

OREGON HEALTH SCIENCES UNIVERSITY HISTORY PROGRAM

ORAL HISTORY PROJECT

INTERVIEW

WITH

Carol Pearson Storer

Interview conducted April 12, 1999

by

Linda Weimer

SUMMARY

In this interview, School of Nursing alumna Carol Pearson Storer talks about her childhood in McGill, Nevada, her nursing education, and her experiences in tuberculosis care, operating room and pediatric nursing, and central services administration.

Storer grew up in the copper mining town of McGill, NV. The company town, owned, planned, and governed by the Kennecott Copper Company, was unlike many mining “boomtowns” across the West. Storer outlines the history of the town and describes her childhood there, including a lengthy description of the medical facilities provided for company workers.

Having decided at an early age to become a nurse, Storer looked for nursing schools that would provide a degree, rather than just a certificate, in nursing. She settled on the University of Oregon, and began studies in prenursing there. After four terms, she was admitted to the then Department of Nursing Education at the University of Oregon Medical School in Portland. She reminisces about her years at UOMS and talks about the nursing curriculum, student employment, student life, and even the health services available to nursing students during the late 1940s.

Upon graduation, Storer began work on Marquam Hill at the University Tuberculosis Hospital. She describes her duties and reflects on the changes in both the treatment of tuberculosis and the profession of nursing during her four years there. Because of the demands of family life, Storer then sought work elsewhere off the Hill, and moved to the newborn nursery at Good Samaritan Hospital in 1954. She talks about the state of pediatric nursing, the services available at Good Sam, and the new technologies that became available during this time.

After a three-year stint as an operating room nurse at Shriners Hospital for Crippled Children, Storer returned to Marquam Hill in 1973, becoming the first manager of the Central Services unit after its separation from Nursing Services. She describes the logistics of providing supplies, the fiscal administration of Central Services, and the various units for which she was responsible. She spent six years in this administrative capacity before once again returning to pediatric nursing in the new neonatal intermediate care unit at University Hospital. She notes that she probably would have stayed in that nursing post for the remainder of her career had an opportunity to rejoin Central Services not presented itself in 1984.

Storer concludes the interview by musing on the future of nursing. She recaps some of the trends she had witnessed during her career and talks about the development of some of the newer nursing specialties. She also notes that the looming shortage in qualified nursing staff is being compounded by the financial crises in nursing education.

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Interview with Carol Pearson Storer
Interviewed by Linda Weimer
April 12, 1999
Site: History of Medicine Room
Begin Tape 1, Side 1

[Editor's note: During parts of the interview, Storer is reading from a prepared document.]

WEIMER: This is an oral history interview with Carol Pearson Storer, and the date is April 12, 1999. We are in the History of Medicine Room in the Old Library Auditorium Building. My name is Linda Weimer.

One of the first questions we always ask is about biography. Where were you born and raised?

STORER: I was born in 1928 in East Ely, Nevada, in the only hospital that there was for hundreds of miles around. My parents lived in McGill, Nevada, twelve miles from there, which was a community of about 2,500 people. My mother, Grace Stone Pearson, was brought to this town from Wyoming when she was six months old, and this was in 1909. My father, Carl Pearson, was a native of Utah and came to McGill for employment in 1922, between his junior and senior years at the University of Utah. He decided to stay instead of returning to school. He was a veteran of World War I and had been very ill with influenza during the epidemic.

WEIMER: Was that the flu epidemic?

STORER: Yes.

WEIMER: Was that the early nineteen hundreds?

STORER: No, no. That epidemic was during World War I. He was actually considered in the military even though it was an ROTC program at the University of Utah in 1918 when he had it.

WEIMER: So they had ROTC even earlier than World War II.

STORER: Yes. It was that type of thing, because he was a student and was enrolled in it. That qualified him to be a veteran. [Laughing] My brother always said—you know, for ninety-whatever days of service.

But it was a traumatic thing to him in the fact that ten men—of his buddies—were hospitalized that night at Holy Cross Hospital in Salt Lake City in a large ward, and only four of them walked out over a month later. That was the fatality rate.

WEIMER: I don't think people realize today how serious influenza was, and often can still be at times.

STORER: And he always felt that he survived because he was not a smoker. He had a chronic cough that continually raised after that until the early 1940s when sulfanilamide was available. One dose of sulfanilamide cured him from that. He never had anymore problem the rest of his life, and he lived to be seventy-eight.

WEIMER: Amazing. Twenty, about twenty years of the cough—

STORER: Yes, of the cough.

WEIMER: And just one dose of the sulpha.

STORER: Well, one treatment of a new drug when it came out. I feel that—currently, this is 1999, of course—that through my years of nursing, sulfanilamide was not recognized as a drug of treatment once the penicillins and ampicillins and things came out, but it certainly did help him.

WEIMER: Well, that's great.

STORER: This town was the location of a mill and smelter, the “plant” as we called it, for processing copper ore taken from the open pit mine twenty miles away in Ruth, Nevada. The ore was transported in open railroad cars. The product, when finished from the McGill smelter, were five-hundred-pound slabs of unrefined copper. These slabs were transported by rail car to Maryland for refining into copper as a useable product. The mining company at that time was known as the Nevada Consolidated Copper Company, which became part of the international Kennecott Copper Company in the late 1930s.

Now, this, to me, is what's interesting about this town: the town was built, beginning in 1907, on land that had been a ranch owned by a family named McGill, that is where the name came from. The company—but it was started to be a model company town, not the usual western mining town, and so they had a plan, when they started it in 1907, with a water and sewer system. The company owned the houses, the commissary, the power plant, the water supply and sewer system, a dairy, and ice plant, and provided the health care.

WEIMER: It's like a planned town.

STORER: Yes.

WEIMER: And you said it was different from the regular company towns. Now, what would the regular company towns be like?

STORER: Well, it was different from the regular mining towns that had grown up as boom towns overnight, a lot of them, and very shanty and poor water supply, unsanitary

conditions, that type of thing.

There were—besides the company commissary, there were several privately-owned grocery stores, two meat markets, a dry goods store, a J.C. Penney store, two saloons, or pool halls, as we called them, a bank, post office, drug store, movie theater, a service station, four churches, and a grade school.

WEIMER: That's bigger than I would have imagined for a company town.

STORER: A town of 2,500. Yes. Much of our shopping, however, was done by the Montgomery Ward and Sears catalog, including the first refrigerator our family had, in 1936.

WEIMER: Was the refrigerator—tell me a little bit about the refrigerator. Was it electrical?

STORER: Oh, yes, because, as I said, we always had power. But the company owned an ice plant, and so they would deliver ice to your house daily in the summer and several times in the winter—except winters are very cold there; it was over six thousand feet elevation, so sometimes they felt you really didn't need it. But they had the ice plant.

And so—but remember we're talking about coming out of the Depression and starting to afford these things again. So it was February of 1936 was our first refrigerator, and it was a regular, full-sized, little freezing compartment across the top that was not separate. And it did well for over twenty years [laughter]—about twenty years, I guess it was.

The population was about twenty-five percent foreign-born, and the company assigned the houses so that immigrants—Greeks, Italians, Slavic, Austrian, Japanese—were segregated, and they kept a lot of their own language in their own little segregated— So I began—when I started school, there were children starting school who did not speak English.

WEIMER: So even though the housing areas were segregated, the school wasn't.

STORER: No, and the stores—

WEIMER: And working conditions were not.

STORER: And working was not. And a lot of this segregation, I believe, was possibly done for the wives of the men that had come over. They felt much more secure, if that's the correct word, living with their neighbors they could converse with in their language, and they could help the young brides, because some of the men did go back and get brides, almost like they bought them or gave a dowry to the parents and brought them back.

The other interesting thing, a dial telephone system, supposedly the second one in the United States, was installed in 1907, when the town was founded. However, the telephones were for work only. The only homes with telephones were because the man was on call twenty-four hours a day.

We did have a wall phone in the kitchen, but none of my friends had one, so I never could use it for socializing [laughter].

Long-distance calls could be made through the operator in the next town, but long-distance in those days was very difficult. It went from operator to operator all the way across the country. This phone system was still in use when I was a nursing student here in the late forties, and to make a long-distance call home and explain it was really something. It got so I always made my calls on a Sunday, usually with the same operators here at the Medical School who remembered how to do it [laughter].

WEIMER: Quite an ordeal.

STORER: Yes.

I was too small to understand the Depression in the early 1930s to know that my father was home because the plant wasn't operating. The company would be in operation sixty days and closed for sixty days, or work 120 days and close for 120 days, because it took so much for them to gear up into operation, particularly to get their furnaces going for this copper they had, the ore to process and melt. But this is the way they did it during the Depression.

