

MEDICAL LIBRARY ASSOCIATION

ORAL HISTORY COMMITTEE

INTERVIEW

WITH

**LOIS ANN COLAIANNI,
AHIP, FMLA**

Interview conducted by Alison Bunting, AHIP, FMLA

October 24, 2012

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Table of Contents

Consent Form	iii
Photograph	iv
Biographical Statement	v
Career Choice and Library Education	1
UCLA Biomedical Library Internship	2
MEDLARS Training and Searching	3
Medical Information Communications Service	6
Cedars-Sinai Medical Center	7
Move to National Library of Medicine and Library Operations	11
Transition to Serving Health Professionals Directly	13
Regional Medical Library Program	16
International Cooperation	18
Staff Relations	20
Retirement Jobs	23
Medical Library Association	27
Hospital Librarians in MLA	31
International Associations	33
Honors and Awards	36
Influences on Career	38
Volunteering and Medical Decision Issues	40
Index	42
Curriculum Vitae	45

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 Alison Bunting
on October 24, 2012. I understand that my interview
will be recorded and that a transcript and edited version of my interview will later be created.
I understand that I will be given an opportunity to review and edit the edited transcript before
its release.

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

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

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

☒ No restrictions

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

Lois Ann Colaianne
Name of Interviewee

Lois Ann Colaianne
Signature

Date 24 Oct 2012

Accepted by: Chela Funk
MLA EXECUTIVE DIRECTOR

Alison Bunting
Name of MLA Interviewer(s)

[Signature]
Signature

Date 10/24/12

Date 2/21/13



Biographical Statement

Lois Ann Colaianne, AHIP, FMLA, is acknowledged for her distinguished career at the National Library of Medicine, as well as in hospital and academic libraries, and for her contributions to international medical librarianship.

Shaped by giants in librarianship such as Lawrence Clark Powell and Louise Darling, Colaianne earned her MLS from the University of California, Los Angeles, in 1964 and participated in the UCLA Biomedical Library internship program. She was a member of one of the first MEDLARS training classes at NLM and became a searcher as the Biomedical Library pioneered decentralized MEDLARS searching. Subsequently, she headed the Medical Information Communications Service, which supported library service to hospitals in outlying counties under the Regional Medical Program (RMP), and she co-authored a manual for librarians in small hospitals.

Her interest in hospital libraries piqued, Colaianne directed the libraries of the Cedars-Sinai Medical Center in Los Angeles (1972-1981). She merged and reorganized the libraries and was an early adopter of clinical medical librarianship. She also became active in the Medical Library Association, leading the Hospital Library Section (1976/77), and she was elected as the second hospital librarian to be association president (1979/80). During her presidency, MLA was implementing a revised group structure that strengthened sections and chapters.

Colaianne was recruited to serve as deputy associate director and then associate director of NLM's Library Operations (1981-1998). NLM cited her for strengthening services and the flow of information to users, while improving the working environment for staff. Among programs she led were expanding the preservation program, establishing a committee to advise NLM on the selection of literature to be indexed, improving the currency and coverage of *Index Medicus* and MEDLINE, increasing international MEDLARS accessibility, implementing DOCLINE, encouraging end-user searching, improving outreach to health professionals, and developing MedlinePlus.

Colaianne was an associate editor of the fourth edition of the *Handbook of Medical Library Practice*, for which the MLA President's Award was made in 1989. She presented the Janet Doe Lecture, "That Vision Thing," in 1991. MLA also recognized her as a Fellow in 1994 and with the Marcia C. Noyes Award in 1995.

Colaianne traveled extensively to encourage international cooperation among medical libraries. She chaired the 7th International Congress on Medical Librarianship (ICML) in 1995 and the Health and Biosciences Libraries Section of the International Federation of Library Associations and Institutions (IFLA). She received the European Association for Health Information and Libraries (EAHIL)'s Prix d'Honneur.

In retirement, Colaianne returned to hospital libraries at Presbyterian Intercommunity Hospital in Whittier, California, where she brought professional librarianship and was able to see how NLM services that she had overseen were used on the ground.

Medical Library Association Interview with Lois Ann Colaianni

[File 1]

ALISON BUNTING: It's Wednesday, October 24, 2012. I'm Alison Bunting, who will conduct this Medical Library Association interview with Lois Ann Colaianni at her home in Oregon. Good morning, Lois Ann.

LOIS ANN COLAIANNI: Good morning.

B: And I think we'll start with your library education. And your professional library education was at the UCLA School of Library Service. You graduated with an MLS in 1964. What prompted you to pursue a degree in librarianship?

C: Well, I was newly divorced, had three children—one of which was a baby—and I decided that what I needed was a profession; I needed a career. I hadn't expected to support a family, and started looking for something to do. I had initially wanted to be a physician, but that seemed to be impractical. Clinical psychologist—I had nine graduate units in clinical psychology, and that seemed like it would be too long a process also. And I was driving one day in Los Angeles when an ad came on the radio for a graduate degree in librarianship, and I thought, all of the sudden, gee, wouldn't that be fun? And I looked, and UCLA had a new program, and I applied, and I was accepted. And I thought, actually, that my biological background, my work experience... Actually, in one job I had done some library work to research techniques in histology, so I had some experience with the literature—a minor amount of experience with the literature.

B: So did you immediately know you were going to do medical librarianship, or did you get guided in that direction?

C: Well, I think I probably would have liked naturalist work, but the pay was not very good, and when I was interviewed at UCLA, they got all excited looking at my college record and told me about Louise Darling's program and the internship. And I figured that that's probably the track I would take.

B: What was the UCLA library school like at the time?

C: Oh, well, the class was composed of folks who were starting out. This would be their initial career. And then there was the—I don't know whether 'retreads' is the right word or not—but people who were... Well, we had one fella in the class who had a PhD from Columbia in history, and he had now retired, and he was starting out in librarianship. I was starting out. So there were a number of us that this was the second career or maybe even a third career.

I loved it. I got very excited about being back in the academic environment after being away for quite a while. And I loved cataloging. I know that most people would find that a little unusual, but it was something about librarianship that I'd never even really

thought about, and I liked the whole concept of organization. I was really lucky. I had Seymour Lubetzky for cataloging, and he was working on AACR [Anglo-American Cataloguing Rules]. Dean Lawrence Clark Powell, I thought, did a very good job of trying to bring this disparate group of people together and give a feel for... with warmth and feeling and history to librarianship. And then of course there's Louise Darling's course on medical librarianship.

So it was the beginning of library automation. I took a course and automation was programming, where you had to know exactly what number you were putting everything into. I was terrible at it—the detail. It's interesting, because on the opposite side of the country, on the other coast, Henriette Avram, who I would come to know as a friend and a colleague, was working on the MARC [MACHine-Readable Cataloging] record.

And an anecdote that sort of describes who I am is, the cataloging lab had an afternoon where each of us were given a stack of books, told to catalog them, and then go to these whole shelves of big, red volumes and look up the correct way to do it. And after doing a few of those, I went to the woman who was running the lab, and I said, "You know, if someone has done this already, why are we training all of these librarians to do cataloging? Why don't we just use what the authorities have done?" She was appalled; explained to me that every library needed to be tailored for its individual patrons. And I thought, boy, there goes my cataloging grade.

B: And after you graduated, you became part of the internship program in medical librarianship at the UCLA Biomedical Library. Tell us a bit about the program and some of your experiences as a Biomed intern.

C: Well, it was a great opportunity. Of course, it was the beginning of my relationship with NLM [National Library of Medicine], because these were federally funded through I think the Medical Library Assistance Act or something like that. In the internship group that I was in—there were only three people—we had an opportunity to be assigned to each of the major areas of the library, so reference, acquisitions, cataloging, history of medicine. So I got experience now as to how a working library functioned, and we had time to talk with Louise about management issues, and she was such a marvelous manager that a lot of the things that I learned from her I was able to—or at least tried to—apply later on.

It also taught me the difference between being a student and actually working in a library. I was expected to produce, even as an intern. And an anecdote to illustrate this was, since I loved cataloging, I looked forward to my time in the cataloging department. I had lots of questions about whose name this would go under and what rules should be applied, and the head of cataloging got fed up with that and indicated to me that there wasn't a lot of time to sit down and discuss these issues; we needed to produce. And then someone discovered that I had taken two years of Russian in my undergraduate work and gave me the Russian backlog. And that ended all of my questioning. I had enough time to transliterate the titles, the authors' names, and there wasn't time to get more than an

essence of the subject. I had great productivity and lost some of my interest for working in the catalog department after that.

B: How many other interns were in your group?

C: Two.

B: Who were they?

C: Sue Gullion and Alice [Creighton]... oh, dear. Can't remember Alice's last name. Alice ended up going to the East Coast, and Sue, of course, stayed on and eventually became head of cataloging at Biomed. But I cannot remember...

B: I can't remember Alice's last name, either. We'll come up with it tomorrow morning, probably.

C: Maybe. I don't know. I corresponded with her for years. Yes, I kept in touch with her for quite a while.

B: And your first professional position after finishing the internship turned out to be at the UCLA Biomedical Library. Tell us a little bit about that.

C: Well, I actually didn't finish the internship, and that was because Louise Darling, who had a propensity for looking for new things that she could do in the library, particularly in the automation field, had an opportunity—or developed an opportunity—to become one of the remote MEDLARS [Medical Literature Analysis and Retrieval System] centers. Syracuse was one, I think Atlanta was one, Denver became one, and I think there was one in Texas. But UCLA was one—which got the MEDLARS tapes from NLM.

And we were going to run them and do searches there for the UCLA staff. It was going to require training back in Bethesda at the National Library of Medicine, and they notified us in July that they were ready for us. Two people had already gone—the head of [public services], Bob Lewis, and Betsey [Starr] Beamish. And they had been at NLM... I don't remember whether it was six weeks or two months or something or other. But anyway, they were ready for the next group at NLM, so I had to stop my internship at that point with Louise's good blessing, because she had offered me a job as a MEDLARS search analyst, and I went to NLM with my three kids.

B: And how long was the training planned to be?

C: I think the training was planned to be something like three months. I was a slow learner. I was there for five, which worked out pretty well with the kids. The first... I don't know, six weeks or two months or something or other was indexing training with Thelma Charen. And then we were to go to search training with Charlotte Kenton, and I say "we" because I was in a class with three men—a guy from Chapel Hill—well, maybe not—a guy from North Carolina, anyway; a physician from Sweden, because Sweden

was going to run the tapes at the Stockholm center; and Bob Braude, who was going to be the head of the MEDLARS center at the Biomed Library. And I know that the guy from North Carolina couldn't stay much longer, so he went home, and Braude went back to California. Eric from Sweden, I believe, stayed. [Editor's note: According to Braude's oral history, Warren Bird of Duke University and Eric Molander of Karolinska Institutet were in the class.]

But during the month or whatever time it was before Charlotte was ready to do the search training, since I had nothing else to do and I don't like inactivity, I actually took a project that they'd been wanting to do, which was to categorize the journals indexed in *Index Medicus* by country of publication and subject. And it was published as a separate, I think, yes, it was published as a separate. I don't know whether it was part of the subscription or not. And then we started search training.

B: So that became what we now know as the *List of Journals Indexed in Index Medicus*, and *Index Medicus* had that subject arrangement.

C: Right. Exactly. Was the title, I think, at the time, too.

B: I don't know if they still publish it. Probably not.

C: Probably not, because it's up online and there's more information. And Eric and I also did a history of the MeSH [Medical Subject Headings] subject headings. By that I mean, it wasn't that we wrote about the history of the discussions and how things were handled, but we took each term and went back to determine when it came in use as a main heading and when it came in as a provisional and if it was under something else. So we sort of annotated MeSH, and that eventually was, I think, put into not a publication that went out, but it became part of our historical record.

B: Were there records of those MeSH terms on cards? What resources did you have to work with?

C: Well, you could go back through the *Index Medicus*, which had a section on the subject headings. And there were probably some documents that we could use, too, on the provisionals. We got a lot of help from NLM with turning over papers and things to us to do that.

B: Now, the ability to do computerized searches in the medical literature was really very new at that time. How did you get the word out about its availability once you returned to UCLA and started up the search center?

C: Well, UCLA at that point... I think the RML [Regional Medical Library] was in place. Wasn't it at that point?

B: That started in '69, so might not have.

C: Probably not. Well, then, it would've been the reference staff, who were also getting trained by us. But I know Phyllis Mirsky and I went out. There were probably other people, but I know the two of us went out. And we went around in California and gave daylong seminars on MeSH, on the searching, on how to formulate the searches, and that was it. It was great experience. Really enjoyed meeting a lot of librarians that I wouldn't have met otherwise.

You know, I should mention, for the people who don't remember, that bibliographies were actually done, in many cases, by photocopying sheets, the pages, in that cumbersome *Index Medicus*, and underlining or highlighting the ones that were pertinent to the search, or writing the stuff down on three-by-five inch cards and giving it to people. But even at this point, with the MEDLARS searches, they were voluminous. The precision we have now just wasn't there at that point in time. So you might give fifty pages or twenty-five pages of computer printout to someone, but the librarian had to go through and indicate which of those they thought was most pertinent to the request.

B: Can you explain for those people who are used to only the online access, how the searches were formulated and processed?

C: I'm not sure that I can do a good job of that. But basically, you did the standard reference interview either over the phone or in person, and in most cases, all of the reference training which we had was very useful at that point to find out... Because it was one thing for a doctor to come in and say, "Well, I want a bibliography on heart disease" and then go to *Index Medicus* and show the person that there were columns and pages of this. Could they be a little bit more specific? And we still had to do that to some extent to help them, but you got good after a while of saying, "Well, there's a lot of stuff," because we could find out how often a term was used. So heart disease, we could point out, was used 'x' number of thousand times, and that caused them to really get serious about, okay, these are the other alternatives. So we would go down—you know, what kind of heart disease are you looking for—and get them to be much more specific, and then even to the point of what subheadings, what aspects of this. So it was a standard reference [interview]. And then this was communicated to someone who did keypunch cards, and they were run through and gave the '0' or '1' to the computer to indicate how to formulate the search by the computer.

