medical Librarian 1980-1990

Professional Experience

National Jewish Health (Formerly National Jewish Center for Immunology and Respiratory Medicine),
  Director of Library and Knowledge Services, 2010-2011; Health Sciences Librarian, 1986-2010;

Mercy Medical Center, Director of Library Services 1971-1986; Director of the Mercy (Omaha Province) Media Resource Center 1971-1977.

Grants Awarded

Health Sciences Library Evaluation How to Do It Manual - 1G13LM008520-01 (NIH/NLM Publications Grant)
  Principal Investigator, 2004-2006. $150,000
SALS ENHANCEMENT PROJECT - 1G08LM005434-01 (NIH/NLM Information Systems Grant for Integrated Library System Installation) Principal Investigator, 1993-1995. $191,000; ($45,000 for NJH)
NJCNET PROJECT (NSF/NLM Internet Connection Grant) Co-principal Investigator, 1993-1994. ($29,795)

Awards

Medical Library Association, Marcia C. Noyes Award, 2013
Colorado Council of Medical Librarianship, Marla M. Graber Award, 2005.
Medical Library Association, President's Award, 2003.
National Jewish Medical and Research Center, Friend of the Faculty Award, 2002.
Midcontinental Chapter of the Medical Library Association, Outstanding Achievement Award, 1995.
Medical Library Association, Frank Bradway Rogers Information Advancement Award, 1995.
Midcontinental Chapter of the Medical Library Association, Barbara McDowell Award, 1988.
Hospital Libraries Section of the Medical Library Association, Resolution of a Debt of Gratitude, 1984.
Membership in Professional Associations

Medical Library Association, **Association Membership** 1971 to present.
- Hospital Library Section of the Medical Library Association, **Association Membership** 1977 to present.
- Research Libraries Section of the Medical Library Association, **Association Membership** 1990 to present.
- Consumer and Patient Health Information Section of the Medical Library Association, **Association Membership** 1990 to 2011.
- Medical Informatics Section of the Medical Library Association, **Association Membership** 1989 to 2011.
- Technical Services Section of the Medical Library Association, **Association Membership** 1990 to 2005.
- Library Research Section of the Medical Library Association, **Association Membership** 1990 to 2003.
- Midcontinental Chapter of the Medical Library Association, **Association Membership** 1976 to 2011.
- Colorado Council of Medical Librarians, **Association Membership** 1971 to present.
- Denver Area Health Sciences Library Consortium: Member, **Association Membership** 1977-1989.
- Toastmasters International - Cherry Creek Club, **Association Membership** 1984-1987.

1. Educational Activities

1.A. Medical Library Association Continuing Education Courses - (60)

**Searching in Support of Systematic Reviews.** Date: 3/29/2012. Sponsored by Medical Library Association and the Colorado Council of Medical Librarians, Denver, CO. Contact hours: 4.


**Cut the Cord: Connecting to our Mobile Users (Educational WebCast).** Date: 11/18/2009. Sponsored by Medical Library Association. Denver, CO. Contact hours: 2.

**No Fear Molecular Biology.** Date: 09/21/2009. Sponsored by Midcontinental Chapter of the Medical Library Association. Breckenridge, CO. Contact hours: 6.5.


**Institutional Repositories.** Date: 10/16/2007. Sponsored by Midcontinental Chapter of the Medical Library Association. Salt Lake City, UT. Contact hours: 4.

**Creating a Camtasia Movie.** Date: 09/18/2005. Sponsored by Midcontinental Chapter of the Medical Library Association. Salt Lake City, UT. Contact hours: 2.

**Video-conferencing and Voice Over IP.** Date: 09/18/2005. Sponsored by Midcontinental Chapter of the Medical Library Association. Salt Lake City, UT. Contact hours: 2.

**Tablet PCs for Instructing.** Date: 09/18/2005. Sponsored by Midcontinental Chapter of the Medical Library Association. Salt Lake City, UT. Contact hours: 2.


**Grant Writing for Success.** Date: 04/20/2004. Sponsored by Colorado Council of Medical Librarians. Denver, CO. Contact hours: 7.


Reading Between the lines: Focusing on Health Information Literacy. Date: 9/10/2003. Sponsored by Colorado Council of Medical Librarians. Denver, CO. Contact hours: 3.5.


Pads from A to Z. Date: 10/07/2002. Sponsored by Midcontinental Chapter of the Medical Library Association. Topeka, KS. Contact hours: 2.


Evaluating Health Sciences Libraries: Measuring Our Contribution & Our Value. Date: 5/25/89. Sponsored by Medical Library Association; Hospital Libraries Section; Library Research Section. Boston, MA. Contact hours: 6.3.

