

**MEDICAL LIBRARY ASSOCIATION**

**ORAL HISTORY COMMITTEE**

**INTERVIEW**

**WITH**

**MARILYN GIBBS BARRY, AHIP**

**AND**

**MICHAEL J. TORRENTE**

One in a series of Bethesda 11 interviews

Interview conducted by Diane McKenzie, FMLA  
December 28, 2005

Edited by  
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## CONSENT FORM FOR ORAL HISTORY INTERVIEW (2002 version)

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

1. I agree to be interviewed by Diane McKenzie on December 28, 2005. 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 \_\_\_\_\_.

Marilyn Barry  
Name of Interviewee

Marilyn Gibbs Barry  
Signature

Date 5/14/10

Diane McKenzie  
Name of MLA Interviewer(s)

Diane McKenzie  
Signature

Date 6/15/2010

Accepted by: Carla Funk  
MLA EXECUTIVE DIRECTOR

Date 7/7/10

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☒ No restrictions

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

Michael Torrente  
Name of Interviewee

Michael J. Torrente  
Signature

Date 12 May 2010

Accepted by: Carla Funk  
MLA EXECUTIVE DIRECTOR

Diane McKenzie  
Name of MLA Interviewer(s)

Diane McKenzie  
Signature

Date 4/15/2010

Date 7/7/10

NATIONAL LIBRARY  
OF  
MEDICINE



**Caption for photograph on preceding page:**

Bethesda 11  
January 1978

Back row (left to right): Marilyn Gibbs, Melvin Day, Sara Hill, Peter Clepper, Jane Lambremont, Judith Topper  
Front row (left to right): Faye Meyn, Jacqueline Bastille, Barbara Coe Johnson, Judith Messerle, Kay Kammerer, Alice Sheridan, Betsy Schreder



## Bethesda 11

On January 30-31, 1978, hospital librarians from around the U.S. were invited to the National Library of Medicine for the Hospital Librarians Conference to discuss the needs of hospital libraries and the relationship between them and NLM. As representatives were included from hospital libraries in the then eleven regions of the Regional Medical Library Program, the meeting was later dubbed by participant Judith Topper the “Bethesda Eleven” [1] (or subsequently Bethesda 11). It resulted in ongoing dialogue between hospital librarians and NLM and modifications to NLM programs.

The hospital librarians who attended the meeting were the following. [Names with an asterisk indicate that an oral history is available or anticipated for the Medical Library Association Oral History Project.]

Region I: Jacqueline Bastille\*, Massachusetts General Hospital, Boston, MA  
Region II: Judith M. Topper, Lawrence Hospital, Bronxville, NY  
Region III: Betsy Schreder, Veterans Hospital, Wilkes-Barre, PA  
Region IV: Alice Sheridan\*, Fairfax Hospital, Falls Church, VA  
Region V: Barbara Coe Johnson, Harper Hospital, Detroit, MI  
Region VI: Marilyn Gibbs [Barry]\*, DeKalb General Hospital, Decatur, GA  
Region VII: Judith Messerle\*, St. Joseph Hospital, Alton, IL  
Region VIII: Sarah Hill [Memmott]\*, St. Luke’s Hospital, Kansas City, MO  
Region IX: Jane A. Lambremont\*, Earl K. Long Hospital, Baton Rouge, LA  
Region X: M. Faye Meyn, MD, Sacred Heart General Hospital, Eugene, OR  
Region XI: Kay Kammerer, Alta Bates Hospital, Berkeley, CA [2]

Melvin S. Day, NLM deputy director, later observed that “attendees were selected for their knowledge of the field and their articulateness and outspokenness” and that “these individuals were representatives from hospitals, not of or for hospitals” [3].

In addition, others were invited as guests to represent the Regional Medical Library Program (Michael J. Torrente\*, Southeastern Regional Medical Library Program); American Hospital Association (Eloise Foster); Veterans Administration (James M. Hahn); and a hospital administrator (John Danielson, Capital Area Health Consortium, Newington, CT). A number of NLM staff participated, including Day, who chaired the meeting, and Peter A. Clepper, program officer, Extramural Programs, who served as executive secretary for the meeting [4].

In welcoming the librarians, Martin M. Cummings, MD, director, observed that they shared the goal of improvement of information services to users in health care settings. He hoped for a better understanding of NLM’s objectives and programs, and a better appreciation by NLM staff of the realities of day-to-day library operations in health care institutions. A series of papers prepared and distributed in advance of the meeting focused the discussions for the meeting. The librarians had been sent background materials prepared by NLM staff as a common starting point and assigned to write comparable papers from their perspective on the same topics. Subjects included extending online services to hospitals, improving the relevance of databases, locator tools, realities of hospital funding, federal support for interlibrary loans, the new copyright

legislation, training for librarians, grants for library consortia, and audiovisual needs [5]. (See the agenda at the end of this summary.)

By all accounts, the eleven librarians were articulate and effective in communicating their concerns. They met informally the night before the conference at the suggestion of Messerle to discuss their approach [6], and they drafted and presented a position statement before the conclusion of the meeting. The NLM account of the meeting calls the discussions “frank, friendly, and informative” and says the “hospital librarians were not reticent about airing their problems,” making suggestions on how NLM might help [7].

The minutes include twenty recommendations of the conferees, although Day noted later that the meeting objective was an exchange of views, not an effort to reach consensus [8]. The recommendations addressed coverage and indexing terms in publications and databases (such as strengthening coverage of nursing journals, expanding hospital titles in *Abridged Index Medicus*, and adding subject headings and check tags for hospital administration, marketing, nursing and social aspects); interlibrary loan (assistance in developing subregional journal locator lists, publicity about proposed changes to delivery system, and consideration of graduated fee for national standard for charges); training (MEDLINE update review sessions by Regional Medical Libraries, simpler writing in the *Technical Bulletin*, expanded NLM and RML role in continuing education for hospital librarians, leadership and communication skills training, use of self-instructional media, and exchange of training materials by RMLs); communication with hospital administrators (publicity on NLM online services, information on contribution of hospital libraries, and inclusion of health information science in graduate curricula); and outreach (strategies for hospitals of under 200 beds, revision of Resource Improvement Grant Program to allow small hospitals to take advantage, reconsideration of funds for consortia, and more effective use of RML audiovisual consultants) [9].

The “Summary Statement of Hospital Librarians” presented at the conclusion of the conference pointed to two areas of concern for the future of hospital-NLM relations: the continuation of direct communication and financial and technical support for tools and mechanisms at the hospital library level. They noted the importance of awareness of and involvement in NLM planning to achieve broad-based constituent support and of input by hospital librarians in RML plans and programs [10].

Although the Bethesda 11 ceased to be a formal forum for communication with NLM [11], discussion of the conference recommendations continued. At the following Medical Library Association Annual Meeting in Chicago in June 1978, Arthur Broering, deputy associate director, Extramural Programs, NLM, spoke at the Hospital Library Section (now called Hospital Libraries Section) meeting on the role of NLM in relation to hospital libraries and the library’s response to the recommendations. Three of the Bethesda 11 (Lambremont, Topper, and Schreder) addressed issues discussed at the conference [12]. The MLA/NLM Liaison Committee meeting at the 1978 conference also covered items presented by Bethesda 11 members, including the scope of *Abridged Index Medicus*, the local and subregional union list, and NLM commitment to hospital library development [13].



At the 1980 MLA Annual Meeting in Washington, DC, the section program was a panel on “NLM and Hospital Libraries: An Update” which included Cummings. Ernest M. Allen, ScD, associate director, Extramural Programs, and Joseph Leiter, PhD, associate director, Library Operations, reported on NLM activities arising from the Bethesda 11 conference, and Messerle gave one of the hospital librarian replies [14]. She focused on improved and expanded communication as the primary concern of respondents to a section survey [15]: the need for basic unit (hospital library) input in decision making at the NLM and RML levels, more downward communication on issues affecting the basic unit, and sharing of resources across regional boundaries [16]. Cummings committed to promoting increased representation for hospital librarians in network decision making [17]. The president of the Hospital Library Section reported in 1981 her inclusion as an official observer at the RML Directors’ Meeting [18].