B: And how long did it usually take from when you formulated a search strategy until the printout arrived?

C: Well, I think we could print them out at that point there. I may be wrong about it, but I'm pretty sure that they were printed. But it might have been from the printer a day or two later that it came to us. And I don't remember how often the tapes were run, because you needed computer time, and at that point—and I did not run any tapes so I'm not expert in this at all; Bob Braude ran the tapes at that point—if we had encountered any kind of computer problem, you had to start at the beginning and run the whole thing again. And it was not uncommon to do that two or three times in an evening.

B: And if you made a mistake in your formulation, it wasn't until you got those printouts that you realized it, as opposed to today, you can quickly see your results as you're working on it.

C: Right. Yes. There was no sitting at the computer and refining your search. You sent it, you got your results back, scratched your head and said, "Yes, I can either cut and paste or highlight the ones and send this off," or "This is a bunch of junk. Let's start this over again."

B: Now, in 1968, you moved to a different position in the Biomed Library—head of the Medical Information Communications Service. Tell us a little bit about your responsibilities in that position and the services you provided.

C: Well, this was through the Regional Medical Programs [RMP], which was also an outshoot of, I think, Dr. DeBakey's program—a report on... I can't remember the exact title of it, but at some point... This was nationwide, and California was divided into regions. UCLA was Region IV, and that encompassed Ventura, Santa Barbara, Kern, and...

B: Santa Barbara?

C: Fresno, Kern, Ventura, and Santa Barbara counties, and a portion of [Los Angeles County that was served by] Martin Luther King [hospital]. That area UCLA shared with USC [University of Southern California]. And actually, I've got notes here that the RMP was developed from the 1964 President's Commission on Heart Disease, Cancer and Stroke, chaired by Michael DeBakey. This ostensibly was to take the results of research that would be published in the literature and make sure that this current information was disseminated out to all physicians and health professionals. But it also did some interesting things in coronary care, which is one of the big, I think, results that came out of the RMP program.

But it was a great opportunity for me to get out and visit and get to know the librarians in each of these counties. There was a head in each county, and I got to know them quite well. It was also an opportunity for me to go out with some of the medical teams and give the spiel and meet with hospital administrators and find out, and look at, what was the "information service," in quotes, that was available in the hospital at that facility, which was usually pretty sad. In many cases, there wasn't anybody really responsible for it. It was a bunch of old books, and not a very large bunch at that. And their problems—they really had hospitals to run and hiring a librarian, staffing a library, was not something that most of them were immediately excited about doing.

But it gave me good understanding of what the problems that the librarian in Ventura or Santa Barbara—which had a beautiful library and a wonderful librarian—but the problems that they had in terms of what they could do in their library and how they needed a backup facility like UCLA or [University of California] San Francisco library or

other major medical school libraries in the California area. So I worked at UCLA and also helped work through and smooth out the avenue for them to get backup information.

That was the time that everybody had to verify interlibrary loans. And this was a big problem for my librarians out there in those sorts of counties. They didn't have the resources to verify. In many cases they were the only person there, or they had one other person helping them. Took a lot of time. And my thesis was that in most cases, the citation, particularly if they got it from *Index Medicus*, was correct, and it didn't need to be verified. And so I struck an agreement with UCLA Biomed that they could send them through unverified; that the staff would go to the shelf, if the item was not in the volume on the page—or maybe they could check the index or table of contents—but if it wasn't there, that request would be sent to me for verification. I had very few that came through, and it actually showed to me that this verification thing, for the most part, was not needed.

B: As a hard-and-fast rule.

C: As a hard-and-fast rule, yes.

B: Now one of your earliest publications, which became, really, an invaluable resource nationally, was the *Manual for Librarians in Small Hospitals*, that you coauthored with Phyllis Mirsky. What led to the development of that manual?

C: Well, it was my experience in RMP and Phyllis's experience with the RML. And we had people that wanted to do good things, many of whom did not have library training, and some of those that had library training didn't have medical library training. And so we needed something simple that we could tell them, from setting up the library, dealing with administration, public services, the cataloging issues, and all of these. And it had to be straightforward, almost like a recipe book. So we set about doing that. She took some chapters and I took others. I remember sitting at the [California Museum of] Science and Industry, where my kids were in summer classes, writing all of this out on a legal pad, and then it got typed up. And I really enjoyed doing it.

B: I imagine you wrote the cataloging chapter.

C: I imagine I did, but I can't remember at this time.

B: For sure. Okay, then, in 1972, you left Biomed to become the director of libraries—and that's plural—at Cedars-Sinai Medical Center. What prompted this change?

C: Well, at this point in time I was part-time. The feeling was that I needed to spend a little bit more time—particularly because I had a long commute—being at home. So I didn't work full-time. And Louise did not feel that part-time people should head up any particular division or unit. And the head of MEDLARS had left. So it wasn't a reality that I would get that position. And I'd become very hooked on hospital libraries through the RMP program, so this opportunity came along to apply for the job. Because Cedars

[of Lebanon] and Mount Sinai were two hospitals, I think, about four miles apart in Los Angeles, and they were building a new 1,000-bed facility, all privately funded. And they wanted someone to come in, merge the two libraries—the two hospital libraries—and to also oversee a small community mental health library that they had. So there were three libraries, two of which would be physically merged and three that would be administratively merged. And I successfully applied for that job.

I had tried, actually, to volunteer in Downey, where I lived, and went down to the community hospital and talked to the head of the library committee, because according to the accreditation rules, they had to have one. And it was just a collection with a secretary. If anybody wanted anything, she would try to find it. And I told them I'd like to volunteer. And his response to me—and probably my jaw dropped—“No,” he said. He thought that my interest was—I've forgotten exactly how he put it—but that I was probably a good-hearted person. But I would get there and I would want to do more than they really wanted to do, and eventually I would want to get paid. And he really didn't want to go through disappointing me. So, no, he didn't want me. I thought it'd be great. It was in the middle of the gas crunch, too, and I could have bicycled there.

B: Tell us a bit about the hospital and what the libraries were like when you got there to Cedars. It was a big challenge, I imagine, to combine those two libraries.

C: Well, the Mount Sinai Hospital had a library, and it was small—one room. It had a fairly decent collection for this small library. And it was pretty current, and cataloged in NLM classification. And she did a good job. The big challenge—and I actually did interview all of these people before I agreed to take this job—the Cedars of Lebanon Hospital was run by a gentleman—well, actually, it was run by a gentleman who I think was a wonderful bibliographer of the old school. It was cataloged in Cunningham [classification], which I had never seen before in my life. The door to the library remained locked all day. If you wanted to come in, you had to knock, and somebody had to go to the door and open it up and see whether you qualified. Nurses were sent to nursing education. Physicians were allowed in. Medical students were allowed in. This man, he and his wife had fled Europe, and it was a very sensitive and I think... I don't know, there were a lot of feelings attached to the family. They had a son who was in library school at the time. So the wife had come to help him because he had some physical problems, and then she was hired as sort of an assistant. So it was sort of a family-run library. It also had a core collection, which was chained. I've seen chained books in monasteries in Europe, but I had never seen one in the US. And these chains were covered by white plastic, so that when you saw the shelving with these books on it, it looked like spaghetti, because they were all twisted up. It was a mess.

And one of the first things that I did... Well, I should back up. I was there one day, and I had been told that I was to bring these libraries together. And I was there one day, and the next day when I came in, there was a note: the family had left. I don't know whether it resigned or was in protest over my... They said they felt like being in a concentration camp. I did ask for a drawer in order to put my things in it in the office. But I didn't think I'd done anything other than that. And actually, I thought working with the family,

particularly with him, would balance some of my strengths with his strengths. But anyway, they left. So there I was. I knew no one, really, in the whole institution, and I was a bit shook. But interestingly enough, no one—none of the patrons—ever bothered me about it. If anybody came in and asked for the family and started to say anything, somebody who was sitting there got up, walked them out in the hall, and they either came back quietly or they didn't come back. So I never had to deal with any unpleasantness over it.

I got a grant from NLM to recatalog—made the decision to just go ahead and recatalog—because trying to decide what to keep and what not to keep was, I thought, going to take too much time. And I got my daughter to come in as an unpaid volunteer. And so she did most of that work while I worked on hiring people and doing searches and getting the core collection unchained, and doing publicity to let people know that... because the doors were now open, and we didn't have any locked library except after-hours.

Anyway, I was there for eight-and-a-half years, and I loved it.

B: Tell us a bit about any major issues besides your first few months. You really transformed the library services there.

C: Yes. Well, there were a number. I had an active library committee that was under the impression that the library was funded by the physicians, which in many cases was the case for hospital libraries. But it wasn't in this case. The hospital administration funded it. And that was a big thing. I got an administrator on the library committee so that when that issue came up, he disabused them with facts. So that was done.

Then the whole issue of having people other than physicians use the library became partly a moot point, because the physicians were no longer funding it, so they didn't have an argument about not opening it to everyone. And I pointed out to them that other people were providing health care besides physicians, albeit they probably provided some of the most significant care. But it was important that other people—other staff in the hospital—be able to use the library. And I'd been amused that maybe a year or two later, a new member came on the committee and was protesting the fact that it was open to everyone. And one of the people who'd been most vocal about objecting to letting anybody else in the library came out to defend this new position.

Also, when we moved into the new facility—I've forgotten now exactly why this was the case—but I didn't have anything to do with the planning. This already was pretty far along. I made a few minor changes. But we did have shelving to put up, and it turns out that the sheet metal workers or something or other who had to put up the shelving had not been contacted and threatened to call a strike and stop all work on this huge hospital. And everyone was all upset that all of a sudden the library was the problem. But that got resolved. And I went to the cafeteria with the guy to have tea at his invitation one day, and while the men were working, he proceeded to tell me that if I ever needed any help, to let him know, which I found a little astonishing. One of the things we did whenever we had any work done in the library—and it was my husband's suggestion—took a

Polaroid camera in; we put a big notice up that everybody would see when they came in. And we'd put a picture of each of the men who would be working on it with just a brief description—electrician or plumber or whatever—so that people would know who they were. And men came from all over the hospital to show their coworkers their picture—that they were doing something for the library. It turned out to be very popular and the guys loved it. I don't remember that there were any gals, but if there had been, their pictures would have been up, too.

B: What do you consider your most important contributions at Cedars?

C: Well, I think developing it into a modern program to serve everybody in the hospital. We did consumer health, too. We had a program so that—because they had a closed-circuit TV, and we had tapes at that point that patients could actually call from their rooms and have played for them... because I had gotten... well, a lot of help, but I had gotten a substantial grant to do some things. So I did that.

I also had an opportunity to meet with Trudy Lamb—Gertrude Lamb—who was at [University of Missouri] Kansas City, Missouri, and I was very impressed with her clinical [medical librarian] rounds. And a number of the physicians—because since Cedars was large enough, it had full-time staff. The chairman of the department of surgery was full-time. The chairmen of the major departments were hospital employees—paid. And Dr. [Leon] Morgenstern was very interested, and I did bedside clinical rounds weekly with the surgery staff when he did his major rounds. And one of the gals I hired did pediatric grand rounds. And we did a number of others, too, so I was really happy with that.

Cedars was very big on management training, also, which turned out to be very helpful in the long run, because every quarter or so, usually the nonclinical managers would get together. So I got to know the people in construction, and if they were going to have some leftovers and I had some things that I wanted done, I tended to get counters built that I needed or things done that I needed done. But I also found out a lot about my management style, which I don't think I would've gotten any other way. But I thought it was really important and I found it very helpful.

I guess the other thing which—I don't know whether it benefited Cedars too much or not, but I ended up being allowed to attend MLA, so it allowed me to become active, both regionally and nationally, which ended up being a great help—not to Cedars, but at that point, to me, personally.

B: I think we'll take a little break now.

C: I was going to say I would like to.

[File 2]

B: We're now in the second segment of this oral history interview. We just finished discussing Lois Ann's career at Cedars-Sinai. And in 1981, you moved from Cedars to the National Library of Medicine and became deputy associate director for library operations at NLM. What influenced you to move to NLM? And also, let me know who the NLM director was at the time and to whom you reported.

C: Well, the director was Marty Cummings. And I reported to Joe Leiter, who was the associate director for library operations at NLM. What influenced me to move? Well, they offered me a job. It came sort of out of the blue; I never would have expected it. And it was an opportunity to actually do some of the things, perhaps, that I had been doing earlier in my career, but on a national scope.

And, yes, there was eventually a substantial pay increase opportunity for me, too. I got this telephone call asking me if I were geographically mobile, and I went home and asked my husband if he thought we were geographically mobile. And he was sitting in front of a garage with a work area—a shop area—that he had just personally built. And he looked up, and he said, "Tell them for the right opportunity, you're mobile." So that started some negotiation. And we decided that, yes, it was the right opportunity. I don't think Ed was convinced that I would be happy there. My youngest had another semester to go to finish high school and would then be going away to college. Ed, of course, was gainfully employed. But it took him a year-and-a-quarter to wind up his affairs and move. And he said, at one point, that he wanted to give me plenty of time to see if this was going to be a permanent situation, and then he found a job in Washington and moved.

I had kind of a vision of how I thought NLM—Library Operations in particular—could be helpful. And people have asked me about the adjustment to NLM, and I said, "It's just a matter of adding three additional zeros to everything." [Laughter] Not entirely true, but... And in some measure, rather than getting really overwhelmed by the number, the principles actually work, even in government. And there was an excellent staff, actually, to work with. So I guess that sort of answers that.

B: Describe Library Operations, because a lot of people, I think, aren't familiar with what's included in the divisions and programs that comprise "LO," as it's called at the library.