Immunology - Concepts and Resources. Date: 5/18/86. Sponsored by Medical Library Association. Contact hours: 8.


Serials Selection and Management. Date: Nov-83. Sponsored by Medical Library Association. Contact hours:
8. **Consumer Health Information Services.** Date: 3/25/83. Sponsored by Medical Library Association. Denver, CO. Contact hours: 8.

7. **Neoplasia.** Date: 3/19/82. Sponsored by Medical Library Association. Contact hours: 8.


5. **Statistical Sources for Health Sciences Librarians.** Date: 2/22/80. Sponsored by Medical Library Association. Contact hours: 8.


3. **Library Management/Marketing.** Date: 9/7/79. Sponsored by Medical Library Association. Contact hours: 8.


1. **Medline and the Health Sciences Librarians.** Date: 6/11/78. Sponsored by Medical Library Association. Contact hours: 8.


Development and Operation of a Health Sciences Library Consortium. Date: 9/14/77. Sponsored by Medical Library Association. Denver, CO. Contact hours: 8.

Introduction to Data Collection and Analysis. Date: 6/12/77. Sponsored by Medical Library Association. Contact hours: 8.


Human Factors in Medical Library Administration. Date: 6/13/76. Sponsored by Medical Library Association. Contact hours: 8.


Management of Media in Libraries. Date: 10/5/73. Sponsored by Medical Library Association. Contact hours: 8.

1.B. National Professional Library, Information Science, and Related Association Courses - (6)


1.C. National Library of Medicine Online Training Courses - (9)


NLM Online Services Update. Date: 11/12/82. Sponsored by Mid-Continental Regional Medical Library Program. Denver, CO. Contact hours: 4.


1.E. Courses Provided by Approved Commercial Firms or Database Vendors - (15)


Managing Multiple Projects, Objectives and Deadlines. Date: 2/2/93. Sponsored by SkilPath, Inc. Contact hours: 7.


Syndey Software Seminar. Date: 3/24/87. Sponsored by Sydney Software. Denver, CO. Contact hours: 3.


Excerpta Medica Training Program II. Date: 8/28/86. Sponsored by Excerpta Medica. Denver, CO. Contact hours: 6.


WILSONLINE Training. Date: Aug-85. Sponsored by WILSONLINE. Contact hours: 7.

Medline Seminar. Date: Mar-82. Sponsored by Dialog. Contact hours: 4.


Quality Assurance in Searching. Date: Sep-81. Sponsored by BRS. Contact hours: 7.

BRS Basic Training. Date: Feb-80. Sponsored by BRS, Inc. Denver, CO. Contact hours: 11.

SDC ORBIT Training. Date: Sep-79. Sponsored by SDC. Contact hours: 11.

1.F. Academic Courses taken for Credit - (7)

Accelerated Theory of Economics. Date: 9/1981-12/1981. Sponsored by University of Colorado at Denver School of Business Administration. Denver, CO. Contact hours: 3 semester hours.

Business Law. Date: 9/1980-12/1980. Sponsored by University of Colorado at Denver Graduate School of Business Administration. Denver, CO. Contact hours: 3 semester hours.

Introduction of Business and Personnel. Date: 9/1979-12/1979. Sponsored by University of Colorado at Denver Graduate School of Business Administration. Contact hours: 3 semester hours.


1.G. Academic Courses taken for Audit - (1)


1.H. Continuing Education Activities Approved by the Medical Library Association - (12)


Professional Performance through Personal Projection. Date: 9/14/91. Sponsored by Mid-Continental Chapter of the Medical Library Association. Contact hours: 5.25.


Descriptive Statistical Techniques for Librarians. Date: 10/7/89. Sponsored by Midcontinental Chapter of the Medical Library Association. Kansas City, MO. Contact hours: 8.

Online Catalog: Retrospective Conversion. Date: 10/4/89. Sponsored by Midcontinental Chapter of the Medical Library Association. Kansas City, MO. Contact hours: 3.


Synergy: Networks in Action. Date: 9/6/86. Sponsored by Mid-Continental Regional Medical Library Program. Jackson Hole, WY. Contact hours: 5.

Consortium Dynamics Workshop. Date: 9/25/84. Sponsored by Mid-Continental Regional Medical Library Program. Denver, CO. Contact hours: 4.5.

A Systems Approach to Library Automation, Consortium Dynamics Workshop. Date: 10/1/82. Sponsored by Midcontinental Regional Medical Library Program. Cheyenne, WY. Contact hours: 7.

Toxicology Database Workshop. Date: 2/20/81. Sponsored by Midcontinental Regional Medical Library Program. Contact hours: 8.

Online Searching Workshop. Date: 9/16/81. Sponsored by Midcontinental Regional Medical Library Program. Denver, CO. Contact hours: 6.6.