WEIMER: Because there wasn't as much of a demand for copper?

STORER: For copper, and because the price was down so far.

However, the coal-fired power plant continued to operate, and coal had to be provided by a train crew. My father supervised the train crew, so he worked more than some people. This work schedule continued until 1934, when a five-day week regular schedule resumed.

I had been told that any day a man did not work he was not charged rent. The rent was three dollars a month for each room in the house, excluded the bath. Whether it was a four-, five-, or six-room house, then it was that times the three dollars a month. Water and sewer were included in the rent. Commissary scrip, the electric bill, coal, and dairy bill were on credit until a person worked again.

WEIMER: Well, that's nice that—

STORER: So we really did not—there was not much cash money as far as clothing, but I was so small and didn't realize the difference.

WEIMER: I think that's—I don't know if that's unusual. I feel it's unusual that a company town would carry people over that long. There's a loyalty there.

STORER: Right.

We always had medical care, including home visits when I was a child with measles and chicken pox and such as that. There were morning and late afternoon—meaning that would be after the men’s work shift—clinic hours for walk-ins, no appointments needed for doctor visits. And they had two full-time physicians employed in this town. They also had a company hospital, which was where I was born, and that was located so it was in the town that was between the mine and this plant operation. The company, I always felt, maintained it well.

Safety first was the motto for the company, with much instruction for the workers to prevent industrial accidents.

WEIMER: Now, that’s an open-face pit, the copper mining?

STORER: Right.

WEIMER: So they wouldn’t have the—like the traditional coal mining, the tunnel breaks and that sort of thing?

STORER: They also did have one underground mine that they ran, and some of those miners—a lot were Slavic and Serbian and had worked in mines over there. They ended up with a silicosis-type lung thing. Whether they came to this country with some of it or developed it later, I really don’t know. The thing is, there was blasting in the open pit, and that was potentially a hazardous problem. The same, when—the molten copper was so hot when they poured it. We did have one friend who had been splashed on and had to have his leg amputated, in the twenties, even, but he lived to be in his eighties with an artificial limb and continued working. And blasting accidents were some of the ones you really had to watch for.

The town was very family oriented, as you did not live there unless employed by the company, except for a few widows that were allowed to stay in their homes. If the children seemed to be a little bit out of line, their fathers were told about it at work, and they knew it meant the child shaped up or else. But there were a lot of organizations, particularly more for boys than girls. The Boy Scouts were very active; Junior Legion baseball was very active. [Laughing] The three years my brother played, two of those years they were state champion.

And so there were a lot—and we also had a swimming pool that had been developed, open pool, out of warm-water springs that were there. That swimming pool never froze. As a teenager and college student my brother thought it was big sport to go swimming on Christmas day. I never did try that [laughter]. They only provided a lifeguard during the summer months when they really wanted you to be there, but there were some—these were warm-water springs.

The women were all homemakers until World War II, when they needed to go to work to replace younger men in the military service, and it was at that time that my mother did return to a job she’d previously had in the depot as a rate clerk—that’s what they called

it—and they also had the railway express there. During this time, up until the late thirties, and then gasoline was rationed, most everything was brought into this county by rail. All of our goods and mail, everything.

My grandfather was postmaster there from in the twenties until he died in 1941. And a lot of people didn't know it, but there was payday twice a month, the tenth and the twenty-fifth. Cash money, silver dollars, were also transported by rail to come in, to meet these payroll demands when the train came in the evening. They had a man who had a contract with his truck to get the mail and bring it down. In fact, the original contract, the man had a 1904 white truck, very old. But my grandfather went with him, with his gun [laughter], on the days when the money was to come in for payroll. Now, a lot of people did not know that. Only because it was in the family that we knew that.

WEIMER: Right. And these were still the days, obviously, that payroll was given out in cash.

STORER: Very few people were—my dad was one—what they called “signed over to the bank,” which was automatic deposit in your checking account, because actually the majority of the people there did not even have checking accounts. Yes, it was a true cash economy, except for the commissary scrip that we had that you went and got, and that was just deducted from their check. So that was, I thought, very interesting.

The grade school had about four hundred students, so there were usually two rooms of each grade, and it was two buildings with—I say a K through five, but actually, as an economy measure, they didn't have any kindergarten in the thirties, and I didn't go to kindergarten [laughs], nor did my brother—up through the fifth grade, and then the six, seven, and eight was run as our middle schools or junior high schools are today. We traded classes and had different teachers for different subjects. Band, particularly, was a big thing there, and, as I said, the boys had sports. Girls and women were not into athletics, of course, at that time.

We rode school buses then to the county high school, which was thirteen miles away, or a twenty-six-mile round trip. However, World War II was during my high school years, and we really had to live more austere lives, with rationing of sugar, meat, coffee, shoes, gasoline, and tires. Fabric was scarce for clothing, and I had dresses made of chintz curtain material, actually, that my mother was able to find.

WEIMER: So you would just use any—I mean, you made do with whatever you had.

STORER: Yeah. And we did a lot of remodeling from men's suits into women's clothing. I can remember that. I still know how to make a woman's skirt out of a man's pair of pants [laughter].

So it was a very different time, and, particularly, gasoline rationing was four gallons a week.

WEIMER: That doesn't get you too far.

STORER: No, and so that very much curtailed our high school activities for anything in the evening, because there wasn't much gasoline, and they wouldn't run the buses for evening activities.

WEIMER: Just the necessity of getting you to school and back.

STORER: They would have one bus that would stay, they called the late bus, for another hour and a half, that you could take if you had something to do after school, like a rehearsal for a play, or I was in band and orchestra, special things like that, or you could even sign up for it, if you wanted, to go shopping in the larger town, the county seat. I say larger. It was only about five thousand people. That was the only accommodation they made.

And the other interesting thing compared to now, they ran four buses from our community. One of the drivers was a man who supervised all of this, and the other three drivers were all high school students.

WEIMER: I don't think they allow that nowadays.

STORER: And they were all very good drivers. And we knew they were the boss. You behaved on the bus or they tossed you out into the desert to walk. But it was a different time, definitely.

Of course, there certainly was no television. There was radio, but we could only get radio reception at night that far away from radio stations and with all of the minerals in the ground. So you only got radio reception at night, and, then, the later at night it became, the better the reception became. So our radio stations came some from Salt Lake City, which is 225 miles, or from Los Angeles and San Francisco—it could bounce at night, and we would pick it up. But we also did get a daily newspaper that was brought out from Salt Lake City, and so that was how we were able to keep up with what was going on in the rest of the world.

But for the evening activities, such as dances or ball games and plays, were very curtailed, and you had to have car pools and that type of thing. And, of course, some of the boys left school when they reached age seventeen to join the armed forces, and some never returned.

WEIMER: So they left before they graduated?

STORER: Yes, they did.

WEIMER: Seventeen was the—

STORER: Was the age they could join the military, and they did not have to have a high school degree. If they were in their senior year and they completed the first, you know, semester, they did let them graduate—for however they figured that, that they did.

The copper company increased production during the war to operate twenty-four hours a day, seven days a week, as there was a need for copper.

WEIMER: Where did it get the men to do that?

STORER: Well, it was—a lot of the work, office work, the women did. The other—the men that were there were put into, you know, the heavier industrial work. I am sure there were some draft deferments that were given to married men who were there, and particularly if they had families, because since then what I have heard in other parts of the country, there was not that much of a draft deferment because a man was married with a child.

WEIMER: But this was considered a critical industry?

STORER: This was a critical industry. The draftees, the majority of them, were all single men and the young men that were drafted.

My father worked seven days a week for four years, with only one vacation of note during that time.

WEIMER: That's a long—

STORER: That was in 1944 he did have a vacation. But that's what, I think, was very wearing. It was just nothing but work and listen to the news.

The other interesting thing is, since my mother worked in the railroad office, that's also where the telegraph was, and that's how families were notified if their sons were missing or killed, was by telegraph. And so my mother did not know Morse code, but the railroad—the operator of the depot did, and he had to take those messages. Messages were still being sent even after the war was over, and one story that's, I think, rather sad is there was a relief man had come in, because the station agent was on vacation on the Fourth of July—why they picked that day I'll never know—of 1945, and, see, the war in Europe had ended in May of that year. And he was taking a message off the wire of a person that had been missing in action and was considered, then, dead, and as he typed it, the young man who delivered the telegrams to families was standing behind him, and he turned to him and—he didn't know him, since he was as relief operator—said, “Did you know this man?” And he said, “It's my brother.”

WEIMER: Oh, how sad.