C: Well, LO is one of, I think, six divisions within the National Library of Medicine. And within LO, you have Public Services, which covers interlibrary loan and reference and a help desk. You have Technical Services, which is acquisition, cataloging, classification. So in that group, because of the development of copy cataloging and also the interaction between the Library of Congress and the National Library of Medicine, and to a lesser extent with the National Agricultural Library... Certainly with LC, they got a packet from publishers in advance of publication, so that NLM was involved in Cataloging in Publication. Anyway, so you have Public Services and Technical

Services. Then you get into Bibliographic Services, which covered the selection of literature that was going to be indexed. It covered the indexing of literature. It covered not the running of the tapes, but certainly the training that went on in terms of searching, and a major help desk... And then there was the Regional Medical Library Program, or the National Network of Libraries—Medical Libraries?

B: Libraries of Medicine.

C: ...Medicine, as it's now known. And you had the MeSH, the Medical Subject Headings, Section. You had an Associate [Fellowship] Program, which I really thought was great and important. Well, eventually, we added the health services research unit [National Information Center on Health Services Research], which actually, I think, was at one point part of Public Services. But I can't remember now whether it broke out... Ahh! Don't let me forget the History of Medicine Division, which actually covered public service. It covered its own acquisitions, and it had manuscripts, incunabula. It also had a very fine pictorial slides—pictures—collection. And I didn't mention that in Public Services we also had preservation, which was a very important unit. And then what else? I mentioned the RML, the associate program.

The Literature Selection Technical Review Committee, which really wasn't an organizational unit but it was an activity that... And I can't remember where in my tenure at LO that came into being, but that was a group of outside experts that reviewed newly published journals to determine which ones would be recommended for inclusion in *Index Medicus*. And that was actually a major undertaking. I apologize if I've forgotten something, but I think most of that...

B: It sounds to me you've covered most of them. And when you arrived at NLM, what were some of the issues that were facing LO?

C: Well, the first issue that I got hit with was the cataloging backlog. I think everybody had a cataloging backlog, but this had been a problem for years. And I think that Marty Cummings... I don't know whether he thought I walked on—I told them I didn't walk on water unless they showed me where the rocks were—because I didn't want people to have a feeling that I was going to be able to do much more than other people had been able to do, because I was coming behind an associate director, Joe, who was very good, very bright, and had been there a long time and had done remarkable things. I just didn't want to mess up.

Anyway, the cataloging backlog, which Betsy Humphreys and I worked on, trying to come up with a plan that would help to bring that down. And, in doing so, we did an analysis of where time was spent in the cataloging and classification process, and it turns out that the big section, which cost quite a bit of money, was name authority work, which I hadn't thought too much about. And I know that subsequently, when I got to know Henriette Avram better, one of the things that I kept arguing with her about was why do we have to do so much name authority work? Why can't we take the name as presented? We don't do it in indexing; we take the names as presented. And I know that Henriette,

like the cataloging lab instructor, thought I was out of my mind; that it was really important for everybody to know that Mark Twain was Samuel Clemens and his dates. I think that's loosened up a lot in the last few years, which should help with cataloging backlogs.

B: Were you able to make good inroads in the backlog?

C: We must have made enough, or came up with other issues that were more important, because I don't remember that we kept hearing about it. But that, of course, was an issue that was important to [Dr. Cummings], so it was an issue that became important to me. I don't think the rest of the staff got really excited about it.

I tried to come up with some specific goals. In Los Angeles, the Audio-Digest tapes had been very important, and I actually got NLM to start indexing the tapes. This was not a good idea in the long run. Their shelf life for the most part is not great, and most people don't refer to them as a source. It was handy; it was a neat idea. But it just wasn't one of my better ones, anyway.

At a general level, I really wanted to ensure that the network levels were working well in the RML, so that we were getting information down from the published literature, we were getting the good published literature in, and that we were getting it indexed as rapidly as possible. And we were getting a system for interlibrary loan, which has become DOCLINE. It's been improved over the years tremendously, and now with electronic journal subscription, things move so quickly that you just couldn't imagine doing in years past. So I became really involved in that. Betsy told me that Dr. Cummings wasn't really interested in SERHOLD [database of serial holdings statements], and that was an issue that I was able to present to him and explain to him how that was an integral part of this system that was being built and had been conceived and parts of it were being built as we were going along.

You never have—at least I didn't have—a clear vision of how we were going to get somewhere. It was more a vision of what the objectives, what the goals were, and then we had a great staff who was able to translate that into specifics to get there. I think that's about it.

B: One question I have: what were some of your goals in serving NLM's user community? Perhaps you could start by defining who NLM's user community is, because that is sometimes confusing, I think, to the profession at least.

C: Really? Maybe I should ask you more about that. [Laughter] Well, from time to time, the user community, I think, has changed. During the time that I was there, despite the fact that people were interested in serving consumers, that was not one of the major user communities that were identified. So that was late in coming along.

The user community, in my mind, was... I focused pretty much on the libraries and the librarians and their staff and the people they served. It became possible, as my tenure

there proceeded, to begin to think about serving health professionals directly. And that certainly, I think, caused—I don't know whether 'great' is the right word, but for some people it was—a great amount of tension. And I can remember when Grateful Med came out, which certainly morphed into a better product, but which was an interesting attempt to reach health professionals directly. In a talk, I think, it was in Pittsburgh, Dr. [Donald] Lindberg was there and talked, and I also talked. And a woman came up to me afterwards. She was shaking. She was so upset. It was a librarian who had just convinced her administration to let her go for training and get her the equipment so she could do searching. And here we were, coming along with a small computer for a health professional to directly go in and do their own searching. And she felt we really had abandoned her and let her down. How does she explain that? Because if a physician can do it him- or herself, why does she need to be trained, and why do they even need her? And of course, that discussion continues.

B: It does. It was a big transition for many, many libraries, and I thought NLM did an excellent job in terms of saying, we need to shift our role to training those health professionals to do their searching. And for the most part, that's something that was well adopted in the community.

C: I think in the larger institutions that was true. I don't know about in some of the smaller ones, because I think that the libraries held on by a shoestring and weren't heavily supported. And I don't think the librarians, in some cases, had the backing of the physician and nursing staff—maybe nursing more than the physicians—that they felt that librarian could train them or that they wanted to spend the time getting trained. So some facilities were better than others in moving into that area. Others picked other areas to move into in addition to that or in place of that.

But it was a tension. I think some people felt that I should have prevailed more in keeping librarians in the forefront. And, in a way, I thought I was, but in a different role. And some people, I think, had great difficulty with the role. But we see that played out—particularly now, at the time this interview is being conducted—where people who did things years ago, now robots are doing it; people who had jobs years ago that have now been obliterated, like the carriage or buggy makers years ago when Henry Ford's products were so popular. The world doesn't stand still, and a profession needs to grow. And the National Library of Medicine certainly needed to grow and needed to take advantage of new technology. And since its objective or mission was to see that the most current or useful information was available in the most remote place even—and we still struggle to do that—they have to take advantage of every new technology, if it looks even promising, to work with it until it's developed and helps people out. It is not designed to continue every job as it was originally described. That means that we also have some obligation, I think, to help people make the transition to it. And in some cases, maybe we didn't do as good a job as we could have.

B: In 1983, you were promoted to associate director for library operations. I guess that was when Joe Leiter retired. And you held that position until your retirement in 1998. That was about the time that Dr. Lindberg became NLM director?

C: Well, Marty was still there. I don't remember exactly when Lindberg came in, but it wasn't too long after that when he was appointed. [Donald Lindberg was appointed NLM director in 1984.]

B: Did your responsibilities change a great deal?

C: Well, yes, in a sense. Technically, I was doing a lot of the work, and that was part of my coming and being the deputy—to learn what needed to be done. But now with Joe gone, I was doing everything. So, yes, in that sense it changed. I had more meetings to attend, and there was more responsibility on me. Joe picked up a lot of things that he enjoyed doing and did very well that I didn't have to do. And, of course, then I ended up hiring Betsy Humphreys as the deputy, and she's really sharp and very, very good. So she could pick up a lot of the things. So it wasn't like I was doing what I did before and what Joe was doing. I could pick a few of the things.

B: That you enjoyed doing and wanted to do.

C: Yes. And actually, one of the things I ended up doing was being ex officio on the International Committee of Medical Journal Editors, which had started through the Council of Biology Editors, I think, in 1979, if I'm right. [Medical journal editors initially met in 1978 in Vancouver, British Columbia, and first published uniform requirements for manuscript submission in 1979.] And that was a real eye-opener to be the liaison. Actually, for the first few years, the head of MeSH, who was a physician, was on it, and then I became involved in it after he retired. And it was really very interesting to watch the development of the establishment of the standards for submitting a manuscript that would be accepted by the journals that signed onto this, which were at that point the *New England Journal [of Medicine]*, *JAMA [Journal of the American Medical Association]*, *Annals of Internal Medicine*, and some others. But it became international. Well, I'm sorry—the *Canadian Medical Association Journal* was in...and the *Journal of the Danish Medical [Association]*. I think there was another one. They were part of the initial group, so it was international at that time, but it's expanded a great deal. And to talk about bibliographic references with them, to talk about how we handled corrections, retractions—these were all things that were discussed in that group. And they had a major play also in getting editors to make sure that the titles of journal articles represented the content, rather than catchy phrases, so that text-word searching would be improved and helped for those people who didn't want to bother with MeSH and went in on text-word searching. So it was a very interesting group to be a party of, and it sort of rounded out my education.

B: Do you know if you were the first librarian to become associate director for library operations?

C: I don't. I think so, but I don't know. And at one point I started looking into it, and I don't have any of those files. I don't know whether they're at NLM or got sent off to a salt mine somewhere or just deep-sixed. It's interesting but, no, I don't.

B: Because so many of the people in leadership positions at NLM were physicians at one time, and that's changed over. Now, the Regional Medical Library Program, which, as we mentioned, is now the National Network of Libraries of Medicine, was part of Library Operations during your tenure, and many changes occurred in that program over the years. Some that come to mind are conversions from grants to contracts, the number of RMLs that existed then versus now, and of course, all kinds of new programs that came along, like DOCLINE, end-user searching, consumer health. Which changes were the most challenging from your perspective for the RMLs and for NLM?

C: Well, I think that probably could be an oral history with a group of RML directors and someone from NLM, or a couple of people from NLM. From my point of view, the most challenging was actually reducing the number from—what was it?—eleven to seven [in 1982-1983]. We had—the RML directors had—spent a lot of time developing relationships with the schools of medicine and with hospitals, and then to break all of this up, people were not happy. Actually, it was the only way to preserve the program at that particular time. We had a new, hot individual coming in to the administration, who I think, at that time, wanted to actually cease the program. So it was necessary to do it financially and politically. I believe that that's correct at that time.

So that was, I think, the most difficult thing. From grants to contracts, from my point of view, I didn't see the big deal there. [Editor's note: After 1970, the original RML grants had been converted to contracts.] I can understand when people explained it to me why it was a big deal to the regions, but from my point of view, Extramural Programs handled them when they were grants; contracts handled them when they were contracts. And, yes, there was a different rigmarole to get them awarded, but it wasn't big on my plate at all. We had a few different things that we needed to do, but basically it provided NLM more control, and I can see why some people were unhappy about that.

B: But it did, I think, provide the opportunity to create a more common mission known throughout the country to deliver certain services in the same way throughout the country, and then provided for regional differences as it went along.

C: Yes, I'm glad to hear you say that. And I remember a couple of meetings with the RML directors where it was said, but not a lot. And I don't blame them. A lot of people, I think, are used to where the government says, "Okay. Generally, we'd like this done, and here's some money to do it. And then come back in two or three years, or whatever the reporting period is, and tell us how you're doing." That wasn't the mission here. We had a much more specific mission in mind. And to try to balance the amount of control that NLM exerted and the amount of unique implementation that was wanted in the regions is a delicate balance. And sometimes we were successful and sometimes, I guess, we weren't.

B: But it really did have a lot of things moving along, like, for example the implementation of DOCLINE and the whole issue of charging for interlibrary loans, because the RML program did start with free interlibrary loans. Were you at Cedars

when that was switching over—that there was charging for ILLs at NLM? I don't recall the exact year.

C: I don't remember when it was. I do remember the issues, but I don't remember where I was at the time. It was a major issue, because it cost money to collect money, and after a while you begin to wonder how much the end user is willing to pay. And it's hard to explain to the end user that it costs money to process this money. Well, then, don't process the money. I think the other—well, it wasn't the RML as much... I was thinking that one of the big things I dealt with was the charges for doing MEDLINE and other searches. I had forgotten it. Are you going to ask me about that later?

B: No. Well, actually, I was going to bring that up, but the time... There was the issue of charging for MEDLINE when it first became available, and I believe it was under Dr. Lindberg that the decision was made not to charge—to make it available free of charge.

C: Well, that came later. Initially we did charge, because the telecommunications—NLM was picking up the bill for that. And we couldn't continue that, so we had to charge. [Editor's note: NLM was charging for the marginal cost of access, not for full recovery of costs involved in creating the database.] And I do remember getting up at MLA and saying that the unit cost per minute or per something or other was 'x' amount of money. Therefore, if you were using the telecommunications—and we weren't charging you for the tapes; we were just charging you for the telecommunications—then it was going to cost 'x' times the unit cost. And I can remember someone getting up and saying, "Yes, but it would be cheaper in volume." I said, "Excuse me, but the unit cost is 'x,' and if you use it 'y' times, it's 'y' times 'x.'" "Well, yes, but if our library uses a lot of it, we ought to get a reduced rate." I said, "If you use a lot of it—if you use 'w'—it's still 'x' times 'w.'" I had difficulty getting people to understand that we couldn't give volume discounts on this, which probably made the low-volume users happy, but it was difficult for high-volume users to understand it.

Then of course once we moved... The biotechnology folks came in and took a subset of MEDLINE. They ran it on the small computers. Their system was off the mainframe. This was also at about the time—and Dr. Lindberg was director at this time—this was also the time that the government was trying to get its facilities off of mainframe computers to the extent they could. Obviously the security agencies and these other places couldn't. They needed massive computing. But the biotech folks proved that they could run a network on the smaller computers, on a subset. And a lot of people wanted to be able to use that, and would it scale up? Well, it turns out that, yes, they were able eventually to pull in all of MEDLINE and other stuff, and run it on these small computers. And then, since we didn't have telecommunication charges—the Internet was in full bloom—we could provide it free. That provided quite a stir.