1.I. Continuing Education Activities - No MLA Approval Requested - (32)

Web Design: Formatting Pages Using CSS. Date: Sponsored by Bibliographical Center for Research. Denver, CO. Contact hours: 6.

World Class Customer Service. Date: Sponsored by National Jewish Medical and Research Center. Denver, CO. Contact hours: 18.

Managing Multiple Priorities. Date: 02/14/2000. Sponsored by Colorado Council of Medical Librarians.
Denver, CO. Contact hours: 6.5.


**Legal Issues in Managing Employees.** Date: 4/7/97. Sponsored by National Jewish Medical and Research Center. Denver, CO. Contact hours: 6.

**Internet.** Date: 2/24/92. Sponsored by Bibliographical Center for Research. Denver, CO. Contact hours: 6.


**DOS: Beyond the Basics Training Class.** Date: 10/24/89. Sponsored by The Central Colorado Library System. Denver, CO. Contact hours: 3.

**DOS Training Class.** Date: 10/17/89. Sponsored by The Central Colorado Library System. Denver, CO. Contact hours: 3.

**PMG Career Management Seminar.** Date: Nov-85. Sponsored by Mercy Medical Center. Contact hours: 14.


**Reference Services Workshop.** Date: Nov-84. Sponsored by Central Colorado Library System. Denver, CO. Contact hours: 4.

**Team Building Skills for Library Managers.** Date: May-83. Sponsored by Denver Area Health Sciences Library Consortium. Denver, CO. Contact hours: 7.

**PHILSOM Serials Control System Training.** Date: Sep-83. Sponsored by PHILSOM Network, Washington University School of Medicine Library. Contact hours: 11.

**Bibliographic Workshop.** Date: 11/15/83. Sponsored by PHILSOM Network Annual Meeting, Washington University School of Medicine Library. St. Louis, MO. Contact hours: 6.5.

**Serials Management Workshop.** Date: 11/14/83. Sponsored by PHILSOM Network Annual Meeting, Washington University School of Medicine Library. St. Louis, MO. Contact hours: 6.5.

**Octanet Training.** Date: Mar-82. Sponsored by Mid-Continental Regional Medical Library Program. Contact hours: 7.

**Family and Career.** Date: Sep-82. Sponsored by Central Colorado Library System. Contact hours: 4.

**Planning and Goal Setting.** Date: Aug-82. Sponsored by Central Colorado Library System. Contact hours: 4.

**Creativity.** Date: Oct-82. Sponsored by Central Colorado Library System. Contact hours: 4.

**The Librarian as Consultant.** Date: 12/10/82. Sponsored by Consulting Concepts, Seattle, WA. Denver, CO. Contact hours: 7.

**Wang Word Processing.** Date: Apr-81. Sponsored by Mercy Medical Center. Contact hours: 10.

**RCONS Electronic Interlibrary Loan System.** Date: Jun-80. Sponsored by Mile High Media. Denver, CO. Contact hours: 2.

**Management Communication Workshop.** Date: 1/1979-3/1979. Sponsored by Mercy Medical Center. Contact hours: 17.

**OCLC Training, Cataloging System.** Date: Nov-79. Sponsored by Bibliographical Center for Research. Denver, CO. Contact hours: 14.

**Managing Library Resources: Human and Financial.** Date: Apr-78. Sponsored by Special Library Association, Rocky Mountain Chapter. Contact hours: 14.

**Hospital Marketing Seminar, presented by Richard Ireland.** Date: Mar-78. Sponsored by Mercy Medical Center. Contact hours: 7.

**ICARE (Instrument for Comprehensive and Relevant Education in Health Care) Workshop.** Date: 12/20/77. Sponsored by American Society for Health Education and Training (ASHET). Contact hours: 14.

**Grantsmanship Center Workshop.** Date: Jan-76. Sponsored by The Eckman Center. Contact hours: 7.

**Videotape hands-on Workshop on Television for Training and Communication.** Date: Jan-75. Sponsored by ACTS. Contact hours: 28.

**Institute on the Role of the Health Sciences Librarian Today, a workshop with emphasis on management by objectives.** Date: Nov-73. Sponsored by American Hospital Association/Catholic Hospital Association. San Francisco, CA. Contact hours: 21.
1.J. Online Computer Systems Training - (13)


WILSONLINE Training. Date: Aug-85. Sponsored by WILSONLINE. Contact hours: 7.

PHILSOM Serials Control System Training. Date: Sep-83. Sponsored by PHILSOM Network, Washington University School of Medicine Library. Contact hours: 11.

Octanet Training. Date: Mar-82. Sponsored by Mid-Continental Regional Medical Library Program. Contact hours: 7.