NLM prepared a status report on responses to the twenty recommendations for the 1978 Annual Meeting and updated it for the 1980 meeting. It reported that *Abridged Index Medicus* had increased the number of titles of primary interest to hospitals in 1979 after collecting data from various hospital sources. Outreach to hospitals of fewer than 200 beds had increased, including forty-four Resource Improvement grants. Policies were revised to allow single institutions and consortia to compete for grants on an equal basis and to provide higher personnel support for consortia. Responses to some of the other recommendations described existing mechanisms or the belief that responsibility lay with another organization [19]. The hospital librarians assessed their satisfaction with the responses and did their own identification of what belonged to NLM and what belonged to MLA as part of the MLA/NLM Liaison Committee, the Legislation Committee, or the Hospital Library Section [20].

The Bethesda 11 meeting is also credited for new program directions, including a decision to actively encourage hospital libraries to become MEDLINE search centers [21], and for changes in plans for online training, serial holdings data, grant programs, and NLM and RML advisory mechanisms [22]. The decision to approve the inclusion of hospital library holdings in SERHOLD—the database that would underpin automated routing of document delivery requests and union listing—was bolstered by the reception of the idea at the meeting [23].

The meeting was seminal in raising the awareness of both NLM and hospital librarians about each other’s perspective. As the librarians noted in their summary statement, “Since the environments in which we function and the places from which we come are so different, we feel that regular opportunities for direct communication are necessary if we are to achieve the genuine understanding of one another’s problems and concerns that is essential for progress” [24]. The focus on hospital libraries and their involvement in NLM and RML planning increased after 1978, and acknowledgment must be given to the impact of the conference.

AGENDA OF HOSPITAL LIBRARIANS CONFERENCE  
January 30-31, 1978

Hospitals and NLM On-Line Services: Sara Hill and Grace T. McCarn, head, MEDLARS Management Section

Expansion of Data Bases for Subject Areas Relevant to Hospitals: Alice Sheridan and Clifford A. Bachrach, MD, head, Medical Subject Headings Section

Locator Tools, SERLINE and Others: Jacqueline Bastille and Betsy Humphreys, assistant head, Serials Records

Health Library Programs and Hospital Funding Realities: Kay Kammerer and John Danielson

Hospital Library – NLM Relationships and Communications: Judith Messerle, Jane Lambremont, John Danielson, and Carol Spencer, deputy chief, Reference Services Division

Stabilization of Federal Support for Interlibrary Loans and User “Right of Access”: Marilyn Gibbs and Arthur Broering, deputy associate director, Extramural Programs

Copyright Legislation: Faye Meyn and Albert Berkowitz, chief, Reference Services Division

Assistance and Training for Health Librarians: Betsy Schreder and Richard West, chief, Office of Program Planning and Evaluation

Grants for Hospital Library Consortia: Judith Topper and Doris Doran, program officer, Division of Biomedical Information Support

Audiovisual Needs and Services in Hospitals: Barbara Coe Johnson and Harold M. Schoolman, MD, deputy director for research and education

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## **Medical Library Association Interview with Marilyn Gibbs Barry and Michael Torrente**

Diane McKenzie: This is an MLA oral history interview with Marilyn Gibbs Barry and Michael Torrente about the Bethesda 11 conference. [Editor's note: Marilyn's name was Marilyn Gibbs in 1978 at the time of the conference.] Today is December 28, 2005, and we are in the DeKalb—did I pronounce it correctly?—DeKalb Medical Center in Decatur, GA. The interviewer is Diane McKenzie. It's not usual to do an interview with two people, so I am going to try to ask each of you questions separately. It is easy to tell who is speaking, that's good. So let's start out, Marilyn, can you give us some background on where you went to library school and some of the jobs you had leading up to your work here at DeKalb?

Marilyn Gibbs Barry: I went to Emory University, the Division of Librarianship. The degree was called MLn at that school. After that, I went to the science library at Emory, which was in the Woodruff Library. The science library wasn't part of the medical library so it was biological sciences, physical, and so forth. I followed my boss to University of Georgia Science Library.

M: And who was she?

B: He was...well, you had to ask. What was his name?

M: That's okay; we can come up with that later.

B: Oh, I might think of it. Anyhow, then I had a short hiatus after being serials and circulation librarian there. I went away from libraries for about six months and came back to this hospital library [DeKalb Medical Center Library], where I am now in my thirty-second year. I didn't plan to stay this long, but it continued to be interesting and rewarding.

M: So 1973?

B: Well, 1974 actually. I think it will be thirty-two years next year. I had been a librarian in those two science libraries, or had the career of librarianship, for about seven years at the time of the conference and had been here for about three and a half years I think.

M: Okay, we took a quick break and you thought of the name.

B: My first boss was Carl Franklin.

M: Great, great. Michael, maybe you can do a similar quick biography to bring us up to when you were the RML [Regional Medical Library] director at Emory.

Michael Torrente: I sort of got interested in medical libraries when I was in high school. I was a volunteer at Pennsylvania Hospital in Philadelphia. They have a historical medical library there, and I did an inventory one summer. After I finished college, I taught chemistry for three years. Then I took a position at the Newington Children's Hospital in Newington, CT, as librarian. I was there only a short time when I was asked to apply for a job with the Connecticut State Library. I started working as the consultant for state health libraries, which included the mental health libraries, the chronic disease hospitals, and one VA [Veterans Administration] hospital. After I worked there for three years, I went to the Countway Library [Francis A. Countway Library of Medicine at Harvard University] as a consultant to hospital libraries under the RML program. When I left the Countway, I took a position at Emory University in the RML Program as director. So I worked in the RML Program there from 1976 until December of 1981. Then I left the RML Program and started my own business.

M: Can we back up? You went to Countway. You were not the head of the RML there. Do you remember who was the director there?

T: Betty Feeney was the RML director and Hal Bloomquist was the director of the medical library at Countway.

M: And then at Emory?

T: Miriam Libbey was the director of the library, and I was the associate director for regional programs.

M: Okay. Can you back up even a little farther? You went to library school in Pennsylvania?

T: Pennsylvania. I was also teaching.

M: At what school? The University of Pennsylvania?

T: No. I graduated from Villanova University with a master's of science in library science. Then I went to the University of Pennsylvania and did graduate work in chemistry. But after I finished library school, I went to the Newington Children's Hospital as a librarian there.

M: Okay, thank you. Let's talk about the Bethesda 11 conference, which was in [1978], and we have more or less brought both of you up to the point in your careers when that conference started. So, Marilyn, let's start with you first. It is fine to talk back and forth. Do you know why they asked you and why you were selected? Did you get a letter or did someone call you? How did it happen?

B: Well, this is a great joint-response question because Mike probably contacted me originally. I got a letter then, of course, two or three letters, from the NLM [National Library of Medicine] inviting me. I think why I was asked, and Mike can verify if

this is true or not, but I was a basic unit library in a non-teaching hospital, so I was typical in the kind of environment that NLM wanted some input from. The field of librarians to choose from was small too.

T: The entire region included not only Georgia, but Alabama, South Carolina, Tennessee, Florida, Mississippi, the Virgin Islands, and Puerto Rico. It was a fairly big area where there were plenty of hospital libraries to pick from. We were asked to select a hospital librarian from the region to represent the region. Marilyn represented hospital libraries very well. She was also very involved in the formation of the hospital library consortium here in Atlanta [Atlanta Health Science Libraries Consortium] and she was a leader in that regard. I also think she had a fairly good understanding of what the hospital librarians' needs were, and I think that's really what the target of this conference was: to find out how to better serve the patrons, how to facilitate hospital libraries in serving their patrons. I think Marilyn exemplified the typical hospital librarian and the typical situation that could relate to consumers' needs. Also she could express herself well.