STORER: So, as I said, those—that's a little irony of things.

I decided in my early grade school years that I would become a nurse. Opportunities for women were limited to teaching, secretary, or nursing in those years. I experienced several bone fractures during my childhood and received medical care at the company hospital. The chief physician had been an Army surgeon in World War I, and he did

supervise a good hospital. I also had hay fever and other allergies and received skin testing and allergy shots. This was in the 1930s, so I think they were practicing good medicine for the time. If they felt there was something they could not handle, they referred the people directly to the Mayo Clinic.

They also brought out from Salt Lake City an ophthalmologist several times a year to provide eye exams for people, and for those you did have to make an appointment, because you knew Dr. Palmer was coming. And, then, in the later—toward the war years, when he stopped coming out, my mother still continued to always have her appointments and go see him.

WEIMER: Sounds like you were exposed to very good medical care, even though this was a small company town in rural Nevada.

STORER: Yeah. That's what made it so very different, as I said. The men paid a dollar a month out of their paycheck for medical care and were never, then, charged anything. Families were charged accordingly, but the physicians were on salary, so they didn't try to—those office visits we had we never were billed for. My parents were billed for the testing I had for my allergies and for the allergen medicine to be made, but I never paid for any of the shots. I would go up three times a week in the summer, and the nurse gave me the shots and made me sit and wait thirty minutes to be sure I never had a reaction.

So, as I said—and we also—toward the end of the thirties, a dentist did move in, and he had offices in our town—not over in the county seat—for dental care, but that was a private practice we paid for.

As an example on the billing, during the summer of 1941, my mother, who had suffered with gallstones for a number of years, had her gallbladder removed at the company hospital. In those days gallbladder surgery was a very major surgery. They were hospitalized quite a while.

Actually, she'd had some gynecological surgery first, abdominal, and they looked at that gallbladder, or could feel it, and told her after that surgery she needed to have her gallbladder out, and they were not going to discharge her and let her go home. So ten days later, then, she had her gallbladder out. So she spent about a month in the hospital in a private room, and the days of her surgeries she had her own private nurse. My father's bill was \$140, which was more than he made, about twice as much as he made in a month. When you look at it that way, it was all relative. But they still thought that it was a very inexpensive deal, and paid it off monthly.

My parents always encouraged education, as my mother felt rather badly that she or her sister had not been able to go on to college because of some family difficulties. I met a young nurse in 1939—she actually was the bride of a minister, a Methodist minister, who was assigned to our church—who had a bachelor's degree from the University of Nebraska, and that was in nursing, which was very early for a degree in nursing. But that is when I set my goal to have a degree in nursing, not the three-year program.

WEIMER: Not just go to a nursing school, but to—

STORER: That's right, to have a degree.

Because of wartime and no social life for teenagers, I went to summer school in Salt Lake City, staying with relatives, so I finished high school in three years. I was eager to fly away [laughter]. I couldn't fly, there were no planes then, but at least to leave home.

At that time there were no nursing schools in Nevada and only diploma hospital schools in Utah. I chose Oregon to be the place for my nursing education, even though I knew no one in Oregon and had never been there.

WEIMER: How did you find out about Oregon?

STORER: There was a grade school principal in Ely, the county seat, who was a graduate of the University of Oregon in Eugene, and I had talked to Hugh White a little about Oregon, and I had sent for catalogs. And I didn't think—actually, the University of Colorado had a degree program, but I didn't think I wanted any of that cold weather. We had enough where I lived. California had just gone through—well, when I was making my decision, because I finished high school in 1945, the war years were on, things were booming, housing was bad, a lot of—I had not been down there during wartime, I'd never been to Los Angeles even, but I thought I don't want any part of that [laughs]. So I chose Oregon.

WEIMER: And do you remember what the application process was?

STORER: You won't believe it [laughs]. My mother decided that she really needed a rest from working, and so we—she took the car—that left my father with no car, then, but he always walked to work anyhow—and she was able to—she accumulated her gas stamps, and she took me, and we drove to Oregon, kind of the back route. We stopped in Winnemucca to visit her sister, and Reno, and up through northern California to Eugene, and we arrived on Sunday—or, the week, actually, that was graduation at the University of Oregon, because I remember that Sunday we drove out around the campus, and it was graduation.

We found a house to sublet for the summer. It was a school-teaching couple that went to Alaska for the summer. I got a job at J.C. Penney in the office, making change. They sent all the bills up on one of those flywheel little cages, and we made the change up in the office.

Anyhow, then I went out to the campus of the University of Oregon and got an application, and this was in early July, for the class that fall, and had them send my transcript, and just no problem, was admitted. However, I did have to pay out-of-state tuition, which was very high in comparison. It was a hundred dollars a term for out-of-state tuition, plus the thirty-five dollars, or twenty-five, I think, even, of regular tuition at that time.

My mother stayed there till toward the end of the summer, and my father came up, and they drove back. And anyhow, I found a room to rent and continued with my job until

the campus opened and I moved in a dormitory. So there wasn't that much problem.

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

WEIMER: This is side two of our tape one with Carol Storer, and she was just telling me about being accepted into University of Oregon Nursing School.

STORER: No, not the Nursing School, this was just the university in Eugene.

WEIMER: Just the University of Oregon, ok.

STORER: As I said, there was no problem putting in your application in early July and get your transcript in and you're accepted and you've got a room in the dorm.

A girlfriend I'd gone to high school with also came up, not to be a nursing student, but was my roommate for the first term. However, by winter term the veterans were returning on the GI Bill, and things exploded, and they wanted the dormitory space for the men, because this had originally been a men's dormitory where we were assigned. My roommate and I then split up. She wanted to join a sorority. I went and lived in what they called the co-op house, the cooperative house, where it was—you had more camaraderieship with the students there. I had met several of the girls in classes, in chemistry class, and been encouraged to come and live there.

We had four hours of work a week assigned to us in the house. It might be cleaning, it might be helping the cook prepare a meal, whatever. But as a freshman I was doing that much work in the dormitory by being assigned to what they called door and telephone duty, where you had to sit downstairs in case callers came. You answered the door, and then you called the girl down. The men could not go upstairs in the dormitory. So I felt work-wise it was no different.

Then, I, of course, knew what requirements I had to take as prenursing, and there was a prenursing coordinator part-time on that campus—Miss Slocum, I believe her name was Olive Slocum. And she was employed by the School of Nursing to help the prenursing students at the University of Oregon and Oregon State, and she also taught us nursing history, which is one of the classes I took.

I was under a program where I could get all my prerequisites in four terms. That was a program they had instituted as a measure during the war to get nurses up here on the Hill faster into nursing, and I was the last person to do that program before they made it a two-year prenursing program down there. See, that way I went to summer school.

It was at that time, during that fourth term, that I made my application to the School of Nursing—or Department of Nursing as it was called then, as part of the University of Oregon Medical School in Portland—and was accepted. I had about a month between the end of summer school and the start of nursing school, of which I did return home for my last real long visit, so to speak, and then I came back. I went to Eugene because there was another

student who lived in Eugene who was also accepted into this program. She had taken the full two years of prenursing. Anyhow, I got there for a weekend visit with her, and her parents drove us to Portland, and that was the end of September, a beautiful day for our first visit up here on the Hill and to get enrolled.

[Pause.]

So there had been a cadet nurse program, which was government-sponsored during World War II, where they paid for their schooling. They also were provided with cadet uniforms—which I don't know how often they were worn—so that anyone who really had thought about becoming a nurse, even some of those who were teachers, then had come into nursing. So by 1946, when we applied, there were only seven of us in our class.

WEIMER: A small class.

STORER: A very small class with seven, but seven started and seven finished, also, which, you know, was different.

They had taken a class of the diploma students, as they were called, in in July, and then they took our class; and they didn't take another class for a year, trying to get more people ready to come. And they also were probably going to change their program and so forth.

The tuition here at that time at the School of Nursing was thirty-five dollars a term for every term we had class work. There was one term we didn't have class work, and I'll just tell you about that. That was a vacation-type term. I had to pay another twenty dollars for out-of-state tuition.

WEIMER: So they lowered the out-of-state tuition for you?

STORER: Well, it had never been higher up here. It was the University of Oregon that had the \$100 tuition. But, apparently, up here it had always been that, or at least it had not been increased for a long time.

The first three months, we had class work only and no patient contact. We wore our uniforms only on the days we had nursing arts lab.

WEIMER: And that is?

STORER: Okay. A nursing arts lab was a room that actually was upstairs in the library, here [indicating the present History of Medicine Room], that was set up as a mock hospital room, with a hospital bed and all the things you would have, and this is where you learned the basics of hospital patient care. We learned how to make a proper hospital bed, give bed baths—to each other [laughs]—injections, and other nursing procedures.