RCONS Electronic Interlibrary Loan System. Date: Jun-80. Sponsored by Mile High Media. Denver, CO. Contact hours: 2.

BRS Basic Training. Date: Feb-80. Sponsored by BRS, Inc. Denver, CO. Contact hours: 11.


SDC ORBIT Training. Date: Sep-79. Sponsored by SDC. Contact hours: 11.


1.K. Microcomputer Software Skills or Training


For Macintosh OS, Legacy Programs: Aldus SuperPaint 4.0, McPaint, Microsoft Multiplan, Microsoft Chart, Microsoft Works, Microphone Pro, Microsoft File, Pro-Cite for the Macintosh including Bibliolinks, and Endlinks, Aldus Personal Press, Foxbase + for the Mac, QuickMail 3.0, Now-Up-To-Date, Diskfit Pro, Now Utilities, SAM Antivirus.

For the Internet on the Mac, Legacy Programs: NetScap, Telnet 2.6, TurboGopher, Fetch 2.1, QuickMail, Newswatcher, MACTCP.

For Windows OS, Legacy Programs: ProComm, OCLC Passport, PHILSOM, Pegasus Mail, Pine e-mail, QDOS 3.

Wang Word Processing. Date: Apr-81. Sponsored by Mercy Medical Center. Contact hours: 10.

DOS: Beyond the Basics Training Class. Date: 10/24/89. Sponsored by The Central Colorado Library System. Denver, CO. Contact hours: 3.

DOS Training Class. Date: 10/17/89. Sponsored by The Central Colorado Library System. Denver, CO. Contact hours: 3.

2. Individual Accomplishments

2.A. Publications - (30)


Dudden, RF. The importance of small research projects: the impact of full text online journals on journal use surveys. Natl Netw 2003 Apr;27(4):5-7.


Dudden, RF, as Chair of the Publicity and Registration Committee, Official Program. of the Midcontinental Chapter of the Medical Library Association 22nd Annual Meeting, Oct 1-4, 1994, Colorado Springs, CO, Co-Sponsored by the Colorado Council of Medical Librarians.


Dudden, RF and Campbell, PA. Journal Review: Immunology and Infectious Diseases. JAMA 1992 Nov
Rosalind Farnam Dudden

4;268(17):2442.

2.C. Editing Experience - (6)


Journal of Hospital Librarianship. Editorial Board: Member, 2001 to 2010.

2.D. Course Development - (5)


The External Environment: NLM, RMLP, MLA, and Consortia, and Audiovisual Sources in the Health Sciences, two sections of a ten part course, Medical Librarianship. Date: 3/1983-6/1983. Sponsored by University of Denver Graduate School of Librarianship and Information Management. Denver, CO. Contact hours: 3 quarter hour course/2 sections of 10 parts taught/MLA credit for course = 30 -- 1/5 of that = 6 credits.


2.E. Teaching Experience - (20)


The Effects of e-journals on your library. Date: 11/15/2000. Sponsored by Medical Library Association. a
Satellite Teleconference. Contact hours: 1.5; guest presenter.

**Chapter Sharing Roundtables.** Date: Sponsored by Medical Library Association. Chicago, IL. Contact hours:

**Web Site Planning and Basic HTML.** Date: 07/01/96-01/22/97. Sponsored by Central Colorado Library System. Denver, CO, July 24, 1996, December 12, 1996, and January 22, 1997 (Presented three times). Contact hours: 7.

**Quality Assurance in Health Sciences Libraries in Hospitals.** Date: 4/20/90. Sponsored by Health Sciences Section of the Wyoming Library Association. Cheyenne, WY. Contact hours: 4.

**Quality Assurance in Health Sciences Libraries in Hospitals.** Date: 9/26/90. Sponsored by Colorado Council of Medical Librarians. Denver, CO. Contact hours: 1.

**Quality Assurance, a workshop.** Date: 10/6/90. Sponsored by Association of Mental Health Librarians. Denver, CO. Contact hours: 1.

**Pro-Cite for the Macintosh.** Date: 3/14/89. Sponsored by Denison Memorial Library, University of Colorado Health Sciences Center. Denver, CO. Contact hours: 0.5.

**The DOCLINE Connection.** Date: 10/1988. Sponsored by Colorado Council of Medical Librarians. Denver, CO. Contact hours: 0.5.

**Automated Systems for Hospital Libraries taught Serials Control Systems, Electronic Interlibrary Loan, Telecommunications, Integrated Library Systems three sections of the one-day course.** Date: 9/24/85. Sponsored by Mid-Continental Regional Medical Library Program and the Colorado Council of Medical Librarian, Denver, CO. Contact hours: 3.