I suspect that Kent Smith's oral history covers some of the negotiations that went on with an international company about that whole issue, which was very hairy at the time. My own contribution to that was meeting with the US contractors, because I handled—signed off on—the contracts for leasing the MEDLINE tapes, with some help from NIH legal

counsel, and had to discuss with some institutions certain clauses which the federal government was prohibited from signing. But I ended up at an MLA meeting with the licensees, explaining that we were about to announce—although I think it had been leaked—that we would no longer be charging for searching. And I wish I had actually gotten a bulletproof vest to wear for that meeting. It was pretty hairy.

B: Yes. The librarians were ecstatic, and the vendors were very unhappy at that time.

C: But actually, I think, at least a couple of them have managed through their software development to maintain their customer base or expand it by adding journals. So it turned out that once they picked themselves up off the floor and had their wounds attended to and said, “Okay, now how can we handle this?” they’ve done well.

B: Yes.

C: And NLM has continued to expand its indexing and work on systems so that... Well, now that we can get the manuscripts in electronically—which we were doing, I think, before I left to a small extent, because I had worked with some publishers on formats that we would be able to take, along with the biotech guys—so that we could put it up right away without any indexing terms, so you could text-term it. That was always a problem when stuff came out in *Science Citation Index*, and then you couldn’t find the article, because the journal hadn’t been received or hadn’t been processed though. But that’s a whole other tale.

B: Absolutely. Let’s move on to some of your other responsibilities that I recall involved international travel. It seems like you were going to all kinds of interesting places. Tell us a little bit more about these responsibilities and your international activities on behalf of NLM.

C: Well, they started because of the International MEDLARS Centers. We were leasing tapes to centers—I probably won’t remember them all—but Sweden, Germany, Japan, China, at some point, Brazil, France, Italy. I apologize for the ones I’ve forgotten, but those were... And Joe had visited Germany each year to sort of update them as to what changes LO...and in that case, we probably communicated with TOXLINE folks about what changes they had. But Joe would go and talk with them about how they were doing and also give them an update. And I got invitations to continue that. So that was the beginning of my moves outside the country.

I think they grew because, in part, I viewed—came to view at least—that we, NLM, we, the US, needed to be aware of what was happening in other countries. And we were certainly getting journals from other countries. And we needed to find out how libraries were working in those countries and what they could communicate to us, what we could do for them. So I began accepting opportunities to speak and to travel to find out how things were doing in other countries.

PAHO, the Pan American Health Organization, had a center in Brazil, had a center in Mexico. I think those were the main... They were indexing literature that we were incorporating in MEDLINE, so I ended up going to Brazil. I ended up also on the Biological [and Medical Sciences Libraries] Section of IFLA [International Federation of Library Associations and Institutions], and was chair of that for—I don't know whether it was two years. And then I flipped, and the guy who was secretary became the chair and I became the secretary. So I did that for four years and traveled to a number of countries—well, at least to four countries that gave me a different perspective on international politics.

But I had a vision, and that was—and I may be moving into your MLA stuff—that was that libraries in various countries or regions, depending upon the economic development pretty much of the country or group of countries, could develop something like the RML or MLA. And it was more of an MLA model with the RML... with working with other libraries.

And I was interested in promoting cooperation in terms of interlibrary loan, in terms of training, because NLM had this associate program and we had an international slot on it at one point. I forget what year it came in. And of course, MLA had its fellowship grants where people came in, and they often came to NLM for some training. And then there were other programs through the international office at NLM, where people were coming in and spending time in Library Operations. So there was a lot of flowing back and forth—well, mostly into NLM; some flow, me and Mary Corning, initially, and then Dr. [Richard] Hsieh, and then Elliot Siegel. I know there was someone between Hsieh and Siegel whose name I can't remember, but I can see him [Calvin Plimpton]. India was added, so there were invitations to go, and I happily went. I learned a lot about them. I usually did at least one talk, sometimes a talk and a seminar.

We ended up with a center in Moscow. I was over there during the coup [in 1991] and did a seminar... Let's see, the tanks rolled in on the weekend, and everything sort of closed down for a while except the meeting I was at. And then by Thursday, it was all over. I think the tanks were gone. The statue had come down. And I did a seminar at the Moscow center on searching and how the stuff got in the database, and walked around and talked with individuals who were involved in that center.

Anyway, I thought that a lot more of the indigenous literature could be indexed locally by trained people, because I couldn't see how NLM was going to be able to get all of that material and index all of it. It certainly wouldn't have gotten through the Literature Selection Technical Review Committee, but as we get into a global economy, people move around a lot more than they ever did. There are all kinds of nongovernmental organizations working in these countries, such that it would be useful to have an index. And if they used the MeSH terms, augmented by their... And we were having them translated in French and Mexican (which wasn't quite the same as pure Spanish), German, Chinese, Japanese. I don't know whether the Swedes did one. We had a whole bunch. I've forgotten. There were quite a number of translations of MeSH. So we had an equivalent. So you could do it by computer in searching. So there was a lot.

And there was activity in Africa. Well, we'll get to that when we talk about the MLA—about the European association. But I really got very interested and very excited about what could be done with them. The problem, of course, was that many, many, many of the medical libraries there just didn't have the staff. They didn't have—many of them—they didn't have [electrical] power that they could depend on. They didn't have money to get current textbooks, although there are interesting programs where, in some of these developing countries, they can buy textbooks—in India, in Egypt, I assume in other of the Mideast countries and probably other parts of Africa—they're run on less expensive paper, but it's the same content. So that they could get textbooks at fairly inexpensive prices from—I think they had to get permission from the regular publishers. But in many of those countries, the kids that went to medical schools didn't have textbooks. The libraries were primarily study halls. It was very interesting to discover that, yes, they were taught cooperation in library school—those who went—but they didn't practice it. And I guess when you have autocratic governments and when you don't have much money, you're not going to lend the small amount of things you have out of your sight. And as much as people complain about the post office system, mailing things in many of those countries was not good. So some went really well; some took off. And I have no idea how things are going in Sweden now. But anyway, that's my international...

B: Finishing up on your career at NLM, we probably already talked about the most significant changes at NLM during your career—some of the automation changes. Are there any other things you'd like to bring up that were major changes you witnessed and participated in?

C: Well, I guess one I'd like to bring up, because we get so interested in the technology—at least many of us—and the technology moves so fast and has done such wonderful things for us. But basically, many of these things are run by people. And I think one of the changes that I consider a major change—whether anybody else does or not, I do not know—but based on Louise [Darling]—at least what I took home from Louise's management of trying to get a team that worked together—I was really interested both in getting Library Operations and my direct reports to function as a team and understand that they weren't competing; that we did planning and set goals and objectives. We went through exercises to see how any change—how we thought it might positively and negatively affect the library community we served. And if there were negatives, was there something we could do to keep that from happening or ameliorate it? For the positive changes, that was great—a way we could let people know. And who were we benefiting? So we did that for a number of years. I can't remember exactly when I started. It certainly wasn't the first day I walked in the door. But we did it for a number of years. And I think it helped. I think it helped people to understand overall what LO's goals were, and we certainly tried—although we didn't bring in a lot of external folks—to look at the landscape: where things were going, what changes people foresaw; because we viewed ourselves as getting in front of the crowd to help them move forward—not necessarily being behind them trying to push them—which means that we had to try out some things and find out what would work for us and what wouldn't.

And the other thing I did was, I had regular meetings with the other division chiefs that I related to most—Henry Kissman in Toxicology [Specialized Information Services], John Anderson, and then his successors, in the Office of [Computer and Communications Systems].

And there is a cute story there. When we had an online catalog, we put up a number of terminals in the main reading room, and Dr. Cummings was still at the library when we did this. It wasn't great, but it was progress, and progress is in fits and starts sometimes—often, actually, in my experience. Anyway, I got called into Dr. Cumming's office, who said that this was conspicuous consumption and that the taxpayers would not appreciate seeing all of these computers. And I don't know what they do now, but... [Laughter] Anyway, he wanted all but one or two computers out of there and no more computers. So I was issued orders. John Anderson and I were chatting at our regular meeting, and I was moaning about this—that I had this vision of, eventually, a computer on almost everybody's desk, and they would do their work on this computer. And I'm now at this point that he's going to have to approve any computer that comes through. And John says, "Order intelligent typewriters." I said, "What?" John said to me, "Order intelligent typewriters." He said, "I can approve intelligent typewriters. It'll be the same product, but..." I suppose that if you're really straitlaced, that that probably would offend you. But actually, we had a number of intelligent typewriters around. [Laughter] Oh, dear.

But my point, actually, was that I tried to work with the people that I needed to interact with—or who interacted a lot with LO—to try to understand what their problems were and for them to understand what our problems were, and for us to talk about where we were headed, what they could expect, how we could help them. It smoothed some things. It certainly facilitated my ability to pick up the telephone and talk to somebody, because I now had a relationship with the individual. And I met infrequently also with the EEO [Equal Employment Opportunity] guy to talk about issues and whether there was something that he heard that we could do something about.

I have another, I guess, funny story. And I don't mean... Dr. Cummings did a lot of wonderful things for the library, but he also had some... It's like everyone—we grow up with certain ideas, and some of them stay with us, even when the world has changed substantially. But we did a renovation project in the Public Services staff area, and Dr. Cummings was pleased and came down and talked about it. And then he appointed me—and I can't remember the exact phrase he used—but I was responsible for all LO departments so that they... You know, it's sort of like touring and making sure that everything is in place and looks okay. Anyway, whatever that was. And it was—some of it became a matter of taste. But anyhow, I went in to tour, and of course, this meant that there were no *Sports Illustrated* calendars posted, or other things that might have been in offices where they didn't expect the public but could, in some circumstances, have public people walking through. But I went in, and above one of the workstations was this tall... I think like a century plant that went up with a big spike with a pearl snail that it sat in. And I went around the corner, and the guy who had put this plant up—I asked him if he'd lower it a little, because it really stood out when you came in the room

of this newly, expensively decorated stuff. He was, I think, a vet, and a longtime government employee. And he was not happy with this piece of news, but he was too used to having somebody of authority say, "Do this," and it was sort of, "Yes, sir," and then you don't want to hear what is in his mind. But the next time I went on a tour through—and I did do tours of all my areas periodically—and announced; they were not unannounced, so they had an opportunity to clean up before I came—I walked in and smiled. I had to keep from laughing. And there above his workstation was posted, higher than the century plant, was an American flag. And I thought, "One for you." There was a columnist in the *Washington Post* [Editor's note: Mike Causey wrote the "Federal Diary" column] who regularly—and I forget how often, but it was quite frequent—commented on federal things that were going on, and I was sure that if I asked this guy to take the American flag down, I would appear in this guy's column, and nobody would understand why. [Laughter] Okay—things I think I did.

B: Yes, what do you feel are your most important contributions at NLM?

C: Well, I think that was part of it. Part of it was this pulling together and also to implement a lot of automation. I also hired a person, one of the associates, in a position to handle automation within LO. It was ahead of its time and the OCCS—Office of Computer and Communication Systems—was not very nice to him. So he went on to a university setting, where it was better. But in my interest in getting a computer on a desk, and my own computer to use for primarily spreadsheets and word processing, I hoped to have someone who would help. But before I could get approval for that concept, even, the officialdom contracted Lister Hill [Center], because they were the technology experts. This was before Biotech [National Center for Biotechnology Information] came in. And actually, they said, well, yes, they thought it would be okay as long as we got—I forget what it was at the time—an operating system, which killed the whole thing, because it required a programmer. And what we needed was a less powerful computer that had these beginning WordPerfects and Word and Excel spreadsheets.

B: They probably wanted you to have UNIX or something.

C: Yes, that was it—it was a UNIX. It had to be UNIX. And it was not—and I never had a chance to really talk with him about the whole thing—I was told that, yes, I could have them as long as they were UNIX operating systems. And it just wasn't practical. We would have had a horrendous cataloging backlog if we had gone with that. It just didn't work. So, anyway, it was a little bit ahead of its time, but...

B: Your stories about being ahead of the game in terms of getting computers and did that look like conspicuous consumption reminded me that there were hospital libraries, I recall, who had trouble getting approval to be MEDLINE search centers because they were going to require a piece of equipment that no one else in the hospital had.

C: Right.

B: And that was a hurdle that some of them had to overcome before... It's hard to imagine in a day now when laptops and computers on every desktop are so common, but it was considered a very special thing.

C: Oh, yes. Well, the people that had them were the fiscal offices.

B: Yes.

C: Because you didn't see hospital administrators with these on their desks. And that continued for quite a while. In many institutions, the libraries had much more sophisticated equipment than anybody else. And in this small hospital library that I volunteered in, people came down to use their fax all the time, and they had gotten a grant to get a special copying machine that did all kinds of fancy stuff, and people came down to use that, too, from all over the hospital.

B: Well, you went on after you retired from NLM to... you returned to California and didn't stop working. From 1998 to 2004, you worked at the medical library of Presbyterian Intercommunity Hospital [Whittier, CA].

C: Actually, yes, '98. I retired at the beginning of '99. I finished up with the government through '98, and the arrangement that I had with Dr. Lindberg was that I would leave, I think, in September of '98 and that I would work on this project for... Did we do MLA or is that coming?

B: No, I had that project later on, but we can talk about it.

C: No, that's okay.

B: It's the analysis of consumer health.

C: I'll leave it. Post-retirement, in terms of hospital libraries, I worked and was actually paid at Whittier Intercommunity Hospital in Whittier. Yes, Presbyterian Intercommunity Hospital at Whittier from... I think it was '98. If not, it was '99 through the very beginning of 2004, because I moved to Oregon in... I think it was the end of March in 2004.