WEIMER: On, first of all, the bed making, it was such an exact thing that you had to

do, I understand that nurses had to do. Is it like step-by-step?

STORER: Yes, and you learn how to make a bed with a patient in it, and be able to turn them, and how to make your square corners and do all of that.

WEIMER: Injections, did you get to practice on oranges or did you actually just practice on each other?

STORER: No, on oranges first, then we did finally give injections to each other with sterile water, yes.

The most important event for me during this first three-month term was that—it was a personal event, really. I was hospitalized in the infirmary and had an appendectomy the week before final exams of that first term.

The infirmary was two rooms, one with four beds and one with two beds, on the 2-Center ward of Multnomah County Hospital that were used only for hospitalization of student or staff nurses.

WEIMER: Oh, so they had a separate place for nursing—

STORER: They had it separate for us students. They also did have a health clinic at noon—and I can't remember if it was every day, Monday through Friday, or three days a week—if you had a health problem, that you went to. And one of the instructors from the School of Nursing was the nurse that was there, usually with a resident physician. Anyhow, that's where I went complaining about this pain and was hospitalized from a Monday till a Wednesday before they decided to—that I did have enough signs to have surgery. And, of course, the other nurses in the infirmary told me, well, Dr. Clare Peterson is the resident on call tonight, and if he can't find anything else to do, you will have that appendectomy, which I did [laughter].

WEIMER: [Laughing] I think that's funny that they would schedule it if the surgical resident didn't have anything else to do.

STORER: Well, that's kind of what the other students thought about—the interesting thing is, Dr. William Krippaehne was the intern on that surgery, and that was his first week in the surgical internship program, and he later became head of the Department of Surgery for a number of years.

WEIMER: Dr. Clare Peterson was one of our best surgeons also. You did well [laughs].

STORER: And, of course, they kept you a time, they didn't let you go right away, and I was discharged on Monday morning in time to come back and start taking my final exams [laughter].

Miss Henrietta Doltz was the director of the School of Nursing at that time, and she was very concerned, because we had to walk from Gaines Hall—our first dormitory assignment those first three months was at Gaines Hall, but the food service was at Multnomah County, so if we wanted to eat even on a day off, we had to walk from Gaines Hall to Multnomah Hospital and back; and she was very concerned about my walking for my food. And I said, “Well, I’ll be walking every day to class,” which I did until Friday night when I then was able to get the bus to go home for Christmas, for a two-week break between terms. So that, I thought, was very different.

In our first term our classes were science classes, besides the nursing arts, and we had biochemistry, anatomy, physiology, bacteriology, pharmacology, and so, really, basically into the sciences. The second term we did some patient care.

This was our probation period, and we were known as “probies” [laughter], and we wore no cap.

WEIMER: You had a student-nursing uniform.

STORER: You had a student-nursing uniform but no cap.

At the end of this term and satisfactory completion of our class and patient work, we received our nursing cap. This was an important milestone in our nursing education, and it was an impressive candlelight ceremony in the Library auditorium.

WEIMER: Is this what I’ve heard people call the “capping ceremony”?

STORER: Yes. Yes, it was. Friends and family were invited. However, it was too far for my family to travel to attend. Also, my mother was ill at this time and had had a major gastric resection because of duodenal ulcers. She had been ill when I was home for Christmas vacation, but she insisted that I return to Oregon, as she really wanted her children to have an education.

Then, as I said, the first six months we lived in the Gaines Hall dormitory and had our meals at Multnomah Hospital dining room that was for the employees. Physicians had a separate dining room.

WEIMER: Segregation, here. There were different tiers or different dining rooms for the different—

STORER: Oh yeah. Different dining rooms.

We paid no fees for our dormitory, food, or the laundry service for our student uniforms, but we certainly got our exercise by walking from Gaines Road to Multnomah Hospital to eat, even on the weekend when we had no class.

The second- and third-year students were still in the cadet nurse program, so I’m sure

Multnomah County was receiving government funding for them, and they hadn't figured out yet what to do with the non-cadet nurses, I guess.

Gaines Road dorm had originally been a small, private hospital, and the rooms had not been remodeled when we stayed there. There were two students in each room, and the beds were hospital-style beds that you could roll up the backs, if you wanted to—with a crank, of course. They were non-electric. No electric beds were available anywhere at that time. The closet was *very* small.

We had to be in the dorm by 7:30 each night. Late passes were until 10:30 on weeknights and midnight on weekends. The number of late passes each student had was based upon her GPA for the previous term. The number of late passes would be anywhere from eight to twelve for a month, depending on the student's GPA, but we had no GPA records as new students the first term, so we only had eight late passes. This system was changed in July of 1947 so that a student with a 2.50 GPA or higher had unlimited late passes, and the seniors had a key to the dorm. Now, this was very progressive for schools of nursing at this time, to start making those changes.

We had no married students in our class, but you could get married and move out, and students in the class ahead of us did do that. In 1948, they did admit a nurse who had been married a number of years, like six or eight. She had been a student nurse at the University of Wisconsin where, she said, she worked until seven o'clock one night, she went with her husband to be, and they were married that evening because he was in the military service and was going to be sent overseas. When the University of Wisconsin found out she was married, they would not let her stay in the nursing program.

WEIMER: She was automatically expelled on getting married?

STORER: Automatically expelled on getting married.

So after he was out of the service and they moved to Oregon, then she reapplied and was admitted but got no credit for what little nursing work she'd had. Her college credit was accepted here. And, then, she continued to stay and work up here until she retired [laughter].

But, as I said, they probably would have taken a married student sooner if someone would have applied before 1948, because they did let them get married and move out. There was no stigma against it, like some of the other schools did have.

WEIMER: Now, if you were an unmarried nursing student, you were required to live on campus?

STORER: No one questioned that at the time because it was given to us. We didn't have to pay for it. None of us had any time to work and go to school because of—I'll talk about the requirements of classes and study—so you'd have had to have a supportive parent or something. Otherwise—and it was very convenient, and none of us ever questioned it; we just did it and stayed in.

After the first six months, our first two terms, then we moved from Gaines Hall to Katherine Hall. There were two dormitories by Multnomah County Hospital. The larger one, the four-story one, was Emma Jones Hall. That was named for Emma Jones, who was a previous director of Multnomah Hospital and their school of nursing. Katherine Hall was one level of rooms that was above the laundry, and which in subsequent years, in the 1980s, was torn down and the Shriners Hospital was built there.

Anyhow, our class and the one other small diploma class that came in three months ahead of us were assigned there. And the rooms were set up with bunk beds so you could have four to a room. There were no washing facilities or a basin or anything in those rooms like we had at Gaines Hall. You had to go down the hall for everything. But it was close and it was convenient, [laughing] so you got to sleep very late until you had to actually get up and go. So, you know, the main thing is, there were a lot of us living in close quarters, is what it really amounted to.

Then, the next term our classes included medical nursing, surgical nursing, and the patient-care time greatly increased. We had a forty-hour week, total, of classes and ward work, or patient care, and so study time was not included in that forty hours. We began working split shifts, as they were called. You could be assigned to come to work at six thirty or seven in the morning and work till ten or eleven. Then you had classes for two to four hours before and after lunch (there was a lunch break), and then you returned to the ward from four o'clock until seven.

WEIMER: That's a long day.

STORER: Very long day. Twelve-hour days, really. And, of course, that's when they needed the nursing time in the care for the patients in the morning, because of their schedules for personal care; and then again in the afternoon there was personal care and there were dinner trays; and by a little after six you were getting them ready for bed—because more was done for patient care to soothe them with back rubs and that type of thing than is now done. So, yes, it did make a long day.

On Saturday or Sunday there were no classes, but you could still be assigned to work a split shift from seven to eleven and three to seven. You very seldom ever got a full straight eight-hour shift, because by this time that's what their registered nurses were getting. They got the straight shifts, because they certainly were not going to work "splits"—and there was no dormitory on the Hill for the registered nurses, graduate nurses. They all had to live off-campus, and most of them lived off the Hill and had to commute. To have both Saturday and Sunday off was really a treat, and that only happened about once every three weeks.

The School of Nursing assigned our work rotation to be certain we would have the requirements of the State Nursing Board in the various areas of nursing, such as medical, surgical, obstetrics, pediatrics, diet kitchen—we had six weeks in diet kitchen preparing special formulas for the special trays—pediatrics, communicable disease. But the head nurse

of the units where we were assigned made our weekly work schedules, and we never knew until Thursday of one week what we were going to be doing the next week for work.