**The External Environment: NLM, RMLP, MLA, and Consortia, and Audiovisual Sources in the Health Sciences, two sections of a ten part course, Medical Librarianship.** Date: 4/1/1985-6/3/1985. Sponsored by University of Denver Graduate School of Librarianship and Information Management. Denver, CO. Contact hours: 3 quarter hour course/2 sections of 10 parts taught/MLA credit for course = 30 -- 1/5 of that = 6 credits.

**Automated Systems for Hospital Libraries taught Serials Control Systems, Electronic Interlibrary Loan, Telecommunications, Integrated Library Systems four sections of the one-day course.** Date: 6/26/85. Sponsored by Mid-Continental Regional Medical Library Program. Wichita, KS. Contact hours: 3.

**Automated Systems for Hospital Libraries taught Serials Control Systems, Electronic Interlibrary Loan, Telecommunications, Integrated Library Systems four sections of the one-day course.** Date: 4/17/85. Sponsored by Mid-Continental Regional Medical Library Program. St. Louis, MO. Contact hours: 3.


**Automated Systems for Hospital Libraries taught Serials Control Systems, Electronic Interlibrary Loan, Telecommunications, Integrated Library Systems four sections of the one-day course.** Date: 9/24/84. Sponsored by Mid-Continental Regional Medical Library Program. Denver, CO. Contact hours: 3.

**The External Environment: NLM, RMLP, MLA, and Consortia, and Audiovisual Sources in the Health Sciences, two sections of a ten part course, Medical Librarianship.** Date: 3/1983-6/1983. Sponsored by University of Denver Graduate School of Librarianship and Information Management. Contact hours: 3 quarter hour course/2 sections of 10 parts taught/MLA credit for course = 30 -- 1/5 of that = 6 credits.

**Automated Systems for Hospital Libraries taught Serials Control Systems, Electronic Interlibrary Loan, Telecommunications, Integrated Library Systems four sections of the one-day course.** Date: Sep-83. Sponsored by Mid-Continental Regional Medical Library Program. Park City, UT. Contact hours: 3.


**Computer Based Reference: The MEDLARS Databases, an Interterm course offered for 3 quarter hours. Dec 1-5, 1980. Team taught with 5 other DAHSLC members. 12 students. Coordinated program and taught 2 sessions.** Date: 12/1/1980-12/5/1980. Sponsored by University of Denver Graduate School of Library and Information Science. Denver, CO. Contact hours: 8.

2.F.a. Speeches and Presentations--Invited - (30)


The Context of Library Measurement. Date: Sponsored by Colorado Council of Medical Librarians. Denver, CO. Contact hours: 3.


The Benchmarking Network -- Overview of the Numbers, presented at the of the Medical Library Association, Dallas, TX. 05/18/2002.


Grant Writing Tips. presented at Getting a on Technology; Assessing your organizational needs and finding the right resources, a Special Seminar of the Mile High United Way, Denver, CO. 2/19/98.

Assessing your Organizational Needs and Finding the Right Resources. presented at Getting a on Technology; Assessing your organizational needs and finding the right resources, a Special Seminar of the Mile High United Way, Denver, CO. 2/19/98.

Seize the Potential: Make the Internet Work for You, presented at the Annual Meeting of the Colorado Hospital Association, Vail, CO. 9/12/96.

Marketing on the Internet - the Healthcare Industry Comes of Age, presented at the Inservice Meeting of the Hospital Shared Services, Denver, CO. 4/19/96.


Seize the Potential: Make the Internet Work for You, presented at the Annual Meeting of the North Atlantic Health Sciences Librarians Chapter of the Medical Library Association, Providence, RI. 10/16/95.

Cooperative Collection Development, presented at the Annual Meeting of the Midcontinental Chapter of the Medical Library Association, St. Louis, MO. 10/1/92.

Panel Presentation: Levels of Information Seeking Behavior at a Specialized Consumer Health, presented at the Annual Meeting of the Midcontinental Chapter of the Medical Library Association, Seattle, WA. 9/21/90.


Hospital Library Automation: What is in your In-Box?, presented at the Annual Meeting of the Midcontinental Chapter of the Medical Library Association, Kansas City, MO. 10/5/89.


Library System Software for Small Hospital Libraries, a Sharing Session, presented at the Annual


**Union Lists of Serials Options for Production An afternoon Workshop**, presented at the Consortium Dynamics Workshop of the Mid-Continental Regional Medical Library Program, Cheyenne, WY. 10/1/1982.


**2.F.b. Speeches and Presentations--Contributed - (37)**


**Patient Care and the Hospital Library: A Regional Study, Poster Session**, with others, presented at the Annual Meeting of the Medical Library Association, Minneapolis, MN. 5/17/2011.