We're going to talk about a project that sort of led into my going to Pres [Presbyterian]. I lived near Whittier when I was living in California, so it was close. They sent out information about their hospital to the population in the town that I lived in. The Pres hospital and the Downey community hospital were the two larger ones in that immediate area. And they mentioned that they were developing a community—a consumer health program—and I thought, gee, that would be interesting to get involved in. So I went over to see—as a volunteer—how that would work. And they had a bunch of books which were not cataloged, and I don't remember how they had gotten them. And they were still thinking about doing something about that, but they hadn't. And I asked, at that point in time, since I believe that consumer health is sort of on a continuum from basic books—

public libraries or collections in other institutions that serve that particular clientele—through the more sophisticated stuff in medical libraries, because we’ve got patients that get very sophisticated and knowledgeable about their diseases. So I wanted to see the medical library, and I went down and met a very nice library assistant who’d been a library assistant for quite a while after the librarian left. They did not replace her. And this woman was having TIAs... had a number of other health problems. And she had a nice little library. She eventually decided that she was going to take a vacation, and because the consumer health thing wasn’t moving along, I ended up offering to volunteer down there in the library, which I was happily doing. I forget now what I was doing initially. I avoided... They had someone else who came in and photocopied tables of contents, thank heavens. I might do it in an emergency, but I was doing other things for her. And she decided she wanted to take a vacation, and then when she came back, she decided she was going to retire. And they asked me if I would fill in while they recruited someone, and I said, “Yes, but not as a volunteer. I’m sorry. I’ll work part-time, and I need to be paid at the beginning rate for a hospital librarian,” and I looked through the ads to see what that was. And actually, that was okay, because that’s what they were paying the library assistant. And the CEO of the hospital, they were sure, would not approve hiring a medical librarian. I was happy as a clam. There was virtually nobody above me who knew anything about libraries. And I had a couple of volunteers who came in, one who I still communicate with, who is just a doll. She is one of these sweet, competent persons who comes in regularly, does the job which she said she was going to do, and then goes home. And other than some nice words and what have you, just a wonderful, wonderful person. She lost her husband and so this was something she’d been doing for quite a while.

But I got to use DOCLINE. I got to use SERHOLD. I got to use all of these systems that I had been at the other end of and see how they worked. I also, once people found out that they had a librarian in there, I had a lot of reference work and searching to do. I got some—I can’t remember the name of the system—but I got a whole bunch of journals and books available online, and I went through and determined what titles we needed. I developed the hospital’s medical abbreviation system, because that was big with the safety issue. I hadn’t realized how significant all of that was until I got involved. I got suggestions from all over the hospital as to what abbreviations they were using and needed, and worked out a system on that. I got trained in HIPAA. And one of the guys got chatting with me, and I don’t know how it came up, but I told him about the rounds. He was over the intensive care unit, so I ended up doing rounds in the intensive care unit with the head nurse and the nurse whose patient was being reviewed, the chaplain and a social worker, and this doctor. And it was really very interesting. I had some interesting experiences; I had some interesting searches. And he went to a meeting and talked about this, and people were very excited about the whole concept, actually. So I didn’t have a whole lot of major issues that I had to deal with, and I didn’t have all of those people whose journals weren’t accepted to deal with, and I could pretty much, although I worked part-time for four days a week... And also, with my husband’s deteriorating health, it was really a nice opportunity for me to get out and have some experience and positive reinforcement from feedback from other people.

B: Back to providing basic library services, which is what got us into the field, usually, at the beginning.

C: Yes. And I asked him at one point about how was this replacement thing going, and they sort of looked at me and smiled and said, “Well, we really haven’t done anything about it. We’re kind of happy.” And I guess the nice news out of the whole thing—apart from the fact that I was getting a little bit of income and having a great time—they hired a librarian when I left, and also the CEO came down to wish me well, and they took the library out from under the head of nursing education who’d had it—although I enjoyed working with her—and put it under the chief of staff, which was a full-time physician position in the hospital. So there were some major changes that occurred in my trail of exhaust. [Laughter]

B: Well, you mentioned that you had an agreement when you were leaving NLM to work on a project that I noticed on your CV, which is “Analysis of Consumer Health Information Services in US State Libraries and in California and Oregon.” Tell us a little bit about that.

C: Surprised that it was California and Oregon, right? I had family up here in Oregon and I was living in California, and of course this worked out nicely for me. We moved out of Maryland and went back to the house we’d had before in California, which was a wreck.

There was this interest in consumer health and the various places that it is offered and how they differ, how much they’re used, what kind of a clientele, what are their problems. And so I visited quite a few in Los Angeles, and then came up through California and into Oregon. I went all the way to The Dalles up the Columbia River quite a ways to visit independent institutions that had old homes that had been converted to public libraries. Providence St. Vincent’s [Portland, OR] here had a room in the main lobby, right off the main lobby, with consumer health. They also checked out beepers for to-be fathers to carry so that they could beep them when Mommy was getting close to deliver. And they had some courses that apparently they did, too. It’s gone now. It’s been replaced by a pharmacy, which is probably recouping a great deal of money for its high-priced real estate location. And I don’t know that they’re doing any consumer health. If they are, I’m not sure where. But I visited Kaiser up here. I visited a number of the facilities around in Oregon as I drove up along... I had quite an overview. Obviously it was skewed to the West Coast, but it was a nice experience, and I learned a lot about some of the language issues that people were encountering, and still are encountering, and the needs for translators; the needs for simple sheets that give information to patients, because they do not always remember accurately what they were told or what’s going to happen. They’re focused—or unfocused—in many cases. It’s just overwhelming. And it’s also an opportunity to fill in what some of the physicians or nurses have not told them. I must say that my husband had open-heart surgery at Cedars-Sinai, and I was very, very impressed with both how they handled the waiting room and how they handled the education part of that process, both with me and with him, not that it made too much difference to him at that point.

B: And this report, then, fed into... Did it relate to the development of MedlinePlus?

C: MedlinePlus was in existence before this came along. And I did this from the end of September through the end of the year, so it allowed me to put a little bit more time in and allowed them to recruit.

B: And then one other interesting project, and then I think we'll take another break, was that you served as the project officer for a USAID [US Agency for International Development] - Public Health Service Office of International Health project in Egypt. Tell us a little bit about that.

C: Well, that was fascinating. Even with my international travel, much of it was in developed countries—some developing, but mostly developed countries. Egypt was a developing country. Since it was USAID, this was a project that the US government potentially was interested in. There had been work with Dr. Lindberg and some people that he knew in USAID. The idea was that they would build a national library of medicine, which, by the way, sometimes looks like the National Library of Medicine, but other times is just sort of a room or a few rooms. But there were people in Egypt that were excited about this, including the head of Cairo University.

I was sent over there. I actually went three times, so I'm not sure exactly which was done at which time. But I visited Alexandria and talked to people at the university there. I visited all of the medical school facilities in and around Cairo, and I went south to Menoufiya [University] and probably one other, which were overnight trips, to look and see what they had, to talk with them.

There wasn't really much in the way of cooperation, if anything, and that was one of the places where I was told that, yes, they taught interlibrary lending in library school, but they didn't do it. I went to a large book fair, which exposed me to some of these low-cost textbooks that were available. There was staff that was interested, staff that wasn't interested. There were administrators who thought it was a good idea to have this library. These would serve like regional medical school libraries. And then there were, to some extent, [libraries in] hospitals or clinics.

This was also the time of the rise of the Muslim Brotherhood, so there were recommended constraints on my travel after dark on Friday night. I was also there one or two days into Ramadan. Unfortunately, the USAID leader there was diagnosed with a brain tumor and shipped back to the US for treatment, so I don't know if he would have made a difference. At the time of one trip there—I think it was my first one—a group came through from the US on a tour, some of whom I had met through Dr. Lindberg when this whole project was discussed. And I was invited to join the group while they were in Cairo. This was a group that the director of the Egyptian major museum himself gave a tour for. They closed off the main pyramid to the public so that we could bend our way into an interior tomb part of it, which apparently is open to the public some of the time, but not when this group was going through. So I had a very interesting time in

Cairo with them. And actually, because when they were there, they had an appointment with Mubarak, and I actually have a picture of me and Mubarak which appeared on the evening television show and upset my USAID handler, terribly, absolutely terribly.

So I don't know... The project didn't go. Actually, we interviewed a person to be the staff person for it, a young woman. I sat in one of the strangest interviews. I've forgotten the title of the guy who was doing the interviewing, but he ended up pointing out to her that she was fairly newly married—yes, how soon did she expect to have babies? It would've been a classic example of what not to do in the US. I was just... She accepted all of this. But anyway, nothing really came of it. I felt badly about it, because at least one man had indicated that he would leave his position—he was a physician and his wife was a physician—would leave his position to be over this. And I think it would've been interesting.

I guess the other interesting thing—which is sort of tangential—is I visited some of the libraries that the British were supporting and saw the hospital that the Japanese money was supporting. I did not see the planes that the US money was supporting. But there were all kinds of projects that were internationally funded in Cairo at the time, so it was an interesting time to be in Cairo. But that project didn't get anywhere.

B: Okay. Well, why don't we take a break, and then we'll come back and talk about MLA.

C: Good.

[File 3]

B: This is segment three of Lois Ann Colaianni's interview, and we're going to start with her involvement with the Medical Library Association. And you began, I think, when you were involved in the local chapter of the Medical Library Group of Southern California and Arizona. You served as its president from 1969 to '70. How important was this involvement in this group to your career?

C: Well, I think my involvement in the Medical Library Group of Southern California was extremely important to my career. First of all, it brought me into contact with medical librarians from all types of institutions in the region, so I became known. I learned a great deal about committee experience. They brought in education programs that I would not have gotten otherwise or would have been difficult to get. And as a hospital librarian, it was really very important to me, because you really don't have that many other librarians in the hospital facility, so it expanded my horizons a great deal. And it was nice to develop relationships with other libraries, too, for cooperation.

B: We're interested in when you first became involved with MLA and probably what was your first meeting that you attended, what were your first impressions with that.

C: The first involvement with MLA was attending the meeting in 1965 in [Philadelphia]. I went as an intern with the other interns from the UCLA Biomedical Library. And what was my impression? Louise Darling... I'm trying to remember whether Louise was president at that time. [Darling was MLA president in 1963/64.] But anyway, she had a cocktail party to sort of allow people to meet the interns, and it was an opportunity for other medical librarians to recruit. So one of my lasting impressions was that I was approached by an individual, who will be unnamed—head of a medical school library—who came up to say hi to me, and “Hi,” I said back, because I thought, boy, this is going to be a nice conversation. And he very shortly said, “Have you made any plans for next year?” and I said, “Yes, I had; I was going to be working at the Biomedical Library.” And he said, “Thanks. Nice meeting you,” and walked off, and that was the end of my conversation. [Laughter] So it was really better to go unemployed, actually, to the meeting at that time than it was to have a job.

And I guess the other thing that I was impressed with—or depressed with in some ways—was that it appeared that more of the committee chairs and leadership positions were held by folks east of the Rockies. And I suppose there are some really good reasons for that. First of all, MLA started in the eastern part of the country. Certainly there was a heavier population of medical librarians than there was in the west, and it was easier for them to travel to meetings. So I can understand it, but it still came as a bit of a surprise. I thought that California was a big state and part of the union—and learned that it was not as... [Laughter]

B: Not everybody thought that way.

C: ...Not everybody thought that way. But Louise was either president at the time or had been or was going to be shortly—somewhere along in there—so it was certainly possible for people from the western part of the US to become very active. And we had some really good librarians west of the Rockies. Managed to get over it.

B: Could you describe your first committee assignments that you recall, and your other roles that you may have played in committees at MLA?

C: My first memory of a committee is really the CE [Continuing Education] Committee, and I can't believe that that was the first committee I was assigned to. That was a powerful committee at MLA, so I keep thinking I would've been assigned to something that was less powerful, I guess. I remember the CE Committee, in particular, and I did serve as chair of it eventually. We were terribly busy, and I loved being busy during the meetings. I liked to have something to do all the time. And certainly with the CE Committee, at the beginning and eventually at the end of the meeting, there were lots of things to do, because we handled putting out syllabi, making sure the rooms were set up right, helping people to get from point A to point B. So there was a lot of work before the meeting in looking at the site and a lot of work to do during the meeting.

Other committees—oh, I was on the Committee on Committees, and when I was incoming president on the Committee on Committees, I tried to make sure there was a

hospital librarian on every appropriate committee. I'm trying to remember if I was on the Exchange Committee. I liked that program. Honors and Awards Committee, at one point, which is a committee where most of the work's done when they send the stuff to you to review, so there's not a lot of reason to get together for the meeting, although we did. I was on the Joseph Leiter NLM/MLA Lectureship Committee. So a nice variety of committees, and all with different types of rules for being, and objectives one needed to accomplish. And I met lots of interesting people.

B: And you did move up, one might say, in the organization by being elected to the Board of Directors. First you served on the board from '74 to '77, and then you had a second term when you were elected president. You served as president from '79 to '80. What do you recall were the major issues that were facing MLA or that you were involved in during those terms on the board and as president?

C: We were chatting a bit about MLA before we even started this interview, and you reminded me that you thought that, during the early part of my being on the board, the organization was on the cusp of going from a totally volunteer organization to having a paid, full-time headquarters executive director and additional staff to support that position. [MLA's first executive director was appointed in 1973.] That's a major move for an organization—the commitment that you're making by hiring someone, the responsibility for giving good directions and support to that person, but also to make sure that the finances are there. So that was a big change and a big thing to recruit for. It's a small organization compared with the American Library Association, so we needed a great executive director, but we weren't going to have the number of people to support probably as great a salary as someone might want. We did manage to get really good people, because I think they enjoyed working for the association and liked our cause.

In the '79/80 period, we were facing now the reorganization—or, I guess, putting more organization within the association with the chapters and the sections. Things had been pretty informal before that. And I can remember chairing the session which handled all of the bylaws changes and additions that needed to come in. And for that session I am forever grateful to some really great parliamentarians that we had. It's hard to sit there and deal with these bylaws things and make sure that they cover what they need to, that interpretation is clear, and that it does actually represent what the association is going to want; and it will last for a while, and you won't be bringing up bylaws again soon.