B: And again being a non-teaching hospital...

M: How big was the hospital then?

B: This same size.

M: Oh it was like 450 beds?

B: We were unusual in that we weren't a teaching hospital, especially being three miles from Emory. That was, I believe, a choice that the hospital board had made early on, and it was unusual because we were so close to Emory.

M: Were you already doing MEDLINE searching?

B: I was thinking about that—memories fade—but I think I was doing what I like to call unplugged literature searching [manual literature searching]. There was tedium to that, and our eyes were narrowed over the print.

M: You could not have a computer terminal?

B: I did not have a MEDLINE terminal yet. I eventually got a Texas Instruments terminal, the kind with a coupler for the phone. When I reread some of the conference notes, I realized that most of the librarians were searching online, and I don't think I got a MEDLINE terminal until the early 1980s.

M: Well, that may have been another important aspect because many, many hospital libraries did not yet have online searching. People need to be aware that conference attendees mostly had online experience, which was not necessarily typical.

- B: I am not so sure I aspired to it. It seemed so limited to the large centers that I don't know how much I had formed the thought, "Why don't I have this?" I am not so sure how accepting we were of the fact that searching was still manual. I do not remember whether I was outraged that I didn't have a terminal.
- T: One of the areas of concern in this conference was NLM's online services. That was a big area of concern, and people were very aware of what they needed. They did spend a fair amount of time talking about it.
- M: The online services weren't serving hospitals as well.
- T: That's right. I think Emory was providing MEDLINE services to the hospital libraries at that time. I think Lauren Benevich was doing some external online searching.
- B: We were trained by the region, which was our lifeline in every respect, and just so dynamic in supporting us. We knew we could request the regional office to perform those searches that would be difficult to do manually. The region trained us on what characteristics of a search request made it eligible. I guess that's obvious now. But there were probably certain guidelines because we probably got the searches for free.
- T: Yes, this region was heavy into educational programs, and particularly for the hospital librarian. We were criticized and praised for that.
- M: Which means you were probably right.
- T: Certainly MEDLINE capability was in the works at NLM. So it was a changing process. Over time, the searching process became less and less centralized. I am not sure exactly at what point a lot of the hospitals did get MEDLINE capability, but I know they had search access through the RMLs or the local Resource Library. Interlibrary loan (ILL) was a big item, and we at Emory provided a lot of interlibrary loans to this area and other Resource Libraries throughout the region. We had good network working in that respect. We did a lot of training, including MEDLINE, database training, and a lot of basic training for hospitals. We also encouraged hospitals to form consortia and share library resources.
- M: When you were working with hospitals in this region, did a lot of the hospitals have a certified librarian like Marilyn? Were there still a lot of hospitals that had a part-time person from medical records or a secretary looking after the library?
- T: It was a mix. Marilyn was a professional librarian with a degree. Some people in this region who did not have degrees, but had a lot of experience, were very, very good. They were at some of the larger hospitals, too. So it was a mix. We tried to provide hospital librarians with the opportunity to attend some of our training programs. We had different levels of training from the very basic all the way up. We had a consortium development workshop, a basic hospital library services workshop, and



others. Some of the people who inherited the library as medical records librarians or came in as neophytes and did not have any training, we took them under our wing and provided them with basic information and training. They went away with a lot of handouts and things like that. They knew what our services were, so they could come to the RML and get interlibrary loans. They knew about the consortium in their area and could get reference and MEDLINE service, as well. There was a wide range of training among the hospital librarians at that time, but I think it worked pretty well. [The Southeastern Regional Medical Library Program also had a program to reimburse a professional librarian in each state to go to an individual hospital. The librarian would provide consultation service to assist a neophyte librarian in establishing their collection or in meeting with hospital administrators to encourage library development.]

B: We all attended the same workshops. I don't think we thought about the audience, the impact of bringing such varied skill levels or knowledge levels together.

M: Can you talk about the consortium?

B: This consortium was an Atlanta group and was not actually pioneered by me but I got in on it. It was organized at the regional meeting held in Atlanta at the [MLA] Southern Chapter meeting. I became the librarian about one week before that meeting which provided the networking that made the consortium possible. We probably had eight libraries and some of them already had very good collections, such as Georgia Baptist Hospital Library and some of the others. We organized and became great support to each other. Within five or six months we all had developed lists of our collections, eight different lists, separate lists of course, and we were thrilled to be able to consult each list in case another library had the resource. We certainly felt the resource poverty as most of the little libraries like us did in those days, and yet we had the quota system. We were able to get free [NLM-subsidized] interlibrary loans from the Resource Libraries, but we were beginning to try to be self-sufficient. Our consortium celebrated an anniversary...

T: [It began] around 1976.

B: I think it was 1974 and we just recently had our thirtieth anniversary. [The founding members in 1974 were DeKalb General Hospital, Georgia Baptist Medical Center, Georgia Mental Health Institute, Mercer Pharmacy School, Northside Hospital, Piedmont Hospital, and St. Joseph's Infirmary.]

M: You said you had been a librarian for one week.

B: Yeah. We never were able to get our institutions to form a formal consortium, to formalize in a financial sense, so we never applied for a consortium grant. But we did a lot.

M: You don't buy cooperatively or anything like that?

- B: There was not that kind of a support, but we still shared resources and offered professional development. We have presentations and we do resource share still. Over the years, we've talked about everything under the sun, centralized storage... In fact, storage collaboration almost became a joke. It came up every year and we just never could pursue it. We didn't have the leadership. No one could devote the time to being a leader, and we never could hire someone to coordinate us. So we remained an informal kind of consortium, a group of units.
- M: Tell me about your preparing for the conference. Marilyn mentioned earlier that the two of you had worked well together in preparing for the conference. I think it was unique in this particular conference that the two of you worked together.
- B: It may have been. I was assigned a topic. Mike, did some of the librarians choose their topics?
- T: I am not sure. I don't know that I was a part of all the correspondence that went on between the hospital librarians and NLM. I suspect you were asked to pick a topic, but I don't know for sure.
- B: Some people remember their topic and some people don't remember their topic, quite honestly. I wanted to give you the formal title of my topic. The title was stabilization, which I thought was interesting. "Stabilization for Support of Interlibrary Loans." "Stabilizing Growth of Federal Support for ILL."
- T: That was a hot topic at the time because NLM's funding was diminishing. They realized that they had to do something about the ILL program, which had no quotas up to that point. So when quotas came in, it was an incentive for hospitals to form consortia. The members could share and could depend on one another as much as possible and go to the Resource Library in their area as needed. At the same time, hospitals were having funding problems and weren't increasing their budgets. The financial aspects of this were a big area of concern. I think the hospital librarians were looking at NLM for more and more support, and NLM was looking at the hospital librarians for more and more independence, so it was that kind of exchange. I think that is why your topic was of interest.
- B: Even though we were resource sharing, there was some complacency probably regarding collection development. I was getting these free loans and it didn't light a fire under me to become more self-sufficient. We shared, but I didn't think about subscribing to a journal I could get through the quota system. This is all taking into account copyright laws.
- M: Well, this is just about when that copyright lawsuit happened.
- T: It was, and that was also an area of concern, the copyright issue. No one knew what the copyright law was going to be and how it was going to affect everyone, so they

were all scared. There wasn't much clarification on how it would affect hospital libraries. All of these factors merged at that time, and they were all topics of serious concern for the hospital librarian. They were there to brainstorm and exchange information. It is a reassurance to realize that you are in the same boat. I think that was what really pulled them together because they had these common problems, common interests and concerns. They were trying to find out if anyone had the answers, including NLM. I don't know if anyone had answers, but it was certainly helpful to talk about it.