**Getting Your License: Presenting Library Research Projects**, presented at the Annual Meeting of the Mid-Continental Chapter of the Medical Library Association, Omaha, NE. 10/02/2004


**Fancy Funding and Special Partners**, presented at the CARL National User Group Meeting of the CARL Corporation, Baltimore, MD. 10/13/94.

**Internet and CARL Health Resources**, presented at the Consumer Health InfoFair of the Consumer Health in Local Libraries (CHILL), Denver, CO. 4/26/94.


Emerging Roles: The Hospital Librarian as a Partner in the Science and Technology of the Information Transfer, presented at the Annual Meeting of the Midcontinental Chapter of the Medical Library Association, Omaha, NE. 10/1/93.


Levels of Response to Information Seeking Behaviors in a Specialized Consumer and Patient Health Information Service, presented at the Annual Meeting of the Medical Library Association, Detroit, MI. 5/21/90.


Mercy (Omaha Province) Media Resource Center: a consortium among financially affiliated health care facilities, with Suzanne Clark, a poster session, presented at the Annual Meeting of the


2.G. Professional Association Activities--Medical Library Association - (94)

| Medical Library Association. | MLA Research Training Institute Planning Group: Member, 2015 |
| Medical Library Association. | MLA Research Training Institute Planning Group: Member, 2014 |
| Medical Library Association. | Nominating Committee: Member, 1986. |
| Medical Library Association. | Jury for Excellence and Achievement in Hospital Librarianship Award: |
| Medical Library Association. | National Program Committee: Associate Chair, 1983. |
| Medical Library Association. | National Program Committee: Associate Chair, 1982. |
| Consumer and Patient Health Information Section, Medical Library Association. | Nominating Committee: Member, 1990. |
Consumer and Patient Heath Information Section, Medical Library Association. **Web Site Task Force:** Chair, 1997.

Consumer and Patient Heath Information Section, Medical Library Association. **Web Site Task Force:** Chair, 1996.

Research Section, Medical Library Association. Immediate Past Chair, 2011.


Hospital Libraries Section, Medical Library Association. Immediate Past Chair, 1989.


Hospital Libraries Section, Medical Library Association. **Web Site Task Force:** Chair, 1998.

Hospital Libraries Section, Medical Library Association. **Web Site Task Force:** Chair, 1997.

Hospital Libraries Section, Medical Library Association. **Web Site Task Force:** Chair, 1996.

Hospital Libraries Section, Medical Library Association. **Nominating Committee:** Chair, 1989.


Midcontinental Chapter of the Medical Library Association. **Conference Planning Committee:** Member, 1994.

Midcontinental Chapter of the Medical Library Association. **Conference Planning Committee:** Chair, 1994.

Midcontinental Chapter of the Medical Library Association. **Conference Planning Committee:** Member, 1993.

Midcontinental Chapter of the Medical Library Association. **Conference Planning Committee:** Chair, 1993.

Midcontinental Chapter of the Medical Library Association. **Conference Planning Committee:** Member, 1992.

Midcontinental Chapter of the Medical Library Association. **Conference Planning Committee:** Chair, 1992.

Midcontinental Chapter of the Medical Library Association. **Conference Planning Committee:** Member, 1988.


Midcontinental Chapter of the Medical Library Association. **Conference Exhibits Committee:** Member, 1987.


Midcontinental Chapter of the Medical Library Association. **Conference Exhibits Committee:** Member, 1981.


Midcontinental Chapter of the Medical Library Association. MCMLA/RML Liaison Committee: Member, 1981.

Midcontinental Chapter of the Medical Library Association. MCMLA/RML Liaison Committee: Member, 1981.
1980.
Midcontinental Chapter of the Medical Library Association.

2008.
Midcontinental Chapter of the Medical Library Association.

MLA Benchmarking Chapter Liaison: Liaison, 2008.

Midcontinental Chapter of the Medical Library Association.
Liaison, 2007.

Midcontinental Chapter of the Medical Library Association.

MLA Benchmarking Chapter Liaison:

Midcontinental Chapter of the Medical Library Association.
Liaison, 2006.

Midcontinental Chapter of the Medical Library Association.

MLA Benchmarking Chapter Liaison:

Midcontinental Chapter of the Medical Library Association.

MLA Benchmarking Chapter Liaison:

Appointed official, 2005.
Midcontinental Chapter of the Medical Library Association.

Midcontinental Chapter of the Medical Library Association.

Midcontinental Chapter of the Medical Library Association.

Appointed official, 2002.
Midcontinental Chapter of the Medical Library Association.

Midcontinental Chapter of the Medical Library Association.

Research Committee: Member, 2010.
Midcontinental Chapter of the Medical Library Association.

Research Committee: Member, 2009.
Midcontinental Chapter of the Medical Library Association.