And I think those are the ones that I remember. I did have a very small incident. It was not a major incident at all, but it is kind of telling. It was while I was in Washington. It occurred during my past-president term on the board. I had just taken the job with the National Library of Medicine a few months earlier, and I was sitting at one of the Information Society meetings that were held in Washington—kind of a popular place to hold meetings. And it was banquet time, and I had an empty seat to my right, and fairly near the door coming into the banquet hall, and I noticed that Eugene Garfield had come in and was standing. He's not a terribly tall man, and he was standing, looking for an available seat, and I waved him down. Gene Garfield, for those who don't remember him, was well known as the founder of ISI—the Institute for Scientific Information—and

he used proceeds from his products to host a breakfast at MLA each year. And, I mean, it was a breakfast. Not orange juice and sweet rolls and some fruit. He actually had a sit-down breakfast, full-bore. And it was usually well attended by everyone.

B: Yes, I remember.

C: It was a meal. You could probably go 'til dinner. And he talked about his products—new ones, existing ones—and he sang... Well, we listened for our breakfast is sort of the way I guess I'd put it. Anyway, we talked a bit during dinner, and along the way he was invited to come up to present the ISI award for the year, which he did. I think it was like a \$500 award. And the Information Society got to select... I'm sitting there listening to this, and he came back and sat down. And I turned to him and said, "Why don't you do something like that for MLA?" which I thought was a reasonable concept. And he looked at me, and he thought about it for a few minutes, and he said, "I will. No reason not to." So he said he'd give me the name and the phone number of a guy to call, and, a couple of days after he had had a chance to talk to him, I did. And over the space of a month or two before the next annual meeting of MLA, which was in May [May-June 1981] in Montreal, we had agreed on what they would do.

I had drafted a motion. Forward to the day before the board was to meet in Montreal and I was to leave the National Library of Medicine to fly to Montreal. I got a call to come over to the director's office. The director was Marty Cummings. And when I got over there, Marty was not in too good a mood. He said, "Is it correct that I've heard that you're making a motion that the board allow ISI to sponsor an award to be given annually at MLA?" I said, "Yes, sir. I have it in my apartment, I do." "Well," he said, "Have you heard that he testified at the House budget hearing for the National Library of Medicine"—it's part of NIH—"and that he was opposed to...?" And I can't remember at this time whether it was an increase in the NLM budget or the budget in general. But anyway, he testified against NLM, and I said, "Yes, I had heard that." I wasn't at the hearing, but... "Well," he said, "Did I really think that somebody who would testify against the library should be sponsoring an award? That MLA should approve his sponsorship of an award?" And I indicated I didn't see that it was a real major problem. And then I pointed out to him that I really needed to leave in order to fly to Montreal to be on time. And I did fly there, and at the appropriate part of the agenda, I made the motion, which was passed by the board, and the ISI information award was established.

Shortly thereafter—not weeks, but I think it was a matter of months; it might have been about a year—there was some negotiation between the National Library of Medicine and ISI and MLA. I'm not quite sure who initiated it. I suspect NLM. But the name of the award was changed to the Brad Rogers award. Brad Rogers, for those of you who don't know, preceded Dr. Cummings as director of the National Library of Medicine, and he is the one who actually initiated the MEDLARS project for the automation of printing the *Index Medicus*, and it eventually grew into MEDLINE and various products. The name of the award has been changed again, because when I tried to look it up on the MLA website, it's got a different name.

B: Really? I didn't notice that.

C: I think so. Anyway, I had difficulty finding Brad Rogers. I think ISI got bought at some point by Thomson perhaps? [Editor's note: The current name of the award is the Thomson Reuters/Frank Bradway Rogers Information Advancement Award. The first award was given to Frank Bradway Rogers himself in 1983.]

B: Perhaps. Oh, that may be—that they've added that name to it.

C: Anyhow, it's interesting. And I mention it because it does show that politics enters into some of these things; but it also, I think, shows that it doesn't hurt sometimes just to be alert to opportunities that other people haven't seen. And inviting someone to sit next to you at dinner and having an interesting conversation sometimes can be quite rewarding. [Laughter]

B: Well, I assume that when you were at Cedars and you attended MLA, you were probably involved with what was initially the Hospital Libraries Group that became the Hospital Library Section. Is that correct? Did you do some work with them?

C: Yes, I did, a little bit. It was a pretty informal group. They didn't have as many speakers or as elaborate a program as they do in 2012 and even a number of years before now. The group got together once a year. I don't remember that they had a lot of programming that went on during the year, at least in the early part. Later on they became much more involved, certainly with the Joint Commission, in reviewing the standards in attempting to hold some kind of a reasonable line for assessing information services in hospitals and the other agencies that they accredit.

[Editor's note: The Hospital Library Section (formerly the Hospital Libraries Group, established in 1948) was established in 1977 according to section records. Colaianni was president in 1976/77. Nomenclature in Medical Library Association publications varies, but MLA directories support the transition to section, listing the Hospital Library Section under Special Interest Groups beginning in 1978/79. The Section and Chapter Councils first met in 1981 as part of the implementation of the new MLA group structure. In 1987, Hospital Library Section members voted to change the name to Hospital Libraries Section.]

But, yes, I was president of the group once—for one year. They only had a president one year. And, in my usual fashion, I had all kinds of ideas which were a little bit—a lot—overly ambitious with the group to try to get some more structure and things going, so that they would have more of a structure from year to year. And I think that sort of fell apart—part of it fell off—because one of my problems was that I was overly ambitious with what I thought people could do reasonably, and the fact that I was willing to work until midnight was not something that I could expect of everybody.

B: The Medical Library Association has an award, which is the Lois Ann Colaianni Award for Excellence and Achievement in Hospital Librarianship, for which I believe the

Hospital Libraries Section selects the recipients or recommends the recipients. Tell me about that award. How was it established?

C: I don't know who selects them.

B: Maybe it is Honors [Awards Committee].

[Editor's note: According to mlanet.org, the award was established as a national award in 1991 and renamed for Lois Ann Colaianni in 1999. Recipients are selected by the Colaianni Award Jury under the guidance of the Awards Committee. Prior awards were given in 1987-1990 by the Hospital Libraries Section as the Hospital Librarian of the Year award.]

C: The Hospital Libraries Section has its own award, I believe, and I don't know how it's selected. When I retired, I didn't want a big bash, but I did want—and there was some discussion about what to do. And I was really pleased, very pleased, that a decision was made to make an award with my name attached to it. I've read the little bits that are put together on why some of the recipients received the award, and I'm just really impressed with what hospital librarians are doing and what a fine group of folk are getting this award and other awards in the association.

B: One of the things that you talked about earlier—the move to get MLA headquarters to be a more professional organization with an executive director—in part, I think, helped allow people to be presidents of the association who were either from very small organizations or not necessarily a medical school library director. You were one of the early hospital librarians who was president. Do you recall who the first was in terms of...?

C: Yes, Barbara Coe Johnson, from [Harper] Hospital in Detroit. Yes, Barbara Coe was the first one [in 1975/76]. And then there were [three presidents] in the interval, and then I was [1979/80], and then following me, Gertrude Lamb [1980/81], who I think by then was at Hartford Hospital.

Yes, it's true that headquarters helped. Headquarters helped hospital librarians—and also others, because not every medical school librarian had great support either. I know at many of the schools, including UCLA—it wasn't possible to send a large number of people to the meeting each year and to support them if they were going to be active in committees. But a lot of things happened. Headquarters took over a lot of the more time-consuming jobs that they could. A lot of the support for the CE Committee was taken over by the CE person at headquarters. They did, I think, help with correspondence or mailings for some people. But the Internet came along, so there's a lot more that could be done with computers and the Internet, so that you didn't have to go to as many meetings. So I think that helped folks.

And I think it also helped to have hospital librarians in positions so that people could see, well, it was possible to do it. But it still, as it did for medical school librarians, or

anybody else, it does take additional time and energy, and many were in only one- or two-person libraries, where getting away was hard for them. So the regional groups really have been very important not only for training people and having them get experience, but also for giving them an opportunity to get the education programs and meet their other friends and colleagues without going [to national meetings]. There are still a lot of people in this country that are medical librarians that don't go to MLA unless it's in their areas.

B: One of your other accomplishments in MLA was that you were associate editor of the fourth edition of the *Handbook of Medical Library Practice* [published between 1982 and 1988]. What was your experience like working on this publication with Louise Darling, who was the editor, and David Bishop, who was the other associate editor?

C: Well, they're both not only wonderful people, but they knew what they were doing. They were good writers and they were good at editing, and I was really very junior in that group. We had a lot of problems getting manuscripts. It was tough to get people to agree to write, and then it was tough to get a manuscript out of somebody, and it was difficult... very time-consuming to do the editing that needed to be done and things that needed to be revised or added or deleted. And by the time you really got through, a lot of the stuff was potentially out of date, and Dr. [Estelle] Brodman raised the issue of whether we shouldn't be publishing small segments that we could do fairly rapidly that would be less expensive and would be more timely.

B: And you did, with Louise and David, receive the President's Award [in 1989] for the publication of the *Handbook*. How did you feel about receiving that award?

C: Well, Louise and David far outclassed me. I was honored. I didn't really feel I'd done that much to deserve the award. And it is a very attractive award. Very, very nice.

B: Do you have any other comments you'd like to make about your MLA involvement and MLA's role in librarianship?

C: Yes. I think it may be easy to underestimate, for many people, the impact that MLA has had on international librarianship. And I don't mean necessarily American librarians doing things internationally. But as a role model, as a mentor, for librarians from all over the world to attend meetings, to attend exhibits, to meet people that they can subsequently work with who set up cooperative arrangements with them, and to serve—if I didn't say it—as a role model for other associations, both in regions and in countries. I know MLA started out early on with an international interest and they've maintained it, but I think it's really important what they've done.

B: The international statement you just made is a nice segue into the fact that you participated in a number of international groups such as IFLA, the [International] Congress on Medical Librarianship, AAAS [American Association for the Advancement of Science]. Not all of those are international, I guess. But choose a couple of them, and

describe what you did and what was important about them for you in terms of your career or how you felt it contributed to the profession.

C: Well, I do want to mention NISO, the National Information Standards Organization. I chaired one group there. It's really an important organization, and it was a great education for me to learn how complicated standards making is, and how many people, organizations, or industries, even, use these standards. So it makes it difficult in establishing some of them. So I found that extremely interesting work.

The two that I was most involved with were IFLA and the International Congress on Medical Librarianship. Irwin Pizer was the MLA representative before I started going to IFLA. And I served two years as chair of the Biological [and Medical Sciences Libraries] Section, and then two years as secretary. The term that you had was a two-year term, and then it turned out that the secretary and I just flipped the jobs for the second two-year term. It was a great opportunity to visit countries that I wouldn't have normally necessarily visited and to see libraries and talk with librarians about the problems they had. I also managed to talk with them about their relations and use of NLM products to justify my time being away for that. I guess the other thing I would mention about that—we planned a program when we went, so that we were talking about things that that group of medical librarians would be interested in, services that they could either set up themselves or avail themselves of. And I guess the other big thing that I learned is, boy, there's a lot of politics in the international [groups]. You watch the news at night, and IFLA's just a small piece of that, but you can see how some organization, some countries, view this as very important—getting somebody on the IFLA board or as chair of a section. This was really important to them.

And the other thing that I learned was that America was both liked—particularly because of the Library of Congress and all of the work it did, particularly in the standards and cataloging area—but they had mixed feelings about the US. And we usually had a big contingent at IFLA. Library of Congress had a number of people there, but other organizations did, too. And it was important, I thought, that America not try to overwhelm this group, but keep... I don't know, 'low profile' isn't the right word—but to make sure that everybody participated and it wasn't something that America overwhelmed, because there were mixed feelings about us.

B: If you could name issues that guided your focus in terms of professional involvement...

C: Actually, I didn't say anything about the International Congress. I really do want to.

B: Oh, let's go back to that. Absolutely.

C: I gave you the wrong cue. I would like to mention the International Congress. It was a difficult thing to bring off, because in order to hold it in the various host countries, we had to be very flexible about the kinds of arrangements that were made. And it was a challenge in working with the people. Some were a lot easier and others were a bit more

difficult. But I think it was valuable that the year that I headed up the congress [7th International Congress on Medical Librarianship, 1995], I had great support from NLM folks. It couldn't have been done without support from them. And the other wonderful thing that happened was, we were able to get the papers ahead of time and the abstracts through email. Prior to that, I can't imagine what the people went through with the mail and all of this, because to be able to email messages back and forth and get materials just was a huge help in planning it.

And for many of these people—the International Congress I chaired was in Washington, DC—it was their first opportunity to visit our nation's capital and to visit NLM; since it was held in conjunction with MLA, to attend MLA and to give a paper. This was a big deal in many countries. So it was a great opportunity to involve medical librarians from all over the world, and I think extremely valuable in terms of casual conversations and in terms of exposing them to the wealth of products and services that were available through the US and through international vendors. Back to you...

B: Back to the question... Did you have a particular focus in your professional involvement, things that interested you most?

C: Apart from the National Library Medicine and things going on there, I was very interested in cooperation and also incorporating technology to enable more efficiency and even increased amounts of information—valuable information—that could be provided.

B: You also have a long list of publications, and rather than asking you to talk about each one of them, I would like you to comment on which do you feel was your most important publication.

C: Well, the one I liked the most was, "Where There Is No Vision the People Perish," my presidential address [1980], which was published in the *Bulletin of the Medical Library Association*. But most of the stuff that I wrote actually had to do with the importance of vision, NLM's programs, retractions, selection of literature, titles for *Index Medicus*, things like that.

I really feel it's very important for medical librarians to design—even get help if they need it—to design studies to collect data and analyze the data on their activities. It's essential that they look at what they're doing to determine what's important, what's reaching other people, what is having an impact on whom and to what degree, so that they can justify the amount of money that is being spent on their particular program.