- B: It was really for a noble purpose, I felt, that NLM was holding this conference. I applaud them for calling the conference, for thinking, for entertaining the idea that they needed our input.
- T: I think the issue that factored into it was the grant program. A lot of people asked (and I expressed my concerns to NLM) if the grant program was working and was it really helping the libraries. We held a conference prior to this meeting that included individuals that were selected by NLM for whatever reason, and I know I was there. They asked about the various grant programs because we were very active in trying to encourage grants to the hospitals because we had a lot of small hospitals in this region. We also wanted the consortium to get the grants. The grant mechanism was a great thing, but it didn't fit everybody. I don't know how effective it was in overcoming some of the hospital librarian's problems. On paper it sounded like a good thing. I think it was a lot of work for a small hospital to apply for a grant, and the money was a one-time deal on the improvement grant. The incentives just weren't there.
- B: The one person running a library may or may not have ever written a grant.
- T: Exactly. It was like a lottery in a sense: you could submit, but you may not win. One of the areas that I expressed concern about was that it seemed like libraries that had made the effort to try to develop a library were penalized. They weren't eligible for the improvement grant if they were of a certain size. Then they were too small to apply for the next stage of the grant program. So the small hospital librarians had a lot of challenges. The administrators were not very supportive of the hospital libraries in many regards because they could save money and it wasn't mandatory for a hospital to have a library at that time. Some of the administrators felt that librarians could order whatever they needed from the regional Resource Libraries and that the librarians could support staff needs through the interlibrary loan system, which wasn't the intent of system. There were a lot of issues that came up.
- B: One thing that worked against us when we tried to formalize our consortium in order to be able to apply for a grant... A couple of members' administrators wouldn't even sign a very tepid letter of agreement. The agreement stated only that we would pledge to share. We had to decide if we were going to exclude the non-signing institutions or just drop the idea of a letter of agreement. I mean we couldn't even get that formal, so we operated below the radar in the most informal way we could

but still get some benefit. So, we would have never been able to rally ourselves to apply for a grant.

M: You were given a weighty topic.

T: Yeah.

B: Mike was instrumental in my coming up with what I thought was a cogent discussion of some of the issues. I didn't even understand some of the issues, especially from the NLM side, and so he worked very closely with me. I really credit Mike with coming up with something to present that was thought-provoking. I wrote a couple of points that I thought were our stance: that federal ILL support, the so-called "quota system," was an information access equalizer; that it was great government and NLM PR. Administrators knew about the support, so that provided visibility for NLM where it might be lacking for other of their services. The main argument was that federal ILL support would help seed new libraries and institutions. It would be a way to convince an institution of the value of the services, to experience the flow of information and of being able to tap into the world literature. It seemed like it could help justify providing institutional budget funds for a library. So the argument was that the quota system be retained. Of course, at the conference I became more aware of the government's constraints than I had been before. Art Broering had presented that paper.

M: The constraints of what?

B: The funding constraints were overwhelming. There seemed to be no way to stop that growth. Again that was just not sustainable. It seemed that the hospital librarians present moved beyond and accepted that that was an unsustainable program. When NLM responded that the funding was insupportable, the librarians' consensus response was to phase it out with as little disruption as possible to the system. There was not an outcry from the other librarians.

M: I'd like to back up just a minute and just define this quota system because people listening to the tape... This is tape one, side B, of an interview with Marilyn Gibbs Barry and Michael Torrente. As the tape clicked off, we were just starting to talk about defining these quotas—interlibrary loans—for people who didn't live through that period of changing from free interlibrary loans to ones that cost money.

T: There is no such thing as free interlibrary loans. Somebody pays for them, and the federal government was subsidizing the interlibrary loans under a federal contract with the RMLs. Each RML submitted a request for a contract on what started as a three-year basis. We persisted with a three-year contract until our final contract, when we had a one-year contract. We were fortunate because some of the regions had to reapply for two-year contracts and one-year contracts. The contract funded various programs, including the administration of the RML, the educational programs we sponsored, MEDLARS and MEDLINE updates, all of the online

databases that NLM provided, and the interlibrary loan program. The interlibrary loan system worked through Resource Libraries, which were basically the medical school libraries in each region who were designated as Resource Libraries. We would reimburse the Resource Libraries for providing interlibrary loan services to hospital libraries and other types of libraries that were eligible for interlibrary loans. We reimbursed them on a monthly basis. As the funding became tighter and NLM's budget became restricted, we had to find areas where we could reduce expenses, and interlibrary loans were a growing area of expense for the region. Really it was intended under the Medical Library Assistance Act to subsidize the provision of medical information and not to support libraries.

M: Not in place of?

T: Not in place of, exactly, to supplement. The first source of information should be a hospital library. If that library was unable to provide it, they may in fact go to another member, another hospital that was part of the consortium. If they couldn't provide it as a group, then they should go to the Resource Library. We tried to limit the growth of interlibrary loan because we didn't have the funding to support the growing rate. So we allocated quotas. The quotas took different forms at different times, depending on how NLM allocated the funding. We were on a sliding scale, so to speak, and the quotas were given to the Resource Libraries on the basis of their size and the number of hospitals they were providing loans to. So each year the quota had to decrease. It was disappointing that we had to do that, and we had a lot of complaints. We had to wean people off of the dependency of federally supported interlibrary loan services and encourage people to become more independent, to try to encourage people to share resources and not to depend as much on federal support. We had the quota system for quite a while, and it added a lot of paperwork to the regional office. We had to collect statistics on who provided what and how much to reimburse them, but we really had no choice. It was something we had to do, and we did it for probably four or five years I think, didn't we.

B: I didn't remember that there was any paperwork on our part.

T: No, it was at the Resource Library level. They were to submit the statistics to us on a monthly basis for reimbursement. So we all had additional work to do, but the whole idea was to reduce the level of NLM-subsidized interlibrary loan. It was required by NLM, because it continued to grow and the budget for the RML Program was decreasing.

B: There was a restrictive list of core titles that you could not request.

T: That's true. They tried different things to encourage people to become more self-sufficient.

M: Was the AIM, Abridged Indexed Medicus, list part of that list?

B: It was a much shorter list.

T: There was a restricted list; I don't know how many titles were on it.

B: It may have had only twenty titles on it. My impression was that it was a rather short list.

T: It was probably similar to the core list.

M: When the tape was off you mentioned that you recommended charging your patrons a dollar for ILLs?

T: That came up at one point. Of course, that's a lot of additional paperwork, and it can be very difficult to manage, collect, and account for the money. Then what do you do with the money once you collect it, and what are you allowed to do as a federally funded agency? So I don't know that we ever actually collected fees for interlibrary loans.

B: Well, except for setting up the charging system.

M: Do you remember how much you estimated an interlibrary loan to cost?

T: At one point I think we had to come up with a unit cost. It varied, but the more interlibrary loans you provide, the less the unit cost was. It is a diminishing scale. I don't remember how much we reimbursed the Resource Libraries, but I think it was in the area of two-fifty per loan. I think it may have varied from Resource Library to Resource Library as to what their unit cost was.

M: I don't know if you are charging or getting charged for interlibrary loans now just as a comparison. Do you know what you pay?

B: Well, the charges were ten, twelve, sixteen something, in that range, some twenty.

M: But thirty years later that's to be expected.

B: This is interesting because I wasn't really involved in the transactions you are talking about. The Resource Libraries were serving us, and probably Emory to this day has given us a discounted cost, maybe because we were a member of the Atlanta consortium. But they have been faced with their own realities of funding. The real cost, of course, was probably never reflected in what we were paying the Resource Library. What you were paying the Resource Library, I just wasn't very aware of.

T: Well, I think the Resource Libraries to some extent subsidized some of the interlibrary loans because they had to lead hospitals. Depending on how they decided they were going to handle the interlibrary loans and what was allowed as far as reimbursement, there may have been some variation.