Research Committee: Member, 2008.
Midcontinental Chapter of the Medical Library Association.

Research Committee: Member, 2007.
Midcontinental Chapter of the Medical Library Association.

Research Committee: Member, 2006.
Midcontinental Chapter of the Medical Library Association.

Research Committee: Member, 2005.
Midcontinental Chapter of the Medical Library Association.

Research Committee: Member, 2004.
Midcontinental Chapter of the Medical Library Association.

Nominating Committee: Member, 1991.

2.H. Professional Association Activities - Other - (50)

Colorado Council of Medical Librarians.
Archives Task Force: Member, 2018.

Library Cooperation Committee: Member, 2010.

Library Cooperation Committee: Member, 2009.

Nominating Committee: Member, 2006.

Marla Graber Award Committee: Chair, 2004.

Marla Graber Award Committee: Chair, 2003.

CCML Survey Committee: Chair, 2003.

CCML Survey Committee: Chair, 2002.

CCML Survey Committee: Chair, 2001.

Emergency Preparedness Committee: Member, 2000.

Interlibrary Loan Survey Subcommittee: Chair, 1999.

Interlibrary Loan Survey Subcommittee: Chair, 1998.

Interlibrary Loan Survey Subcommittee: Chair, 1997.

Internet Committee: Member, 2000.

Internet Committee: Member, 1999.

Web Site Task Force: Member, 1998.

Web Site Task Force: Member, 1997.

Continuing Education Committee: Member, 1990.

Continuing Education Committee: Member, 1989.

Education Task Force of the Strategic Planning Committee:

Colorado Council of Medical Librarians.
Journal Locator Committee: Member, 1996.

Journal Locator Committee: Member, 1995.

Journal Locator Committee: Member, 1994.


Union List of Serials Committee for the 7th edition of the Colorado Council of Medical Librarians Union List of Serials, 1983: Member, 1983.


President, 1976.

Vice President, 1975.

Secretary, 1974.


Coordinator, 1989.

Coordinator, 1979.

Advisory Committee: Member, 1985.

Advisory Committee: Member, 1984.

Advisory Committee: Member, 1983.

Regional Advisory Board: Member, 2004.

Regional Advisory Board: Member, 2003.

2.I. Conference Attendance - (77)

Midcontinental Chapter of the Medical Library Association Annual Meeting. Date: October, 2014. Sponsored by Midcontinental Chapter of the Medical Library Association. Denver, CO. Quint meeting with MLGSCA, NCNMLG, PNCMLA, and SCCLMLA. Contact hours: 2 days.

Medical Library Association Annual Meeting. Date: 05/03/2013-05/08/2013. Sponsored by Medical Library Association. Boston, MA. Contact hours: 4 days.

Medical Library Association Annual Meeting. Date: 05/18/2012-05/23/2012. Sponsored by Medical Library Association. Seattle, WA. Contact hours: 4 days.


Midcontinental Chapter of the Medical Library Association Annual Meeting. Date: 09/17/2010-09/20/2010. Sponsored by Midcontinental Chapter of the Medical Library Association. Wichita, KS. Contact hours: 2 days.


Medical Library Association Annual Meeting. Date: 05/18/2008-05/21/2008. Sponsored by Medical Library Association. Chicago, IL. Contact hours: 4 days.

Midcontinental Chapter of the Medical Library Association Annual Meeting. Date: 10/05/2008-10/07/2008. Sponsored by Midcontinental Chapter of the Medical Library Association. Cody, WY. Contact hours: 2 days.

EBLIP4—Evidence Based Library and Information Practice 4. Date: 5/07/2007-5/09/2007. Sponsored by Evidence Based Library and Information Practice 4th annual meeting. Durham, NC. Contact hours: 4 days.


Midcontinental Chapter of the Medical Library Association Annual Meeting. Date: 10/12/2007-10/15/2007. Sponsored by Midcontinental Chapter of the Medical Library Association. Omaha, NE. Contact hours: 2 days.


Midcontinental Chapter of the Medical Library Association Annual Meeting. Date: 10/15/2003-10/18/2003. Sponsored by Midcontinental Chapter of the Medical Library Association. Sioux Fall, SD. Contact hours: 2 days.


Midcontinental Chapter of the Medical Library Association Annual Meeting. Date: 09/23/2001-


**Medical Library Association Annual Meeting**. Date: 05/15/1999-05/19/1999. Sponsored by Medical Library Association. Chicago, IL. Contact hours: 4 days.


**Midcontinental Chapter of the Medical Library Association Annual Meeting**. Date: 09/27/1998-10/01/1998. Sponsored by Midcontinental Chapter of the Medical Library Association. Omaha, NE. Contact hours: 2 days.