There was a six-week rotation in the operating room. When on the operating room and the obstetric rotation, the student would be on call for emergency surgeries or deliveries. This required that you sleep in the call room, a special room which had a telephone so the night hospital supervisor could call you when needed.

WEIMER: You said a small room. Is it like little cots?

STORER: There were two single beds.

WEIMER: Oh, single beds, and you could actually just try to catnap or get some sleep?

STORER: Get some sleep, or whatever.

Now, the student uniform had seven pieces that had to be buttoned or pinned together. The gray dress, that had stiffly starched cuffs and a collar; the two-piece apron, which was a bib with a gathered skirt, and that's where you pinned the bib in front [demonstrates].

WEIMER: Oh, so like a safety pin, you pinned it?

STORER: Well, you pinned it down under the waistband, and then in the back it did button.

And, then, our starched cap that had to be folded according to instructions. And, as I said, the probie cap was plain white. A gray velvet one-half inch ribbon was added for the second-year student, and the ribbon was changed to black for the third-year student, the same as any graduate of the school.

When a student was on call, they reported for duty only wearing the gray dress—it could be with cuffs and collar or without—as they would be wearing a sterile gown when scrubbing in the operating room or the delivery room, and a covering over all their hair. They did not have hospital scrubs at that time for women to change into, they had them for men.

WEIMER: So you just had to wear something over your uniform?

STORER: Yes, over your uniform. But I must admit most students slept in that dress only, so they would be ready to go when called. And that's why they didn't wear the starchy collar and cuffs, so they could sleep [laughter].

WEIMER: Well, I was wondering where you were going to find the time, when you're on call, to pin this under and pin the back.

STORER: You didn't.

WEIMER: And this was—did they have zippers—what time did zippers come in, do you remember?

STORER: Well, this is digressing, but, yes, I can remember when zippers came in, but they never had them in the student uniforms.

WEIMER: They were never imported into the design of the student uniform?

STORER: No.

This is digressing, but I remember a conversation at my home on Christmas day of 19—either '39 or '40, my grandfather saying to my father, "I'm not gonna have any of those trousers with zippers up the front. What if they break" [laughter]. And that's the first time I had ever really thought about it. And I doubt we had many zippers in our clothes then, because several years later—and I did have to take home ec in what was like junior high school—we did have to make a dress and learn to put a zipper in it, so they were just coming in then, at that time.

Anyhow, we had eleven terms, which totaled thirty-three months, at the school. We had vacation between the first and second term—that was at Christmastime—of approximately two weeks. Then we had a four-week vacation during the fall term of our second year, and that was what they called that vacation term where we paid no tuition registration. But they staggered our class so everyone didn't go on vacation at once. We went at different times, and we got four weeks, I believe it was. It might have even been up to five. So I was home for Thanksgiving of 1947, but that was our only vacation until—for over a year and a half, until we were through school. It was a very long time.

There was often a week between terms without classes, just like you might have at college, but we worked the forty-hour week on the ward at that week.

WEIMER: So you weren't free to go home or anything like that?

STORER: We were not free to go home. We had one girl in our class whose home was in North Portland, and there were two others who lived down in the Willamette Valley, one on a farm out of Silverton and one in a small town called Tangent, out of Corvallis; and they were able to go home if they had a weekend off, because in those days the Greyhound bus ran through the back roads and countries of Oregon.

The one weekend I did go home with my classmate, Delma, to Tangent, was in May of 1948, and that's when the Vanport flood happened here in Portland, so I wasn't here when that happened.

On the night shift the student nurse was often the only nurse to care for as many as thirty patients.

WEIMER: That's a big patient load.

STORER: Yes, but at that time there were not IVs and treatments that continued around the clock. Some of the patients were supposed to sleep to help them get better.

On the evening shift the student would be the charge nurse with an aide who worked until ten or eleven, and then she would have students that did work until seven p.m.

At that time penicillin was the antibiotic of choice, and it was fairly new, and that was given every three hours by IM injection. There were no long-term dosages. You actually had to dissolve and mix it. It was not a stable medication at all.

WEIMER: Oh. And the nurse would do that just before you gave—

STORER: Just before you gave it. But, what took your time was, the syringes were glass, and the syringes and needles had to be washed and sterilized by boiling in the countertop boiler between these three-hour injections to be ready for use.

WEIMER: There were no disposables, so you had to reuse them.

STORER: Yes, the syringes and needles.

WEIMER: And there weren't even that many so that you could do it all through one day and then have someone do it at night?

STORER: No. And so I—people did not realize, I think, how fast this was happening, because I worked quite a few weeks of nights on what was 2 North. That was a men's floor that had a lot of urology patients, and they were finding, "Oh, yes, penicillin is really needed and is going to help these men." You were giving twelve to fifteen injections. You no more got them done, cleaned the syringes, and you were practically ready to start over. It was a very different time.

There were very few IV fluids that were given, and, if used, the IV had to be started by a physician, usually an intern. Whole blood and plasma were given, that was available; and, of course, plasma had been the big saver, actually, out in the field during World War II.

A student nurse was often assigned to actually sit or stay with a patient receiving a blood transfusion to monitor for any reactions. Subcutaneous fluids were given into the thighs to be absorbed as the patient's body could tolerate, and that was one way of getting fluids into a patient, plus feeding tubes were very commonly used. And if that were the case, you would have to attend to those patients at least every two hours to give them their fluids, whether it were a special formula that was ordered, made by the dietary department—and they made up special formulas known as Trainer's formula that Dr. Joe Trainer had developed—or whether it was other fluids, to be sure that they did get what they needed.

But all of these tubing procedures were done with tubing sets, all of these infusions,

that were made in the hospital, with glass drip chambers and rubber tubing tied on to them. They were washed for reuse, wrapped in brown wrapping paper, and sterilized in the large autoclaves in the operating room.

WEIMER: That was a lot of work to do all that.

STORER: But that is one reason on the blood—the filtering was rather inadequate, and they were so cautious for reactions, to watch for them.

Our pediatric rotation of three months was at Doernbecher Hospital, and we ate in the dining room there. Our communicable disease rotation was six weeks at the University Tuberculosis Hospital, and we also ate in the dining room when we were on that rotation. Apparently, Multnomah County figured we could only eat there when we were working in their hospital [laughter].

But they also began to realize that we did contribute to patient care, as our second year they paid us ten dollars a month; in our third year we got fifteen dollars a month. But this is only when we were at Multnomah Hospital, not at the rotations of Doernbecher and the Tuberculosis Hospital.

Our last term was in psychiatric nursing, and we moved to the State Hospital in Salem and lived in the dormitory there. The food there was not plentiful. Our diet was pretty much the same as the patients'. And I can truthfully say that was the only time in my life when I went to bed hungry.

WEIMER: They rationed out the food?

STORER: Well, it was just kind of inadequate, yes.

This was in the spring of 1949. The weather was lovely, we were eagerly awaiting graduation, and four members of the class were engaged to be married. But graduation was a hectic time. The ceremony on the campus at the Medical School was on a Thursday evening, and we were working and living in Salem. The State Hospital gave us the afternoon off to get to Portland and practice for graduation, have the ceremony, and return to Salem that evening so we could work the next day.

WEIMER: [Laughing] I'm surprised they even gave you the time off at all.

STORER: Yes. There was no dinner or special award ceremony of any kind. The Nursing School graduation ceremony had to be on Thursday so the Medical School could have the Library auditorium Friday evening.

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

WEIMER: This is tape two, side one, of our interview with Carol Storer, and I am Linda Weimer, and Carol was just talking about graduation.

STORER: The paper that we received here on the campus was a certificate of completion here, and we also received our pins, for which we paid the big price of sixteen dollars for the fourteen-carat gold pins with the diamond [laughter].

The baccalaureate degree was awarded from Oregon State College or the University of Oregon, depending upon where the prenursing work had been done.

WEIMER: So even if you graduated from the University of Oregon nursing department in the Medical School, if you started at Oregon State in Corvallis, that's where your diploma came from.

STORER: There were three in our class who got their diploma from Corvallis, there were three of us who had started at Oregon, and one that had had her prenursing at Willamette, but that transferred to the University of Oregon.

So our work was finished at noon on Saturday in Salem. I returned to Portland to the home of my fiancé—actually, he had to drive down to get me in Salem—to his parents' home for Saturday night, and then early Sunday we drove to Eugene. There was no I-5 freeway. It was a four-hour drive, almost, to Eugene. We left very early in the morning on Sunday, and this was because of the ceremonies at the University of Oregon.