- M: Now, you have talked about two issues that you were aware of here in this region. One was the grant system, which you ran up against in your consortium and in the small library. Then interlibrary loan, and you actually were asked to speak to part of the interlibrary loan issue. Were there other issues in this region that you identified as needing to be brought up? I know each person spoke to a different issue and a lot of them were searching issues. I think AVs (audiovisuals) were another issue. I didn't know if you brought other issues, maybe two is plenty, but if you were aware of other issues.
- T: Well, I agreed with all of the major areas of concern that they brought up. They brought up NLM online services, hospital funding realities, and NLM communications with hospital libraries. Communications is one area we didn't talk about. Support for interlibrary loans, hospital library training (which we were doing quite a bit of), grants for hospital library consortiums, audiovisual needs and services, and the copyright legislation.
- M: Did they do some things with the [Medical Subject Headings (MeSH)]? I think that was also...
- T: The librarians requested some modifications for subject headings in some databases.
- M: Extending into the hospital literature more.
- B: They felt that some of the terms that were already in Hospital Literature Index were not covering what these administrators would bring to librarians as topics to search. The librarians were always concerned that the indexing of the nursing literature wasn't specific enough and that the coverage wasn't broad enough. One of the responses from NLM was that they had re-evaluated that and felt the coverage was good but wanted suggestions of other titles. We were certainly aware of the need for better locator tools, such as better union listing, assistance with union listing, and even funding for it. NLM came up with fabulous support some time after that with SERHOLD. Emory—not the Regional Program but the library—automated our holdings list for us, producing a true union list. I don't remember what happened immediately after the conference, but NLM did take up the cause of facilitating locator tools in wonderful ways. Locator tools, union listing support, was an important topic.
- M: Now, you remembered the different issues. So you were asked to come to the conference. Why were you asked to come? We talked about why Marilyn was asked. Also how they came up with the list of issues. Was that generated from NLM or do you know were these RML suggestions or maybe jointly?
- T: There were probably a number of ways that the topics were decided. First, the RMLs were putting input into how they could better serve hospital libraries. I don't know why I was selected to go, to tell you the truth. I do know that one of the things they



mentioned to me was that they wanted a representative from the RMLs who had been a hospital librarian who had worked closely with other hospital libraries. Our particular region had a heavy emphasis on providing services to hospital libraries. That was one of our big goals. Although we provided services to Resource Libraries—staff at Resource Libraries and research institutes and places that needed assistance for online services training—we tried to concentrate on providing educational opportunities to hospital librarians and to give them whatever assistance we could. We had a number of workshops for hospital librarians, so I think NLM realized that we were very aware of the hospital librarians' needs. We also collected some data on hospital libraries. We knew about the larger hospitals, but some of the smaller hospitals we had no idea what was going on. We actually funded a consulting program that provided reimbursement for librarians from Resource Library to go to hospitals in their area. The librarians would tell them about the regional programs, grants programs, workshops, and also about cooperating among themselves. So, we had an outreach program for the hospital libraries. Of course, hospital libraries like Marilyn's and the hospitals in the Atlanta area had already begun to cooperate. We would support them the best we could, but we tried to not interfere in what they were doing. Let them go ahead and develop their own consortium, let them do things the way they would like to do them, and then, if they needed help, we would be there to help them. We encouraged consortium development. We had a workshop on consortium development for hospitals who wanted to form a consortium. It talked about some of the programs that they could be involved in at different levels, how they could apply for grants, what the Regional Program would offer to them, and what kind of consulting services we provided to assist them to get organized. We had several people in the regional office who would go out to teach these workshops, and we also recruited people from the region to teach. So I don't know if you ever taught at a workshop.

- B: I was looking in my files this morning, and I was on a panel in at least two of them, so they were using people who were out there doing it. There was really a lot of training.
- T: We had outlines for instructors and we reimbursed those who developed programs and who updated programs. We would recruit a hospital librarian from the region to teach at a workshop. Then we would realize that this particular topic that they would be teaching hadn't been updated in a year or two. If new information was available, we would reimburse them for their time to revise and that workshop topic and to teach it. Then it became part of that curriculum. We had a pretty elaborate system of workshops at all skill levels. They were very popular. And at one point we submitted statistics to NLM on how many librarians we actually trained. They were impressed with what we were doing. They were also interested in our statistics on hospital libraries. We did this not as a funded program in our contract, but it was completed as time and funding allowed within the existing parameters of our contract. So it was not a supplement to the contract and it was not an item in our contract. We were able to send consultants out to hospital libraries that were new to our program or had a librarian who was new to the region, and we would ask them to collect information

about the hospital. We had these on file and we were able to get a profile of the region, in terms of what the hospital libraries were doing. At one point NLM asked us if we would collect data because they were asked by Congress to supply this kind of information. We told them that we had been working on it for two or three years, and that we were almost to the point where we could give them exactly what they wanted. NLM said, "Well, if we give you the supplement to your contract could you finish it up quickly?" In other words, we were doing it as time and funding allowed. "Could you then pick up the missing parts and give us a complete picture?" We supplied them with a request for supplemental funding, and it was turned down on the basis that it was illegal for us to be collecting information on hospital libraries. Of course, Congress was asking for this information, but another agency informed NLM that that was not permissible. So we had all this data, of course, so we gave them what we had and they were able to use it. This just gives you an insight into how involved the government can be and what you have to go through to get funding. Without them knowing and without us knowing that we weren't really legal, we had collected a lot of information about the hospitals, and it was very helpful.

M: Do you think that since you were on the forefront, that's probably why they invited you?

T: That could be. They were aware that we were very involved with hospital libraries and that we had a pretty good feel for what their needs were. I did get a bunch of phone calls from other RML directors after they found out that I was going to this conference. They wanted to know why they weren't, and I had no answer for them. I said "I don't know, I just do what I'm told." But I was very interested in the conference, and I was glad that I was there to be able to hear firsthand what they were saying. I thought they did a fantastic job of expressing themselves. They were a little bit timid to begin with on the first day, but they loosened up. I think they really did tell NLM what their concerns and needs were, and I think they were legitimate.

B: I was thinking you might want this, it's a letter from Martin Cummings about the agenda. It doesn't tell you a lot, but it says, "Tentative agenda items currently being considered." He lists some and says, "We invite you to identify additional agenda items deserving discussion and submit them." Then he says, "If you wish to present a paper on any of the agenda items, please send a brief abstract of the paper by the same date. Upon receipt of suggestions and abstracts from the librarians, we will develop the final agenda." It also says "This agenda and papers prepared by the librarians and our staff will be circulated to all of us before the conference." As Mike says they just developed them in a number of ways.

M: Let me get a copy of this to keep in our file too.

M: Well, let's move on to the conference itself. What I am hearing is that this was an NLM-initiated conference, but once librarians were asked they responded very, very strongly. They brought new ideas beyond what NLM expected. Do you know if the

MLA had any input into this? I don't know the strength of the hospital librarian group at that time. Were they asked to have input? Was there any involvement that you were aware of?