In California, back in the '70s, Proposition 13 sort of put a lid on property taxes, and, all of a sudden, communities were discovering that they didn't have the source of funding increasing each year, as it had. Their expenses might increase, but the property tax amount wasn't going to go up that much. So libraries, in particular, and others—schools, too—but libraries, I think, had had a pass for many years by saying, "We're really doing good." The Andrew Carnegie approach: that for a free, informed nation, we need libraries. And it's easy to say we need information and the results of new research for

health, but when the cap began to be put on and people began asking hard questions, it was very helpful... Those librarians that had been collecting data and analyzing it and really looking at how to titrate their particular services so that they looked for opportunities—they cut back on things that weren't that important, but were able to explain with hard facts what they were doing and who they were reaching, and identifying also areas that were politically savvy that they might not reach but could. I think it's really very essential. And then to write up the reports on some of these is very helpful for other people. [Laughter] To write a good article actually takes some time and thought, and it's a good exercise, sometimes, in humility.

B: In terms of that... Would you like to comment any more on what librarians gain and contribute from professional involvement? You've made some comments as we've gone along, but do you have any other thoughts in that area?

C: Well, I think it's the same. It's getting to know new people, learning new ideas, getting a broader background, skills working in a group. And particularly for librarians in small facilities who don't have much contact with other medical librarians, I think it's an opportunity for them to get to know people that they can call on or that they can help. And it's an interesting opportunity to be able to sort of check your skill level against some other people's skill levels to see how you function in the order of things.

B: I want to move into the arena of honors and awards. You were honored by MLA in 1991 when you were selected to give the Janet Doe Lecture, which is one of the most hardworking awards one ever earns. How did you feel when you received the invitation, and how did you go about selecting your topic?

C: I was stressed. It's very difficult when an invitation to give a lecture is supposed to be viewed as a great honor. It's difficult to turn those down.

B: Yes.

C: After accepting them, then one has to live with that acceptance and come up with something commensurate. I did not remember my topic for the Doe lecture until I went and looked it up. And I picked "That Vision Thing" that the founders of the association had. It was probably dull. I know I spent a lot of time on slides that I couldn't use because of the setup of the room. It was a very long, narrow room, so that people in the back could not read any of the slides. So we just ceased showing them. And I actually had spent a lot of time working with them. So it was just a talking head, and it's not something that I particularly feel is going to stand out anywhere. [Laughter]

B: And you were probably very glad when it was over, I imagine.

C: Indeed I was.

B: But actually, I reread it and I thought it was quite interesting. And I don't remember being bored during the lecture, which sometimes, I have to confess, I have been.

C: Well, you've just gone up in my esteem—or down. [Laughter] I'm not sure which. Anyway, I appreciate that. I rewrote a lot of it and kept wishing that I had declined the honor.

B: I think there's only one person I know who declined it, and in the end she gave one later on in her career, so she never got away with it. What were your feelings about receiving the association's highest award, the Marcia Noyes Award?

C: That came at the Washington, DC, meeting, where I was chairing the International Congress, and I really was overwhelmed—with both the congress and with the Noyes award [1995]. I believe that there are a very few people, actually, who can conceive of a great idea and then see it through all of the implementation cycles. I'm not one of them. And that's okay; I'm okay with that. So I really felt at the time that, yes, I'd spent a lot of time and energy on the association, but I really had a lot of people that had worked with me on almost all of those projects. And it's hard to stand up there when you know a lot of other people ought to be up there with you.

B: That's true. You've also received a number of other honors from NLM and the Public Health Service, nationally and internationally. Which ones have the most special meaning for you?

C: Well, strangely enough, the one I value—maybe not most—but the one I really value was a phone call from a resident while I was at Cedars-Sinai. The call had come in about a hemorrhaging patient with a specific issue that was causing the hemorrhage. And I did a quick search of the literature, communicated some information to the resident, and he called later to say that he was able to stop the hemorrhage and save her life. And that didn't happen very often to me, so it was kind of a special feeling—not that I ever knew who the patient was or anything more about her. But it's wonderful to be able to do something like that, or even some of the smaller things that one is able to do from time to time to help.

I'm very proud of—and I don't have any French, so I'm going to avoid mentioning the name of the prize [Prix d'Honneur for 1995] that I got from the European Association for Health Information and Libraries. I was very pleased to be an extremely small part of that group's getting together and developing over the years. It's been wonderful to watch them and their success. One of the things I did was to provide them a room where they could meet. They were having trouble finding one. So I'm very pleased with that award.

I've appreciated being recognized by my peers and also by the powers that be on occasion, but it's come to my attention—and I guess it did while I was at NLM and involved in the employee recognition—that there are an awful lot of people who do work day after day after day, many times—often—with a smile. It's a big deal for them even to go and pull books off the shelves, scan them or photocopy them, to enable them to be mailed or emailed out. And to get an award, their families came. I mean, it was a big deal for them. And even now, with the volunteer organizations—a number of them give

out awards each year—I am so excited for some of these people who will get up and say, “You know, I’ve never gotten an award in my life.” There are people in their sixties who’ve never gotten an award, never stood up before a group that stood and applauded for their efforts on behalf of a not-for-profit. And it’s just a joy.

The awards that I’ve gotten, there have been so many people that should have stood with me or behind me. There are just a lot of people that made them possible.

B: We’re moving towards the end, and one of our questions is, who are the people that you feel most influenced your life and your career.

C: My early life, certainly my parents, who gave me a very solid middle-class upbringing. Good education. In later professional life, my husband, Ed, who was very supportive. He edited my verbose prose and very long-winded sentences, and often said, “Well, now that we’ve gotten that out of our systems, maybe you ought to go back and rewrite.” Frustrated me, but he usually did it while he was under the car, so he was safe. [Laughter]

Dr. Donald R. Charles, who was chairman of the Department of Biology at the University of Rochester, was a phenomenal teacher in genetics. It was so crystal clear in his class. Not always so clear when one tried to regurgitate it for tests. But he spoke up in support of me when I wanted to get married and take my senior year at another school and still get my degree from the U of R, and he went to the dean of the women’s campus and said, “Let her do it. Don’t want to lose her.” And that was really great.

Larry Powell—Lawrence Clark Powell—I appreciate for making librarianship an exciting field. There were no dull books. Larry had a passion for books and a passion for people, and since I was one of these people who took the minimum I could get by with in literature and history, it was interesting then in my adulthood to recapture literature—and Henry Miller and a number of authors that Larry actually knew and worked with as dean of the School [of Library Service] and had as university librarian at UCLA.

I can’t certainly not thank Louise Darling for her example, both as a manager, from whom I learned a great deal, and also, the whole concept of adapting or going after new technologies. She wasn’t afraid of trying things [laughter] and worked hard at making them a success and moving on to the next thing, so improving by stages how things worked. She was just a great role model.

And I would be very remiss if I didn’t thank Joe Leiter’s wife, Sarah, who said that he should select as his replacement a woman, and I’m very happy about that. I’ve never been officially associated with any feminist groups, but as most people who have known me over the years realize, I’ve been sort of ahead of the curve in a number of areas.

Kent Smith, for being a great professional. He was very calm in a crisis. Extremely knowledgeable about government and how it worked. Learned a lot. And he was very wise in politics. And he would listen to me whine occasionally. I didn’t do it too often,

or I think he would've given up. And he was also helpful in trying to tell me what battles to fight and where it wasn't worth expending the energy, because I probably wasn't going to get anywhere with it. And in some cases I could get around it, but...

And last but not least, my three kids, who brought me—and still do—great joy. And I would mention my elder son, who says that he brought my essential behavioral modification—as probably older children seem to think they do—to bear for the younger ones.

B: And who are the people you feel you most influenced?

C: Well, other than my three kids, just because of the amount of contact with me, I really don't have any idea. I suspect that I influenced some hospital librarians, although I think some of them got very irritated with me from time to time. I know they did. They were articulate in voicing their... and I don't blame them.

I recently agreed to try to help MLA clean up some of the outstanding brief bios for Fellows, and have contacted three to try to achieve this. And I was very pleasantly surprised when they knew who I was; were happy, it seemed, to hear from me; remembered some incident or something which I had long forgotten that involved me and them. And this glow lasted until they discovered that I was asking them to get some work in that they had neglected to do. So I don't know where they are on my influence list at the moment. [Laughter]

B: What do you consider your most important contributions? How would you like to be remembered by the library community?

C: Oh, dear. I don't know what my most important contributions are. I think somebody else is going to have to talk about a legacy. Somehow, legacies often shrink or grow rather than reflect the incremental building block that somebody contributed. I worked hard. And it would be nice, I think, to be remembered—although I don't think it's something that most people get remembered for—if indeed I helped produce a more collegial atmosphere in the places where I worked, particularly in [NLM]. Louise was pretty good at that, and I always thought that that was an important thing to do.

B: What do you think were the major changes, if you could summarize, that you saw during your career, and where do you see librarianship and medical librarianship headed in the future?

C: Well, I think the major changes are obvious: the enormous development and use of computers and telecommunications technology; the change in publishing of using word processing and moving that through the publication stream and actually into the indexing stream for machine-assisted indexing and into MEDLINE, so that you at least have citations with abstracts early on, and we don't have all of that keyboarding and double keyboarding to check for errors. So that has sped things along. Electronic journals for interlibrary loan. So there have been so many changes in technology. The underlying

principles, I don't think, have changed too much. I do think it's worth checking every once in a while and making sure that you're hooked to the underlying principles of what the objectives are and that you're doing it in an efficient and cost-effective manner.

Issues... I think there is going to continue to be a struggle with the description of our profession—what's included, what's excluded. I do think there's going to be more splintering, as people who are medical librarians or librarians in the health field splinter off and that expands, so that we have less of a straight tree and a lot more branching out. Also, I think that will happen because people will be looking for ways to use their particular skills in the profession generally and create new environments in which to work.

I'm involved as a hospice volunteer, as a volunteer in the companion program. Hospice covers the last six months of life, and this companion program covers presumably the last twelve months—or the first six of the last twelve, and then a move into hospice. And I'm involved in developing conversations on aging. We have one—although I think it needs to be revised—on advance directives. But we're working now on end-of-life, and that has led me into the whole issue of medical decision making—medical decision making for oneself and medical decision making for someone else.

Consumer health has been, and is, an important part of what medical librarians have been engaged in, and I'm wondering where the kind of assistance in these areas might come from, other than the palliative care teams, which are becoming more common in facilities, and the consulting teams that get palliative care people and chaplains and other experts together with the families to look through what are the options at this point, and what are the probabilities of improvement.

What does that mean? What would the person that you're talking about want? If you're the one, what is it that you want? What kind of quality of life? These are all major issues that I think more and more people are becoming more interested in, and, in some cases, more comfortable talking about. That doesn't mean that the major part of the population is there, but it would be good if more of the population began to think about these issues and to understand how to communicate with the health professionals, and what the health professionals say, what that means to them. What's a 5% improvement, slight improvement? What does that mean, specifically?

We hear stories where someone makes a medical decision to go ahead with "this," and the physicians get started with "this," and then 'x' happens or 'y' happens. And the situation changes, and pretty soon, then, you're remedying an infection that occurred when "this" was done, and now we're on a slippery slope where the patient may end up in intensive care for long periods of time. It would be nice—although we're all human beings, and it's not possible to really, 100% accurately, represent what's going to happen—it would be nice if people can get an idea if you make this decision, what are some of the cascading potential effects or disadvantages or adverse effects of this, and where will we stop it, so that the health professionals understand how far you want to go, or don't, and you understand what that means when you say, "Yes, go ahead and do this,"

or “No, don’t,” or “We’ll do this for ‘x’ amount of time, and then this is what we want to do,” so that people are comfortable with it. They have an opportunity to understand what their loved one really wants, and not just project on that person what they would want for that person.

Anyhow, I think there’s going to be more of this, and it sure is an important area. And the whole ethics issue... It’s actually a fascinating field, because there’s so much involved in it. And I wonder whether that is going to be something that medical librarians may be able to offer some help or pull together some data or information on. I know the IOM [Institute of Medicine] just came out with a study on communication with physicians in September [“Communicating with Patients on Health Care Evidence” (2012)] that was mentioned in *Consumer Reports*. But there’s a lot of stuff available. The American Bar Association’s got a nice thing on making health decisions for someone else [*Making Medical Decisions for Someone Else: A How-To Guide* (2009)] looking at... because you get into the legal issues. You get into ethical and religious issues. And to be able to pull together some of this, so not only the health professionals who are involved in these discussions have things to read that will reflect it all, but that the patients and families of patients can have this kind of information pulled together for them to look at.

B: What advice would you give to people who are entering the field today?

C: Ha, I was in the field a number of years ago. It’s been a long time, although I’ve volunteered up until a couple years ago in a medical library, but I wasn’t that active in it. I did cataloging—that’s what I did—reorganized the collection. So I don’t think I have any advice specifically, professionally, other than enjoy. The time will go by very fast. It doesn’t seem so while you’re slugging your way through it and battling with budgets and cuts, but find time to enjoy, find things to enjoy in what you do, because the time does pass very rapidly.

B: It does. Are there any other things you would like to talk about?

C: Absolutely not.

B: Well, on behalf of MLA, I thank you so much for participating in this oral history and for spending time with me today on it.

C: Well, I want to thank you for putting up with me, and I suppose MLA for putting up with my reluctance to even do this. And it’s been a joy having you here and participating with me in this ordeal. [Laughter]

B: All right, thank you.