The baccalaureate service, which was like a church service, was at eleven o'clock in the morning, and the graduation ceremony was in the evening. This was a very large graduating class because of the GIs that had come back and started in '46, and along in there, so this was the last evening graduation ceremony at the University of Oregon, as it went on until almost midnight. And at the beginning of that ceremony they did announce, "This will be our last evening graduation" [laughter].

My parents had come for the long, hectic weekend and then left by Greyhound bus for Idaho on Monday morning. They had driven their twelve-year-old car only as far as Boise from Nevada. By this time, my brother was also in college, and there certainly was no money for a new car, even when they became available after the war. What I later learned, also, was they were helping to support my father's mother, who was in a nursing home.

I took the bus to Idaho a day later to meet them, and then we drove to Nevada. I had a two-week vacation before I returned to Portland and my first employment as a graduate nurse.

I began working in July 1949 as a graduate nurse at the University Tuberculosis Hospital, which was part of the Medical School. I could work as a graduate nurse until the next state board exam was scheduled to be given.

WEIMER: Oh, that's right, you wouldn't be considered a registered nurse—

STORER: Until you had taken the exam and passed it successfully.

This was a three-day exam, and it was given in October that year. We received our test results in December. The exams were new that year, a new type, in that they were multiple choice and not essay. But our school knew this was going to be happening, and they had prepared us for this during our classes, and so all of our class and that diploma class that had been more or less with us passed. There were other schools in the city who had quite a failure rate.

I first worked a forty-four hour week for \$210 a month.

WEIMER: And this was at the Tuberculosis Hospital?

STORER: And that included an extra ten dollars a month for being on call.

The operating room was my choice of work within the hospital. This was a day-shift assignment with being on call several times a week. This was to be available for any emergency procedures; that *seldom* happened over there. Advancements were made during this time in the treatment of tuberculosis. Previously, long-term bed rest—it could even be for years—was the primary treatment.

New drugs began to be used in 1948. Streptomycin IM twice a day, and the PAS tablets orally. And right now I even cannot remember the chemical name for the PAS. But these were really radical new treatments for tuberculosis. New surgical techniques were also being made, so that after the disease was somewhat localized with the drug treatment, then they were doing more surgeries, and lung resections could be done. Prior to that time the surgeries had—basically, they had to take out a whole lung. And then they got it down to one lobe, and then they got it down to where they could resection a part of a lobe. Those were big improvements and changes in the treatment of tuberculosis.

This hospital was small, about eighty beds, so the staff was small, and we became more like a family. And we all ate in the same dining room.

WEIMER: Patients too?

STORER: No. No patients came that I noticed.

WEIMER: They would all be staff and doctors.

STORER: But as far as staff goes. I'm trying to remember if there wasn't a dining room off to the side, but our physicians didn't really use it as such.

And we had staff physician—there was a medical staff, Dr. James Speros, who was there forty hours a week, and our surgeons were there a lot of the time. And it was part of the residency program of the Medical School, and that was the beginning of their thoracic surgery program, and it was those same staff physicians who went on to—particularly Dr. William Conklin—to develop the heart surgeries. He already, at this time, was doing heart surgery on pediatrics at Doernbecher, because Doernbecher also had their own surgery unit.

What was missing up here on this Hill, you see, was a state hospital for adult patients that were not residents of Multnomah County. The adult patients were seen in the Outpatient Clinic, but if they needed hospitalization, there was no hospital up here.

WEIMER: And that's because we had the County Hospital, which would only accept Multnomah County residents—and I understand it was indigent.

STORER: Well, indigent, but they didn't have to be. They also billed patients. At least, I know in the later years that they did. So it wasn't all indigent, but it was supposedly Multnomah Hospital.

And, of course, after the war—it took a few years, because I know by the early fifties they had blueprints they were working on for the hospital, which became the Medical School Hospital. It didn't open until '56, along in there. So it did take a while. So you had your little pockets of things being done around.

There were few apartments on Marquam Hill at that time. Marquam Hill Manor existed, and there was only one or so other. All of these others that people now see were built after this time. So I rented a room in the home of a nurse who also worked at the TB Hospital and lived up here. Her husband had actually built that house when they were married.

And, then, Joseph Storer and I were married on December 26, 1949, which was a Monday, the day after Christmas. In those days, that day, being a Monday, was also a holiday. The stores were closed, since Sunday had been Christmas. It was not the big shopping day like it is now. And the wedding was at ten o'clock in the morning at St. Stephen's Episcopal Cathedral, with Bishop Benjamin Dagwell officiating. Four of my nursing classmates were able to arrange their work schedules to be there that morning. Joe and I left by train for a week in San Francisco.

We had rented an apartment below Marquam Hill, in what became part of the urban renewal area that was torn down, and so it was ready upon our return from San Francisco. We arrived back New Year's night to find a snow storm had hit Portland on New Year's day, and the snow and cold continued that year for two months. I became a bus rider to commute to work.

WEIMER: [Laughing] Just like the rest of us now.

STORER: Yes. It has not changed in all these years. And Campus Drive did not exist, it was all up and down Marquam Hill.

In January 1950, then, after I was married, I reduced my workweek to forty hours a week for a salary of \$190 a month. At the end of my six-month employment—which I believe was February—and then with my evaluation, I did get an increase of ten or twenty dollars a month. We had eight dollars a month deducted from our check for our lunches.

We began to see many advances in medical supplies. There were commercially made IV sets for one-time use, and the Tuberculosis Hospital and Doernbecher and state hospitals had all of these things before Multnomah County Hospital did. They were there for one-patient use only, packaged, presterilized syringes for one-time use only. That still came after the IV sets. Sterile dressings individually packaged and commercially sterilized. Before, you had big containers of things that had been sterilized, and you opened the lid and took one out with a forceps, or else they had to wrap them in this brown kraft paper and have them sterilized.

So there were a lot of changes, and when you look back, they'll tell you, well, a lot of these were advances that came out of the military from World War II. However, this was also the start of the increase in trash.

WEIMER: Oh, because it was one-use only.

STORER: One-use only, so your trash use increased. However, every time something, at least in the beginning, came out that was a one-time use, someone thought there could be a use for it if we'd reuse it, such as the chief surgeon at the Tuberculosis Hospital [Dr. Conklin] thought we should wash the plastic tubing of the IV sets so he could use it to tie up his roses. This idea did not go very far with the hospital staff [laughter].

The operating room was still using the fabric drapes, of the material for surgical procedures, that were made in the hospital sewing room and assembled into packs that were sterilized in the large autoclaves. We did have scrub dresses for the nurses to change into, the same as the men had had the scrub sets for a long time, with the pants and top. We did soon get the manufactured gowns. But the gowns were inspected and repaired in our linen room, because if they had holes in them, you couldn't use them. And then we assembled them into packs and did sterilize them. It was another twenty years before commercial surgery packs for one-patient use really became available.

Part of the assignment for the surgery staff at the Tuberculosis Hospital was to change the patients' dressings and remove skin stitches the week or so after their surgical procedures; so this was basically the patient contact that we had over there. And, also, some of their wounds were slow to heal, did have some infection, and some of those we even had to do daily dressings on. And, then, we were to be there, when the physicians made rounds, to make reports on their wounds and how they were healing. Often they had drainage tubes in them, and the physicians would tell us, "Well, now shorten that drain tube to a certain length, because it's healing in." And this is where I really learned that things heal from the bottom up in any deep wound that you have.

WEIMER: So it would heal at the deepest point and then the skin would be the last.

STORER: The last, and that's why that drain tube was in there, to keep it open so it would heal that way.

We also assisted a dentist who came once a week to give care to the patients, because

they were hospitalized so long. And there was a room that had a chair set up in it for a dentist.

A member of the dental society would volunteer a day a week for three months at a time. This small amount of time allowed for little more than taking care of emergency toothaches, because a lot of our patients had not had dental care before they were admitted. One of these volunteer dentists became my personal dentist and my children's for thirty-eight years, until he retired. And that's because he came with the attitude that, "Whatever I do for a patient here is exactly the same as I would do in the office for my private practice. I don't do any emergency patch type of thing."

WEIMER: What was his name?

STORER: It was Dr. Irwin Blake. So as I said, I continued with him.

I worked in the operating room at the TB Hospital for three years and then transferred to a patient care area as the head nurse of that unit—floor, as it was called.

WEIMER: In the TB Hospital?

STORER: Yes, in TB. And this was the floor that had the postoperative patients on it, the surgery patients mostly.

During my four years, changes were made for nurses that included a forty-hour week—and this is in my four years at Tuberculosis Hospital—health insurance; the State of Oregon retirement system was reestablished; the State of Oregon accepted Social Security coverage for state workers, that was 1951; and the Oregon State Nurses Association was able to represent the nurses for establishing a contract.