- T: I don't know if there was any formal involvement, but of course librarians are members of MLA. So the issues that come up with MLA are, I am sure, reflected in the issues that came up at this meeting. I am certain that NLM probably solicited input from librarians they knew were aware of hospital library needs. Certainly some of the names were people who had been in hospital libraries for a long while, so they were very experienced and very knowledgeable about what the libraries' needs were. People like Judith Messerle, Jacqueline Bastille, and Barbara Coe Johnson, who had been in hospital libraries for a while.
- B: Although Judith Messerle was in a teeny tiny hospital in Alton, IL, and may not have been so known.
- T: Judith was someone frequently asked to participate in different things because she expressed herself well. She was very bright, and I am sure that they relied on her opinion.
- B: Barbara Coe Johnson was certainly very well-known and respected as a hospital librarian. [She had been the first one to serve as MLA president, in 1975/76.]
- T: Yes, and Jacqueline too.
- M: Some of the people from the West Coast, it is very interesting they did not go on in hospital libraries, like Faye Meyn, a physician in Oregon, and Kay Kammerer, I think, dropped out of the library world. You were in the Hospital Library Section [of MLA] at that time.
- B: The Hospital Library Section was in existence. I don't remember if there was any connection or preparatory interaction. It sounds like the conference was truly initiated by NLM sensing a need for the input, but I don't know if there was something preceding that, a demand to present issues or any kind of pressure from any group.
- T: There was a meeting that I vaguely recall where NLM asked a number of people to go to Washington and talk to them about what's happening among the hospital libraries, what are the needs particularly with the grant program. I think they were looking at what they had been doing and wondering whether it was effective. The only way to find out was to ask people who were in touch with hospital libraries as to whether it was meeting their needs. Even at the RML Directors' Meetings, occasionally we would bring up topics relating to the hospital librarians' needs, interlibrary loan, online services, training, and grants. They were the issues that came up frequently. I think that NLM realized that, number one, their funding was going to be curtailed, it was going to be cut back. They had to do more justification

of their programs and their funding. They were being asked to encourage more self-reliance at the hospital library level. And, believe it or not, NLM did get a lot of feedback from users, particularly physicians, who were or were not pleased with the kind of services they were getting at the local level. Of course, people who were associated with the medical school got fairly good access to medical information, but the rural physician often times had difficulty.

M: The “loansome doc.”

T: Yes, exactly. Trying to meet everybody’s needs is difficult. I don’t think that NLM was wrong. It was a very good thing for NLM to ask the hospital librarians directly for input, because up until that time I don’t think they had. I often said to them that they should communicate directly with the hospital librarians. Of course, the Regional Program felt that if they opened it up to the wants and wishes of all hospital librarians, they couldn’t provide what they would be asking for. A lot of what they wanted was continued access to free interlibrary loans, which was not going to happen. Even the Resource Libraries were asking for more support for interlibrary loans, and of course the Regional Program, even though libraries didn’t realize we were constantly asking for more money for interlibrary loans.

M: So interlibrary loan was one of the big driving forces of this meeting?

T: Yes, it was a huge part of the NLM budget. It was just getting so large that it was cutting into the other types of programs. The training programs were important, and we put a lot of emphasis on that. The interlibrary loan program was becoming a larger portion of the funding in each contract, and in some instances it was not really doing its job.

M: Just like Marilyn mentioned, libraries became too dependent on it and it was used as an excuse by the administrators.

T: Administrators thought, why should we develop a hospital library when we can get everything we want from the larger hospital libraries or the Regional Program. This was not the purpose for which it was intended. In general, the program was very good for the people who were using it properly. Of course, as usual, everyone gets penalized for those who take advantage of something. NLM was under pressure from Congress to justify the program. It was difficult to justify the large expenditure of federal funds to support interlibrary loans. Were they really making progress to improve medical libraries? The Medical Library Assistance Act was intended as a supportive, but not a sustaining, funding mechanism. I think, for a lot of people, they had the feeling that NLM had a responsibility to support them, and that wasn’t really the case as far as the law was concerned. It was to supplement...

M: And not collect statistics. This is tape two, side A, of an interview with Marilyn Gibbs Barry and Michael Torrente. Just as the tape ended, we were starting to talk about the purpose or how people looked at the conference. Michael is going to talk

about NLM's view and then we are going to look at the different people who were at the conference. Not so much the librarians, whom we have talked about, but some of the other people, the names that are not as familiar.

T: I think that NLM had several things in mind when they thought of having this conference. The biggest issues were that they were being pressured by Congress to justify the funding for the RML Program, and they also realized at some point their allocations were going to be restricted. They were looking for, number one, some feel for what the Regional Program had done for hospital librarians so that they could go to Congress and say, "This is what the funding has done; this is where your money was spent." The other thing was to pinpoint some of the areas, if they had to curtail allocations, what areas were the most important to consider funding and to continue to fund. NLM also wanted to make the hospital librarians more aware of what NLM's challenges were, find out what the hospital librarian's challenges were, and how they could continue to better serve hospital libraries.

M: Did the RML Program start under Marty Cummings?

T: I actually don't know. I think it was the director before him, but I am not certain of that. That is something you could look up. [The Medical Library Assistance Act was passed in 1965 under Cummings' leadership, 1964-1983; NLM under the previous director, Frank B. Rogers, 1949-1963, helped lay the groundwork for the act.] But Dr. Cummings was very supportive of the Regional Program. He was very, very interested in the Regional Program and how it was providing assistance to physicians and health professionals. He was always very concerned about the funding. NLM was under a great deal of pressure to justify and to decide how they could continue the program, continue to provide services, and what areas needed to be addressed. I think that was part of NLM's interest in this conference. I also think, to a large extent, they wanted to hear firsthand from the hospital librarians what their concerns and problems were, how they could assist them, what new programs could be in the works for the future, and to explain to them some of the challenges the Regional Program and NLM were up against to continue funding the program. I think that this was at the very beginning of cutbacks in funding for regional programs. Again, the Medical Library Assistance Act was intended to supplement and to encourage hospital libraries to develop programs, not to sustain them. Congress was asking, "How do we continue to fund this expensive program when it was intended only to initiate medical library services, to improve medical library services, and not to continue to support medical library programs?" NLM had their challenges, and I think they were very interested in what the hospital librarians had to say. They went to a great deal of trouble to get people who knew what the problems were to come and talk to them. The Regional Medical Libraries, when they met, were constantly giving NLM input into what the hospital libraries needed. It's not that they weren't aware of what the hospital libraries' needs were, but they were giving the hospital librarians an opportunity to talk directly to NLM. I don't know if the hospital librarians were ever aware that we were in there trying to get funding to provide more services for them.

M: A lot of layers.

T: Yes, there were a lot of layers. So I think it was a multifaceted purpose that they had in mind.

M: Well, Michael's sitting...I guess you go by Mike.

T: Mike, yes.

M: Mike is sitting looking at a diagram of the table, of a big T-shaped table that represented where people sat in the conference. It looks like this was set up ahead of the actual meeting. You were told where you were going to sit. There was a head table and then most of the librarians were sitting at the long part of the T-shaped table.

B: I am sure we heard each other with microphones. It felt like a Congressional hearing.

M: Well, I didn't know you each had a microphone.

B: It was very imposing to me not having experienced that.

M: On big chairs.

B: Yes.

M: The guests who were seated around the room were kind of watching, is that correct?

B: I don't remember if they ringed the room exactly.

T: Yes. There were chairs around the walls of the room, and various people from NLM were there as observers and to be called on if needed.

B: The table seemed rather wide. It seemed there was a gulf between my hospital colleagues across the table and also between each person. I felt very much in the spotlight. Even though there were twelve of us interspersed with NLM staff, I felt like I was in the spotlight with a lot of space around me, and that the people across the table were far away. So, in a way, I felt a little bit physically singled out. I think each person felt that way. For somebody prone to intimidation, like I was, it had a bad effect.

M: Mike said you had met there together as the RML directors. The other people in the room who weren't hospital librarians were more used to the setting. They also knew each other, but the hospital librarians didn't know the other people very well.

T: Yes, the Regional Libraries met with NLM twice a year.

M: So you knew these people?

T: Yes, once in Washington and once at MLA. That was mainly a briefing conference where NLM would bring us up to date on what had been going on in NLM. It looked a lot like what they did at MLA. People would come in and observe, in the event somebody had a question, they could refer to them. They would have microphones and they would record it. I would be interested to know if NLM recorded this conference. I think they probably did.

M: I was told they did, although I have not found it. Betsy Humphreys gave the Janet Doe Lecture on [interactions between NLM and health sciences librarians that mentioned] this conference, and she may have used the tapes. Even she didn't know where all the people were or exactly why they had been invited.

T: Yeah, it was a mix.

M: I'm sure it was. Let's start at the top of the table. I know that Mel Day was supposed to have been the person who was the...