**Medical Library Association Annual Meeting**. Date: 05/31/1996-06/05/1996. Sponsored by Medical Library Association. Kansas City, MO. Contact hours: 4 days.


**7th International Congress on Medical Librarianship**. Date: 5/10/1995-5/12/1995. Sponsored by Washington, D.C. Contact hours: 3 days.


**Midcontinental Chapter of the Medical Library Association Annual Meeting**. Date: 10/1/1993-10/3/1993. Sponsored by Midcontinental Chapter of the Medical Library Association. Omaha, NE. Contact hours: 2 days.


**Medical Library Association Annual Meeting**. Date: May 18-24, 1990. Sponsored by Medical Library Association. Detroit, MI. Contact hours: 4 days.

**Midcontinental Chapter of the Medical Library Association Annual Meeting**. Date: 9/20/1990-9/21/1990. Sponsored by Midcontinental Chapter of the Medical Library Association. Seattle, WA. Contact hours: 2 days.

**Medical Library Association Annual Meeting**. Date: May 21-25, 1989. Sponsored by Medical Library Association. Boston, MA. Contact hours: 4 days.


**Medical Library Association Annual Meeting**. Date: May 22-26, 1988. Sponsored by Medical Library
Rosalind Farnam Dudden – Curriculum Vitae


PHILSOM Annual Meeting. Date: Nov-85. Sponsored by PHILSOM Network, Washington University School of Medicine. St. Louis, MO. Contact hours: 2 days.


Medical Library Association Annual Meeting. Date: May 28-31, 1984. Sponsored by Medical Library Association. Denver, CO. Contact hours:

PHILSOM Annual Meeting. Date: Oct-84. Sponsored by PHILSOM Network, Washington University School of Medicine. St. Louis, MO. Contact hours: 2 days.

Medical Library Association Annual Meeting. Date: May 30- June 2, 1983. Sponsored by Medical Library Association. Houston, TX. Contact hours:

Midcontinental Chapter of the Medical Library Association Annual Meeting. Date: Sept, 1983. Sponsored by Midcontinental Chapter of the Medical Library Association. Park City, UT. Contact hours:


Midcontinental Chapter of the Medical Library Association Annual Meeting. Date: Oct, 1982. Sponsored by Midcontinental Chapter of the Medical Library Association. Kansas City, MO. Contact hours:

Medical Library Association Annual Meeting. Date: June 1-4, 1981. Sponsored by Medical Library Association. Montreal, Canada. Contact hours:

Midcontinental Chapter of the Medical Library Association Annual Meeting. Date: Sept, 1981. Sponsored by Midcontinental Chapter of the Medical Library Association. Denver, CO. Contact hours:

BRS Annual Meeting. Date: Sep-81. Sponsored by BRS, Inc. Denver, CO. Contact hours:

Medical Library Association Annual Meeting. Date: June 16-19, 1980. Sponsored by Medical Library Association. Washington, DC. Contact hours:

Midcontinental Regional Medical Library Group Annual Meeting. Date: Oct, 1980. Sponsored by Midcontinental Chapter of the Medical Library Association. St. Louis, MO. Contact hours:

Online '80. Date: Nov-80. Sponsored by San Francisco, CA. Contact hours:

Medical Library Association Annual Meeting. Date: June 4-7, 1979. Sponsored by Medical Library Association. Honolulu, Hawaii. Contact hours:

Midcontinental Regional Medical Library Group Annual Meeting. Date: Oct, 1979. Sponsored by Midcontinental Chapter of the Medical Library Association. Wichita, KS. Contact hours:


Medical Library Association Annual Meeting. Date: June 13-16, 1977. Sponsored by Medical Library Association. Seattle, WA. Contact hours:

Midcontinental Regional Medical Library Group Annual Meeting. Date: Sept, 1977. Sponsored by Midcontinental Chapter of the Medical Library Association. Snowbird, UT. Contact hours:

Medical Library Association Annual Meeting. Date: June 14-17, 1976. Sponsored by Medical Library Association. Minneapolis, MN. Contact hours:

Special Libraries Association Annual Meeting. Date: June, 1976. Sponsored by Special Libraries Association. Denver, CO. Contact hours:

Medical Library Association Annual Meeting. Date: June 4-6, 1974. Sponsored by Medical Library Association. San Antonio, TX. Contact hours:
**Midcontinental Regional Medical Library Group Annual Meeting.** Date: October, 1973. Sponsored by Midcontinental Chapter of the Medical Library Association. Denver, CO. Contact hours:

**2.J. Formal Consultation - (2)**

Rose Medical Center Medical Library, **Consultant for Rose Medical Center to design a new library facility.**
Brighton Community Hospital, **Consultant for Brighton Community Hospital to set up a core library.**

**2.J. Other Professional Activities - (4)**