WEIMER: So that was all the beginning of—

STORER: Yes, of a lot of this. And the interesting thing is that when the State of Oregon, the Legislature, in 1951, did agree that they would allow the State of Oregon employees to be covered by Social Security *plus* the retirement system—at the time the U.S. government gave states that option, many states did not accept it. Washington didn't, California didn't, Nevada didn't. But the director of the hospital, Miss Juanita Murr—because the administrator of that hospital was a nurse, not a physician—called some of the people who had recently retired and reemployed them so they would be employed at that time and would get Social Security coverage, for however long a time it took, which I thought was very nice—again it was small, almost a family-type group.

Anyhow, this fifth floor unit that I worked on was adjacent to the operating room. It had the immediate—the post-surgery patients assigned there.

I resigned from the hospital in June of 1953, as I was expecting my first baby in late July. No one even considered requesting a maternity leave in those days. Women with

newborns were not expected to work.

WEIMER: So you don't know if there was an actual written rule, it just was never done.

STORER: It was never done. There were no childcare facilities available unless there was a grandmother. There was very little. The Fruit and Flower Nursery downtown existed at that time. It had been established, I believe, during World War II, and it continued to exist, but it was really meant for the eight-to-five working woman. It just did not ever fit hospital hours. It still doesn't—well, I think they now open earlier, because people go to work earlier.

My daughter, Mary Ruth, was born July 26, 1953, at Good Samaritan Hospital in Portland, and I was a full-time mother-housewife. However, Barbara Hiatt, who was then the administrative director of the TB Hospital, called me in October, and I returned to work on October 12, 1953, at night, from 11:15 to seven a.m., to “special” a patient on the first night after his surgery procedure. Before that, most of the time—there were a couple of other nurses who had come back to do that, or that they knew. Otherwise, they would have to call an agency nurse. This was with a family understanding (my husband), I would return to work, but there would never be any baby sitters [laughter].

Patient care standards at that time at the Tuberculosis Hospital were to have one nurse to one patient for the first twenty-four hours immediately post-op, or more if there were complications and they needed it. I continued this on-call work until May of 1954. This arrangement had worked well with my child and husband: my working at night when he was there, and my being there in the day to catch some sleep when the baby napped.

We decided that I would prefer more steady work than just on-call, so I went looking at another place off the Hill. I did not even consider Doernbecher. Anyhow, I began employment in the newborn nursery in the maternity section of Good Samaritan Hospital in northwest Portland in late May 1954, and this is where my baby had been born.

The maternity section was a separate building known as Wilcox, because the Wilcox family had made a donation to build it. I worked two nights a week and, as far as I know, was the first nurse hired as a steady part-time employee at their institution.

I stayed there until March 1955, not a full year, and then resigned because I was expecting my second child. Again, there was never any mention from the hospital, even a consideration, of a leave for maternity. My second daughter, Margaret, was born April 25, 1955, at Wilcox. I returned to Good Samaritan to work in the maternity section for two nights a week beginning in September of 1955, and this was in the newborn nursery.

I continued on two nights a week until 1960, when my last child was in school, and then that's when I went to three nights a week. The personnel policy at Good Sam toward permanent part-time employees was very fair, and we had prorated sick time and vacation time. For some years we had payday only once a month. The first years that I worked two nights weekly, my net check was seventy-five dollars for the month.

WEIMER: That's a lot of work for seventy-five dollars.

STORER: And your Social Security was taken out of that. That's the only deduction I had.

At that time, a mother and babe who had a normal, uncomplicated delivery remained hospitalized five days. The babes all stayed in the nursery except when taken to the moms on a regular four-hour feeding schedule, except the two a.m., when they all stayed in the nursery to be fed. An exception to this was made if the mom's breast milk had come in and was sufficient for feedings.

The hospital had a special room where formula was made each day, put into individual three- or four-ounce bottles, and sterilized. This same thing was done at Doernbecher Hospital for their infants that were still on formula feeding. And sugar water was also prepared this way and put in the bottles and sterilized with the nipples. It was then refrigerated in the nursery for use during the next twenty-four hours. The standard hospital formula recipe was made with canned evaporated milk and water.

WEIMER: That was it?

STORER: I never worked that formula room, because that was an aide-type work, and I'm not sure—there could have been an additive, Karo Syrup or something like that. Some pediatricians would order special formula made for their patients, such as the Similacs and those special ones that came in a powdered form then could be made up that way. It was in the early 1960s that this formula room was discontinued and commercially prepared formulas were purchased.

And that hospital also really ran into a problem. In 1964, in December, when we had the floods and Portland was cut off—all transportation into Portland, rail, the freight lines and everything because of our flooding, only air got in and out—and their formula supply got *extremely* low. But somehow they did manage to keep the commercially prepared formulas for the babies.

WEIMER: Well, this is in a time era, isn't it, that breastfeeding wasn't promoted as much as it is now.

STORER: No, it was not promoted as much as it is now, no.

But this was the beginning of more specialized care for newborns who had problems or were low birth weight. The special beds for these babes were incubators, which also—incubators were in the newborn nursery at Multnomah County Hospital when we were students. A box that could be—warm the babes, but the top lid had to be opened for access to the babies, so you lost everything when you opened the lid [laughter]. Oxygen could be given to these babes to help them breathe, but, again, you open the lid, and you lost a lot of it.

The new piece of equipment at this time, when I began working there, though, was an oxygen analyzer to check the concentration in the incubator, because they were beginning to realize that over-concentration of oxygen could have been one of the potential causes of damage to the retina of these low birth weight infants who then were blind. So that was one of the early things they were beginning to check.

By 1956 or '7, I couldn't remember the exact date, there was a much more advanced special bed for these infants, an isolette. And that is basically the same isolette style they're using today, where it was a much larger plastic container that was—and where the infant went was at the working height of an adult. And there were the armholes that you would open, and there were plastic sleeves inside those armholes that would firm up around the caregiver's arms so that they really kept the oxygen level quite well. Also, they often used humidity with these to help the babes that had the breathing problems to have really moist air.

So, as I said, the large plastic box had portholes that allowed the caregivers to have access to the patient without opening the lid. But, it was about 1963 when the first laboratory equipment was available to analyze the oxygen content of a patient's blood. Before, all the physicians or anyone had to go on was just the babe's color. But this was true in any hospital in the country. They did not have the laboratory equipment to do this. But this was of immense help for the physicians in ordering the correct amount of oxygen for these little ones.

Now, in 1999, young nurses and physicians cannot imagine not having this lab test available for all patients in intensive care [laughter]. But that really made a big difference. And also, at the time, they started doing a lot more IVs and medications, and fluids especially, for these low birth weight babies. And so things were really beginning to change.

I remained working the three nights a week for fourteen years, and this worked very well with my family while my children were in grade school. I was available in the day if there was a sick child or an emergency, and I was available as soon as they were out of school at three o'clock to chauffeur to their activities of swim lessons, and particularly music lessons, as they each studied two instruments. In all my years of working nights I had one rule I seldom broke. That was, I slept in the evening after dinner for three to four hours before arising and immediately going to work.

WEIMER: I wondered when you slept.

STORER: Well, by the time they were in school, that was fine. And then when they were smaller and still taking a nap, I would sleep. But this—and I usually never had more than two nights together; that third one was an extra weekend, usually, coverage. But that was my cardinal rule, and that continued as long as I ever worked nights, including when I came back up to University Hospital, was I slept in the evening. I got up, you know, and went to work, and people who had slept in the day had already been up six to eight hours when they came to work, and they were winding down.

But I felt it was now time to point my career in some other direction. I needed to return to a day shift, and perhaps in another area of nursing. In January 1970 I began working at Shriners Hospital for Crippled Children four days a week.

WEIMER: Now, was Shriners Hospital up here on Marquam?

STORER: No, no, that was out on Sandy Boulevard, and that was one reason I thought of going out there, is because we lived in Northeast Portland. My oldest daughter had her driver's license. I made her get up and drive me to work on the days that they needed the car after school to go to music lessons, and she could take herself to her lessons, and she would then take her sister to her sister's lessons. So that was one reason I went out to Northeast Portland.

I began working in the operating room, and their schedule at that time was surgery on three days a week, and the fourth day I would work in one of their clinics that they had. But I did have to work every other Sunday. That was my weekend work; and that was the day, then, in surgery I prepared the instruments and all for the next day. But also I was assigned to be at the reception desk to greet visitors and Shriners from one o' clock to 3:30. They wanted a nurse in a white uniform and cap to do this task. By this time, many hospitals were not requiring the nurses to wear caps or even white dresses, but Shriners had a hospital administrator, a Canadian nurse who was nearing retirement, who was from the old school, and that's how it was done.