T: Chairman.

M: Chairman, okay.

T: He was a deputy director at NLM. He was very involved with the Regional Program. A number of people who were involved with the Regional Program were there—program officers, people from indexing and various departments in NLM. Hack Schoolman—Dr. Schoolman—and Art Broering were very involved with the Regional Program.

M: Art Broering and Hack Schoolman.

T: Yes, Harold Schoolman was deputy director for research and education. He often spoke at the RML Directors' Meetings. Art Broering was directly involved with the Regional Program.

M: Marilyn, you said Art spoke to your topic.

B: Art was the respondent to my topic and had written a paper. After the conference, I noticed the term rebuttal was used. I don't know if that was the right term, but his rebuttal was delivered after my paper. During the two days, I gathered that this issue I was addressing, continuing federal subsidy of ILLs, was viewed by the other librarians as unsustainable and discontinuation of the program accepted as a reality.



M: Okay, so either working around the table...you also have a list of all the participants. Marty Cummings, who was the head of NLM, was there, and he was seated at the top table.

T: Yes, and I think that's a statement about NLM's commitment to this that Dr. Cummings was there. Even at the RML Directors' Meetings, Dr. Cummings would make an appearance, he would make a presentation, and then he had other things to do and wouldn't stay for the whole two-day session. I thought Dr. Cummings was there for the whole thing. Do you recall?

B: I don't remember.

T: Well, anyway, he was obviously very interested in this conference.

M: He was not a warm, fuzzy person.

T: I always enjoyed Dr. Cummings. The first time I met him I was involved with the Regional Program at Countway. He was at MLA and he had made a presentation about the state-of-the-art at NLM. Afterwards, there was a welcome session. Dr. Cummings was standing there by himself, so I went up and introduced myself. I was surprised that he was very cordial. I always thought a lot of him and enjoyed him. A lot of people did think he was cold, but I think that was not the case.

M: Okay, and who else was at the conference?

T: Jim Hahn, who was the [library] director of the Veterans Administration hospitals. Eloise Foster, who was the librarian at the American Hospital Association (AHA).

M: You said she had been at Emory before.

T: That's right, she was the regional director. She was my predecessor at Emory, so she had RML experience and hospital library experience.

M: Yes, and she was significant at the AHA Library.

T: Exactly, and very supportive of hospital libraries. Ms. [Kay] Kammerer, I didn't know her.

M: She was representing the California hospitals, Northern California region.

T: She was at Alta Bates Hospital in Berkeley, CA.

M: She is one of the people we have not been able to contact.

T: And Mr. [Al] Berkowitz was an NLM person who was involved with the Regional Program. He was chief of the Reference Services Division, so he was involved with

interlibrary loans. Ms. Sara Hill was from St. Luke's Hospital, Kansas City, MO. Judith Messerle of St. Joseph's Hospital in Alton, IL, was a very strong hospital librarian and often a resource for NLM.

M: Hmm, even then?

T: Even then, yeah.

B: Judith was a natural leader of this group.

T: Yeah, a very bright person. Ms. [Grace] McCarn, who was head of the NLM MEDLARS Management Section, had a very strong personality.

B: Well, I am thinking my familiarity with Ms. McCarn may be from my week-long MEDLINE training which took place a year or two after this meeting. She either gave an introduction or did some of the teaching. I became familiar with her then.

T: Judith Topper was from Lawrence Hospital, Bronxville, NY.

B: Judith was a very, very eloquent writer. I think she had a big role in the response that we wrote and submitted at the end of the conference.

M: You felt she was also a major leader in the librarian sector?

B: At this conference, yes. Later she published in the BMLA [Bulletin of the Medical Library Association], I think it was a nineteen-page paper about grants for this conference. I will come back in a minute and tell you about that. I found her writing and speaking quite eloquent, to the point and pithy.

T: She was articulate, right to the point. Jane Lambremont from Baton Rouge, LA, was quite a colorful character. We enjoyed her. Some people say outspoken, but I think that she was very articulate about what she needed and what hospital librarians needed. She did a disappearing act, of course, which everybody remembers.

B: The famous fall...

T: While she was talking to Dr. Cummings. [She slid out of her chair and disappeared under the table for a moment. When she reappeared, and we realized what happened], even he laughed, everyone laughed. Jane was great fun. Ms. Johnson...

M: From Detroit, I think.

T: Yeah, Barbara Coe Johnson from Harper Hospital in Detroit, MI. Barbara was well-known among hospital librarians, very influential, and very well-liked, and, sorry to say, no longer with us. Next was Art Broering, who was directly responsible for the Regional Program. His title was deputy associate director for extramural programs,

and he reported to Dr. Ernest Allen, associate director for extramural programs. Art was the person that we dealt with directly for our funding, and day-to-day operations reported to him. Next was Peter Clepper. Peter was a program officer, and he was our program officer for some time.

M: "Our" meaning...?

T: "Our" meaning the Southeastern Regional Medical Library Program. He was also my program officer in New England for a period of time.

M: Do you remember what he did at the meeting?

T: Peter did a lot of the preparation for the meeting. He may have even been involved in some of the topics and the selection of speakers. Peter was the senior program officer. I think he had the longest tenure among the ones that were there at that time.

M: He's no longer involved with libraries?

T: Peter was promoted before he left NLM. He stayed in government service, but I think he went to another agency and retired. I am not certain what agency he went to. Ms. [Alice] Sheridan...

M: Yes, she was at the Fairfax Hospital in [Falls Church], VA.

T: Then Dr. [Clifford] Bachrach and Ms. Doran alternated days, one on, one off. Dr. Bachrach was head of the MeSH Section.

M: That was a significant issue.

T: Yes. There were concerns from the hospital librarians about some of the medical subject headings and how they served their needs.

M: And it was Grace Doran, is that right, do you remember?

T: No, it was...

M: Helen Doran?

T: Doris Doran. Yes, Doris Doran, she was a program officer also. In fact, she was our program officer for a short time. I can't remember if it was in Region I or in the Southeastern Region. Ms. Schreder.

M: From Pennsylvania.

T: She was from Pennsylvania. She was in the Fairfax Hospital, no, she was in the VA Hospital, wasn't she?

M: I think I just gave you my whole...

T: Betsy Schreder, VA Hospital in Wilkes-Barre, PA.

M: Okay, it was the VA.

T: The VA Hospital, yeah. And Marilyn Gibbs from Atlanta. Ms. Spencer, I am not sure I knew her.

M: She must have been from the NLM side, she wasn't a [hospital] librarian.

T: I'm trying to think, let's see what her role was. Carol Spencer, deputy chief, NLM Reference Services Division. Dr. Meyn.

M: Dr. Meyn.

T: From Oregon. Dr. Faye Meyn was a physician at the Sacred Heart Hospital in Eugene, OR.

M: She was representing the library world then. She has since died.

T: Was she a librarian?

M: She wasn't a librarian, but she was a big proponent of the libraries in the Northwest. I think she represented the [Pacific] Northwest Region.

T: And Dick West and Betsy Humphreys were alternating again, one day on, one day off. Dick West was a program officer and Betsy Humphreys was assistant head of serials records in technical services. I believe Jacqueline Bastille was in Boston, MA, at the Massachusetts General Hospital. Michael Torrente.

M: Okay, and there's a few more here.

T: Mr. Danielson, and he was from Newington, CT, and apparently he was director of a consortium. Yeah, John Danielson was executive director, Capital Area Health Consortium in Newington, CT. That was the first time I met him.

M: So he was almost representing a type of library as well.

T: Right, right. I had worked at Newington Children's Hospital in Newington, CT, a long time ago, and I don't think he was there at the time. I don't believe they had a consortium at the time.

M: Well, probably not. Those came in in the mid-1970s, yeah.