Index

A

AACR, 2
 American Bar Association, 41
 Anderson, John E., 21
 Audio-Digest Foundation, 13
 Avram, Henriette D., 2,12-13

B

Beamish, Betsey S., 3
 Bishop, David, 33
 Braude, Robert M., 3-4,5
 Brodman, Estelle, 33

C

California Museum of Science and Industry, 7
 Career decisions, 1,7-8,11
 Career influences, 38-39
 Cataloging, 1-3,7
 Cedars-Sinai Medical Center (Los Angeles), 7-11,16,25,31,37
 Clinical rounds, 10
 Construction crews, 9-10
 Contributions, 9-10
 Eligibility, 8,9
 Funding, 9
 Library committee, 9
 Merger of libraries, 8
 Changes in librarianship, 39-40
 Charen, Thelma D., 3
 Charles, Donald R., 38
 Clinical medical librarianship, 10,24
 Colaianni, Edmond R., 9,11,24,25,38
 Consumer health, 23-24,25-26,40
 Contributions, 22,39
 Corning, Mary E., 19
 Creighton, Alice S., 3
 Cummings, Martin M., 11,12,13,15,21,30
 Cunningham classification, 8

D

Darling, Louise M., 1,2,3,7,20,28,33,38,39
 DeBakey, Michael E., 6
 Developing countries, libraries in, 19,20,26
 DOCLINE, 13,16,24
 Downey (CA) Regional Medical Center, 8,23

E

Education, graduate, 1-2,38
 Education, undergraduate, 1,2,38
 Egypt, 20,26-27
 European Association for Health Information and Libraries (EAHIL), 37

F

Family, 1,3,11,38,39
 Future of librarianship, 39-40

G

Garfield, Eugene, 29-30
 Grateful Med, 14
 Gullion, Susan L., 3

H

Handbook of Medical Library Practice, 33
 HIPAA, 24
 Honors and awards, 31-32,33,36-38
 Hospital libraries, 6-7,31-32,39
 See also Cedars-Sinai Medical Center; Presbyterian Intercommunity Hospital
 Hsieh, Richard K. C., 19
 Humphreys, Betsy L., 12,13,15

I

Index Medicus, 4-5,7,12,30,35
 Institute for Scientific Information (ISI),
 29-31
 Institute of Medicine (IOM), 41
 Interlibrary loan, 7,13,16-17,19,26
 International Committee of Medical
 Journal Editors, 15
 International Congress on Medical
 Librarianship (ICML), 33-35,37
 International Federation of Library
 Associations and Institutions
 (IFLA), 33-34
 Biological and Medical Sciences
 Libraries Section, 19,34
 International travel, 18-20,26-27,34-35

J

Johnson, Barbara Coe, 32
 Joint Commission (JCAHO), 31

K

Kenton, Charlotte, 3-4
 King, Martin Luther, Jr., General
 Hospital (Los Angeles), 6
 Kissman, Henry M., 21

L

Lamb, Gertrude H., 10,32
 Leiter, Joseph, 11,12,14-15,18,38
 Leiter, Sarah, 38
 Lewis, Robert F., 3
 Library of Congress, 11,34
 Library school, 1-2
 Lindberg, Donald A. B., 14,15,17,23,26
*List of Journals Indexed in Index
 Medicus*, 4
 Lubetzky, Seymour, 2

M

Management style, 20-22,39

*Manual for Librarians in Small
 Hospitals*, 7

MARC, 2
 Medical decision issues, 40-41
 Medical Library Association (MLA),
 10,28
 Board of Directors, 29
 Colaianne award, 31-32
 Committee on Committees, 28-29
 Continuing Education Committee,
 28,32
 Doe lecture, 36-37
 Exchange Committee, 29
 Fellows, 39
 Group structure revisions, 29
 Headquarters staff, 29,32
 Honors and Awards Committee,
 29,32
 Hospital librarians, 31-32
 Hospital Library Section, 31-32
 International librarianship, 33
 Leiter lecture committee, 29
 Noyes award, 37
 Presidency, 29,35
 President's Award, 33
 Thomson Reuters/Rogers award,
 29-31
 Medical Library Association annual
 meetings
 Montreal, 1981, 30
 Philadelphia, 1965, 28
 Washington, DC, 1980, 37
 Medical Library Group of Southern
 California and Arizona, 27
 MEDLARS, 30
 Centers, 3,4,22
 Searching, 4-6
 Training, 3-5
 MEDLINE, 17,19,22,30,39
 MedlinePlus, 26
 MeSH, 4-5,12,15,19
 Miller, Henry V., 38
 Mirsky, Phyllis S., 5,7
 Molander, Eric, 3-4
 Morgenstern, Leon, 10
 Moscow, 19

Mubarak, Hosni, 27

N

National Information Standards

Organization (NISO), 34

National Library of Medicine (NLM),
2,34,35

Associate Fellowship Program,
12,19

Cataloging backlog, 12-13

Charges, 17-18

Contributions, 22

Indexing, 3-4,12,13,18,19

International MEDLARS Centers,
18-19

Library Operations (LO), 11-12

MEDLARS training, 3-4

Literature Selection Technical

Review Committee, 12

Office of Computer and
Communications Systems (OCCS),
22

Positions held, 11,14-15

See also Regional Medical Library
Program

Searching by health professionals,
14

Support for librarians, 14

Technology, 13,14,17-

18,21,22,30,39-40

User communities, 13-14

P

Pan American Health Organization
(PAHO), 19

Pizer, Irwin H., 34

Plimpton, Calvin H., 19

Powell, Lawrence Clark, 2,38

Presbyterian Intercommunity Hospital
(Whittier, CA), 23-25

President's Commission on Heart
Disease, Cancer and Stroke, 6

Professional involvement, value of,
27,33,34,36

Proposition 13 (California), 35

Providence St. Vincent Medical Center
(Portland, OR), 25

Publications, 7,33,35-36

R

Regional Medical Library Program
(RMLP), 4,12,13

Issues, 16-17

Reduction in number of regions, 16

Regional Medical Programs (RMP), 6,7

Rogers, Frank Bradway (Brad), 30-31

Research, value of, 35-36

S

Science Citation Index, 18

SERHOLD, 13,24

Siegel, Elliot R., 19

Smith, Kent A., 17,38-39

T

Technology, 2,4-6,22-23,32,35,39-40

U

University of California, Los Angeles
(UCLA)

Biomedical Library

Internship program, 2-3,28

Medical Information

Communications Service, 6-7

MEDLARS center, 3,4,7

Regional Medical Library, 4,7

Regional Medical Programs, 6,7

School of Library Service, 1-2,38

University of Rochester, 38

UNIX, 22

US Agency for International
Development (USAID), 26-27

W

Washington Post, 22

Curriculum Vitae

Lois Ann Colaianne

Education

University of California, Los Angeles, CA. Internship in Medical Librarianship, 1964-65
University of California, Los Angeles, CA. M.L.S., 1964
University of Rochester, Rochester, NY. B.A. in Biology, 1953

Library Work Experience

Associate Director for Library Operations, National Library of Medicine, 1983-98
Deputy Associate Director for Library Operations, National Library of Medicine, 1981-83
Director of Libraries, Cedars-Sinai Medical Center, Los Angeles, CA, 1972-81
Head, Medical Information Communications Service (Regional Medical Programs supporting medical library and information services covering 8 1/2 counties in California), UCLA Louise Darling Biomedical Library, Los Angeles, CA, 1968-72
MEDLARS Searcher, UCLA Louise Darling Biomedical Library, Los Angeles, CA, 1965-68

Professional Activities

Medical Library Association. President, 1979-80; Board of Directors, 1974-77, 1978-81;
Continuing Education Committee: Member, 1970-72; Chairman, 1973; Hospital Library Section: President, 1976-77; Ad Hoc Committee to Review JCAH Accreditation Manual for Hospitals: Member, 1976-77; Joseph Leiter NLM/MLA Lectureship Committee: Chairman, 1985-95; Handbook of Medical Library Practice: Associate Editor, 1982-88.

International Federation of Library Associations and Institutions. Standing Committee, Section of Biological and Medical Sciences Libraries: Chairman, 1987-89; Secretary/Treasurer, 1989-93

7th International Congress on Medical Librarianship: Chairman, International Organizing Committee, May 1995

Library of Congress Network Advisory Committee, 1982-96

National Information Standards Organization. Board of Directors: Member, 1989-92;
Standards Committee JJ, American National Standard for Book Numbering: Chairman, 1985-88

White House Conference on Libraries and Information Services. Delegate-at-large, 1979

Federal Library and Information Center Committee: Executive Board, 1992-97

Medical Library Group of Southern California and Arizona: President, 1969-70; Union List of
Serials Committee, 1977

American Association for the Advancement of Science, Section T: Information, Computing &
Communications, Representative of Affiliates, 1982-85

International Committee of Medical Journal Editors: Ex Officio Member, 1997-98

Teaching

MLA: Planning: Strategic and Tactical, 1983-85

MLA: Hospital Library Management, 1976-81

MLA: Human Factors in Medical Library Administration, 1970-74

Honors and Awards

Beta Phi Mu

Award for contribution to patient education, Cedars-Sinai Medical Center, 1978-80

National Institutes of Health Merit Award, 1983

National Institutes of Health, Director's Award, 1987

Medical Library Association, President's Award, 1989

Medical Library Association, Janet Doe Lecturer, 1991

UCLA Graduate School of Library and Information Science, First Distinguished Alumnus
Award, 1992

American Association for the Advancement of Science, Fellow, 1994

Medical Library Association, Fellow, 1994

Medical Library Association, Marcia C. Noyes Award, 1995

European Association for Health Information and Libraries, *Prix d'Honneur*, 1995

The Library Association (United Kingdom), Honorary Fellowship, 1996

National Library of Medicine Director's Award, 1998

Council of Biology Editors' Distinguished Service Award, 1999

Medical Library Association, Hospital Libraries Section, Professional Recognition Award,
1999

MLA's 100 most notables

Special Projects

Project Officer, USAID-PHS Office of International Health, Improving Health Information Services in Egypt, 1991-93
Analysis of Consumer Health Information Services in U.S. State Libraries and in California and Oregon, 1998

Speeches

Not listed

Published Works: a selected list

Colaianni LA. The fate of rejected manuscripts. *Am J Med*. 2000 Aug 1;109(2):162-3
Colaianni LA. Ethics in health sciences librarianship. In: Viragos, Maria, editor. EAHIL '97 Workshop on managing information in the new electronic age. Proceedings of the workshop: 1997 Sept 23-5; Debrecen, Hungary. University of Debrecen; 1997. p. 115-22.
Colaianni LA. Access to biomedical information from the East in the U.S. National Library of Medicine's databases. *Inspel* 1997;31(1):18-22.
Colaianni LA., ed. Symposium: Health information for the Global Village: *Bull Med Libr Assoc* 1996 Jan;84(1):81-107.
Colaianni LA. Interlibrary cooperation: new technologies change practice not principles. In Drbalek, Jiri; Pinkas, Otakar, editors. EAHIL Symposium on cooperation of medical libraries. Proceedings of the symposium; 1995 Sep 20-1; Prague, Czech Republic: National Medical Library; 1995, p. 9-19.
Colaianni LA. Peer review in journals indexed in *Index Medicus*. *JAMA* 1994 Jul 13;272(2):156-8.
Colaianni LA. Retraction, comment, and errata policies of the US National Library of Medicine. *Lancet* 1992 Aug;29(340):536-7.
Colaianni LA, Kotzin S, Selinger N. Errata notices in journals indexed by the National Library of Medicine. In: Peer review in scientific publishing. Chicago: Council of Biology Editors; 1991:246-9.
Colaianni LA. The Biological and Medical Sciences Libraries section of IFLA: a brief history. *Librarianship and Bibliography Abroad (Rus)* 1990;125:10-9.
Colaianni LA. Handling of errata data in publications indexed in MEDLINE and *Index Medicus*. *CBE Views* 1987;10(1):7.
Colaianni LA. Information services for the nursing profession from the National Library of Medicine. *J Prof Nurs* 1987;3(6):372-5.

- Colaianni LA. Vision-led. In: Deschamps C, Walkiers M, editors. Medical Libraries cooperation and new technologies. North Holland: Elsevier Science Publishers, 1987:63-6.
- Colaianni LA. Evaluating online catalogs: the need for data. In Matthews JR. The impact of online catalogs. New York: Neal-Schuman Publishers, 1986:81-7.
- Colaianni LA. The international programs of the National Library of Medicine. INSPEL 1986;20(2):115-22.
- Avram HR, Colaianni LA, Howard JH. National Libraries' vision of the nationwide network and their role in that network. In: Toward a common vision in library networking: Proceedings of the Library of Congress Network Advisory Committee Meeting, Dec 9-011, 1985. Washington, DC: Library of Congress, 1986:35-9.
- Colaianni LA: Martin M. Cummings. In: ALA Encyclopedia of Library and Information Services. 2nd ed. Chicago: American Library Association, 1986:235.
- Colaianni LA. President's age: Phyllis S. Mirsky, 1984/85. Bull Med Libr Assoc 1984 Jul; 72(3):316-8.
- Colaianni LA. Where there is no vision the people perish. Bull Med Libr Assoc 1980 Oct;68(4):321-6
- Colaianni LA, Butler C. Journal titles held by forty health care institutions in California. Bull Med Libr Assoc 1975 Oct;63(4): 411-4.
- Colaianni LA Clinical medical librarians in a private teaching hospital setting. Bull Med Libr Assoc 1975 Oct;63(4):410-1.
- Colaianni LA, Mirsky PS. Manual for librarians in small hospitals. Los Angeles: UCLA, 1969. A few revisions were published.
- Colaianni LA. Locating syndromes in *Index Medicus*. Los Angeles, 1969.

Publications about LA Colaianni

- NLM Associate Director, Lois Ann Colaianni retires. NLM Newslines 1998;53(4):5, 13-14.
- Braude RM. Lois Ann Colaianni, President Medical Library Association, 1979/1980. Bull Med Libr Assoc 1979 Jul;67(3):339-41.

After retirement from NLM

Medical Library, Presbyterian Intercommunity Hospital, Whittier CA, 1999-2004

Volunteer activities in retirement

Research assistant updating the genealogy of Adam Hawkes of Saugus, Massachusetts,
Co-facilitator Alzheimer's Caregivers' Support Group, 2005-
Hospice volunteer, Providence Hospital, 2005-

Member, Citizen's Review Board, 2004-

Age friendly evaluator for Elders in Action, 2004-

Organized small library for Providence Center for Health Care Ethics, 2011-

Co-facilitator for VIEWS' Conversations on Ageing, 2012-