B: Well, since we are going around the table, and since I said what I said, it is really interesting what she says. [Marilyn was looking at the oral history transcript of Jane Lambremont.] “A huge table in an enormous room in a big T-shape,” and she says something about being separated. She [Jane’s interviewer] says, “So you were separated?” [Jane replies] “We were kind of separated so we couldn’t whisper to each other.”

M: Different people have different perspectives.

B: It’s funny that I noted too that we were spread apart and I didn’t think to conclude that from it.

M: Well, Marilyn, one of the things that I would like to hear your ideas about, I know you have alluded to this throughout, was the fact that you didn’t really know each other. The librarians didn’t know each other. You didn’t know the NLM people. When you got there, you came together. Talk about some of that.

B: Well, and I did, I found a letter. This is such pack rat behavior as I told you. The only thing I am a pack rat regarding is this conference. Anyway I had a letter that came before we left, so it really started then, and I thought that was really interesting. This isn’t the letter. It was from Judy Messerle, and she is saying, “I understand you will be there and I would love for us to get together in my room and it won’t be anything grand and please come for coffee when you arrive at a certain time the night before the conference.” I don’t know that we would have gotten started that way. We might have all just shown up the next morning if she hadn’t done that, so the bonding just began immediately. I don’t remember too much about it, but I just know how warm everyone was and how collegial we felt immediately. I am sure we began discussing issues immediately. By the time we even arrived for the conference, we were already a group. That just became stronger and culminated in the response that was written the night before [the conference ended]. I don’t know how that was. We must have been ready to present at the end of the second day.

M: So you got together?

B: We got together at night—probably the next night as I guess it was the only night left—and wrote that. I was so impressed with how these women leaders were so quick to assess the conference, the meaning of the conference, and the issue responses. To this day, I just think of them all so warmly. I am not sure if that is what you were asking about.

M: You said that you used to see these people at later times as a group.

B: I could have more and I hadn’t been going to MLA, but for a few years there was always a lunch. The Bethesda 11 always had lunch.

M: Do you know how the [name] got started? Bethesda 11?

T: Well...

B: I am just wondering if from this first letter, but no.

T: I think they were from the libraries, one from each region.

M: But they are certainly known [inaudible]...

B: How it got dubbed, I don't know how it got dubbed.

T: When you look at this list, these people were handpicked too. So they were people who were well aware of hospital librarians' needs. It doesn't surprise me that they put together a paper like they did because they were all good people. They were very smart, aware, and interested in this.

B: Yeah, I guess I could alter what I was saying. Not so much that it surprised me, but I was surprised that most of us didn't know each other. Yet we were able to gel and have consensus and have our own process going outside this other process and come up with a response. It was just something that I still think was really special to be a part of.

So I will show you this. Judy Messerle wrote this on January 13, so this was a few weeks before the conference. She wrote, "According to the list which I have in front of me, you, myself and nine other hospital librarians will be meeting. One of the things which occurred to me in thinking about this meeting....," this was a warm letter, too, "is that it would really be good if we all knew each other at least to say hello." See because we didn't. "One thought led to another and so I would like to invite you and the nine others who will be receiving identical letters to meet for coffee in my accommodations..." she puts it, "at the Ramada Inn Governor's House at 6:15 pm, Sunday, January 29. I don't foresee that this will be a grand gathering. Who can be grand when you are sitting on a bed, but at least we will have a chance to say hello and possibly make some plans for dinner and conversation. If you are willing to get together, please drop me a quick note. Also, if you have any suggestions for making the event grander, please let me know. Looking forward to meeting with you." So that was a very nice icebreaker.

M: And not an email, in a real letter.

T: A real letter, yeah.

M: I would like to hear what you think the effect of this conference was on hospital libraries...This is tape two, side B, of an interview with Marilyn Gibbs Barry and Michael Torrente. You are going to talk about the conference's effect on you and on libraries.

B: Obviously it opened up a new channel of communication for hospital libraries as a group.

M: With yourselves, not so much with NLM?

B: Well, no, I was thinking of us being a group at the conference. After that conference it wasn't as a group, but it became formalized as a channel through the RML representatives to the advisory boards.

T: Didn't we appoint a hospital librarian to the resource library directors group?

B: Yes, I mean I thought this conference may have been why, is that why?

T: I think it was instrumental in doing that.

B: NLM did not hold another conference. We discussed among ourselves later if there was to be something annual, but it was not to be. The formalized feedback from hospital librarians through the Regional Program was an outcome of this conference. I do think it bridged a gap of understanding between the hospital librarians and NLM. There were twenty recommendations from it, and some of those recommendations were followed up. Judy Messerle, again, took leadership; I believe it was spearheaded by Judy. That's who I got the communication from. The typed-up recommendations and responses came to me in the mail later that year with a letter from Judy asking what my satisfaction level was with the responses. I am digressing, but out of the [twenty] responses, there were probably twelve or thirteen where I responded that I was satisfied. There was the review of the nursing literature and then the call for suggestions for titles. The conference did cause NLM to re-evaluate some of our retrieval tools and the coverage, scope, and indexing of them. So that was quite an improvement. Another outcome was addressing support for the creation of locator tools. I guess you could say these things were going on already, but I think they got a lot of impetus through this conference.

M: Prioritized better.

B: Most of the librarians went back and communicated in their regions, which may have raised the activism level some. One of the things brought up was that there should be refresher courses and updates in online searching. That became a staple, and I still take advantage of that. Even though we were getting wonderful training always from the RML, this was something suggested that hadn't been part of a curriculum and that continues to this day. You want to add anything?

T: I think the conference did galvanize the hospital librarians. It was another step in that direction with the hospital library group in MLA, with this conference. It brought more attention to hospital librarians and also gave them an opportunity to provide input directly and not have someone else speak for them. So in that regard I think it



was beneficial. NLM got a better feel for the competency of the hospital librarians, because they were able to draft some pretty sophisticated documents, which told them exactly what their concerns were. So they were getting it firsthand and not secondhand.

M: I like seeing the competence, sounds good.

T: Hospital librarians did get a better feel for some of the challenges. At the Regional Library levels we were often criticized for not representing them well enough, although I thought we were. They were able to see the challenges and began to understand what we were up against to get the maximum amount of funding to provide the maximum amount of services and in making decisions. The conference was supportive of that, but it also gave them a better understanding of how NLM perceives things. Hospital librarians were able to make some significant changes and maybe even had more influence with NLM than the regional people did, because it was a group that was directly receiving NLM services. I think the conference formed this group that was very instrumental in staying together and exchanging ideas. They became a new aspect of the Regional Program. They were organized, they were able to keep contact with one another, and I think it was beneficial. They were less timid about speaking out. Suddenly they realized that NLM was approachable and not this big, scary governmental agency that may not even be interested in them. There were a lot of things that came out of it. I think it was well worthwhile.

B: I was saying opening up that communication channel like Mike said. NLM realized that sharing their challenges wasn't always going to get a rebuff. There was sympathy for the challenges NLM faced. So it really led to better understanding.

M: Well, anything you would like to remark upon before we end.

T: I thought it was a good, well-chosen group. NLM really made a concerted effort to try to help the librarians, hospital librarians in particular, to better serve their users, so I think they achieved their goals.

B: I think so too. Everyone was grateful for it. Although you say some of the librarians say they don't remember some things about it, it was a moment in all of their lives that was a turning point of sorts.

T: It's been a long time though.

B: It was a landmark in respects.

T: I think it's true what Marilyn said about getting representation at the regional level for hospital librarians. There was some feeling among the academic libraries that the hospital librarians were becoming powerful and influential, and in MLA they were becoming a stronger and stronger group. There may have been some resistance over

the years to having the hospital librarians get together as a group, but I think NLM broke the ice on that. That was another benefit, that they went ahead and did it.

M: That's probably always true.

T: Yeah, they went ahead.

M: Well, thank you both very much. I think it has been interesting and added quite a bit to our history of this event.

T: Well, I hope so.

B: Well, thank you for asking and interviewing.

T: Thank you very much.

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