But soon we were using prepared commercial packs instead of cloth drapes that were washed, inspected, folded, and wrapped and sterilized in the hospital. Other equipment had been invented, such as infusion pumps to push in fluids for intravenous treatments at a preset rate; suction equipment made continuous improvements.

Patient care was changing in shortened hospital stays. The children at Shriners had previously stayed for months while they had a cast on their arm, leg, or some other such surgery. It became home away from home for many of them, because most of their defects were congenital anomalies that required a lot of care as they grew and changed, so they would have repeated hospitalizations. At that time they took patients up to age sixteen. Now they've extended that to a later age.

But a week or so after surgery, they had regular clothing provided by the hospital, many of them made by the Nile Club—which is the wives of the Shriners—and they went to school. The Portland Public School District provided teachers, and there was a classroom in the hospital. So, you know, they did stay some, they weren't rushed right home.

They also had patients from Alaska and Canada who stayed longer, because even though Canada had a form of socialized medicine at that time, each province in Canada provided their own system. It wasn't a true nationwide thing, as I understand it. They did not provide this type of long-term care for their patients, and they provided no prosthesis care, and so they would come down here.

After three years there I again felt it was time to change my employment. It had been a good introduction back into the real world of medicine being off of nights. I knew I had been on nights absolutely too long, but at that time it had fit my personal needs with my family. And so my oldest daughter was in her second year of college and still living at home, going to Portland State, and the young...

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

WEIMER: This is tape two, side two of the interview with Carol Storer, and she was just talking about her decision to leave Shriners.

STORER: Yes. This was in February of 1973 I began work in the Central Service Department at what was then called Medical School Hospital at the University of Oregon Medical School, and I began work as the manager of the Central Service Department. I had gained new and updated knowledge in sterilization and other related work that related to the operating room at Shriners Hospital.

I was the first manager in the Central Service Department when it was separated off from nursing service. Prior to that it had been under the direction of nursing administration and the OR, and now it was directly under an assistant hospital administrator. I was the only nurse there with a staff of sixteen aides.

The department functioned twenty-four hours a day, and the department itself was responsible for all sterilization in the hospital and outpatient clinics, and we also centralized the equipment control area for much of the equipment used in patient hospitals. Instead of each unit having suction machines, infusion pumps, that various type of thing, it was more cost effective for the hospital to centralize it and send it out as needed.

And this is the beginning of starting to look at what it cost to run a teaching institution back then. In fact, I was told it was 1970 that they first had individual budgets for the units and departments over there. Before that it was just one big lump of money.

WEIMER: They didn't have true cost accounting.

STORER: No. And Dave Witter had been hired only the year before this, in 1972, as fiscal services director to start to bring things up to shape.

WEIMER: Did you have direct contact with Dave Witter?

STORER: Yes, because one of the things I wasn't told about when I took this job is that they had saved all of these requisitions from the previous October that were supposed to have patient charges put on them and process through fiscal services. And so I had to hire a clerical person, and we had to figure out this and process all those back things. That was her first assignment, to do that. And I tell you, by May, Dave was coming to the department: "How are you coming? Are you getting these through?" We said, "We'll get them through by the end of the fiscal year" [laughter].

WEIMER: [Laughing] What a headache, though, to go back through all that paperwork.

STORER: That's right. But I always liked business work, and I've always thought if more of the business field had been open to women, I would have gone into business, possibly, and not nursing. Anyhow, that's the way it was.

And, as I said, this was the time of the beginning of fiscal accountability in the hospital and of all medical care. A charge system was developed for charging the patients for each piece of equipment or each tray that was used for a procedure. All this paperwork, though, was processed manually, as nothing was yet computerized. Hospital management consolidated the patient supply areas into what was called Material Management. That was the current thing at that time. So this included Central Service.

And also, the other big event that took place was Multnomah County Hospital was consolidated with the Medical School Hospital in July of 1973, and this was a two-year process of combining, moving departments and name changes of the hospital.

WEIMER: That's a big undertaking.

STORER: Yes, because, see, each hospital had had their own separate departments for all of these functions. So the Material Management Department included the storeroom, with its thousands of dollars in supplies, the purchasing of these supplies, Central Service, an engineering department that repaired equipment, and the patient transportation. So each hospital had their own processing central service, each had their own storeroom of supplies, and all that went on and on.

WEIMER: So you had to take it on for both units?

STORER: Both central services for both hospitals and such.

For about two years I supervised three of these departments: the storeroom, the purchasing, and the central service, with managers in each unit. A person was then brought in with the title of Material Manager, and I remained in the department for about nine more months. During all of this time, though, I was active in the state organization of central service managers, known as the Cascade Central Service Association, and it became affiliated with the national organization for central service personnel and the American Hospital Association. We chose the name Cascade because we had members from both Oregon and Washington, and the Cascade Mountains are in both states.

WEIMER: That makes sense.

STORER: And the operating room nurses, their association already had taken the name of the Columbia River, so we couldn't use it [laughter]. And I was the state president in 1977.

During this time, as I said, in the late seventies, my daughters had mostly completed their education. Mary Ruth, the older, had three college degrees: a bachelor's from Portland State, a doctor of jurisprudence from the University of Oregon Law School, and a master of law librarianship from the University of Washington. The reason she went to law school was to become a law librarian [laughs]. And she had gone to Tennessee for her first job as a law librarian at the University of Tennessee Law School in Knoxville.

Margaret had completed a bachelor of music degree from Northwestern University in Evanston, Illinois, and was attending the California School of the Arts in Valencia, California, working on a master's degree in music performance and beginning her work as a studio musician in Hollywood.

I lost my mother in 1971. It was ten days after surgery for an intestinal obstruction that her blood chemistry levels remained in such imbalance that she had a cardiac arrest. My father died on the Fourth of July 1976, the bicentennial day, after two weeks of hospitalization and, ultimately, it was a stroke.

By 1979, my personal life had more stress than it needed. Besides all the changes in my job, I had family matters that needed special time and attention. My husband was diagnosed with cancer of the prostate in March of 1979 and underwent a radical prostatectomy. He returned to work at U.S. Bank in June but had more surgery in 1980 because of complications.

I had made my decision to leave a management position and return to direct patient care. Everything was planned that I would leave the Material Management Department and move to a new unit that was being developed at University Hospital. This was an intermediate care unit for newborns. This was returning to work with infants that were too ill to be in a normal newborn nursery but not ill enough for neonatal intensive care.

However, my oldest daughter had moved to Los Angeles in October of 1979, after only one year in Tennessee, and she was hospitalized in November with Guillain-Barre Syndrome. My last day in Material Management was the day she was moved to the intensive care unit at Cedars Sinai Hospital and put on a ventilator. I was notified of this about five a.m., and I was on a plane to LA by noon. I remained there for several weeks until she was out of intensive care. Nursing management was very considerate and postponed my start on the new job.

It was a relief to once again be in patient care, working an eight-hour shift without management responsibilities [laughter]. After a six-week orientation period, I was assigned to night duty for six months.

My daughter came home for a few days before Christmas, having had enough therapy so that she could walk with a cane. She remained with us until March and then returned to California to continue therapy. Her job was waiting for her, and she began working part-time in April. She made an excellent recovery, with some residual paralysis on the right side of

her face.

When my period of night assignment was completed, I returned to the day shift but did some night rotation and then had a set schedule of working every other weekend, Friday and Saturday nights. By that time it was required that the nurses were to work—the regular staff nurses to work every other weekend.

WEIMER: Why do you think that policy?

STORER: Well, it has to be spread out. If you don't, your senior nurses get all of the weekends off. I did not object to that at all, really. I always liked time off in the week. There's a lot more errands and personal things you can do, your own appointments are much easier to do.

That unit that I was working in was—not only did we have residents for OB-GYN, we had pediatric residents, we had family medicine residents. They were right next door to the delivery rooms—it was planned that way on the same floor—and so we attended the deliveries that were—where they could tell the babe might be stressed, if the heart rate had gone down just prior to delivery; all cesarean sections. We did a lot of resuscitations.

The day shift there, and even into the evenings, turned out to be—it developed over the years as this unit grew—more stressful, and so very few nurses—and this is true of all the hospital—patient care has become so stressful, very few are working full forty hours. It isn't just to please the bookkeeping, fiscal services, on accounting, it's really the—it's been the nurses' choices. I was the only—except for the management people, ended up the only one there working five days a week, forty-hour weeks, rather—or actually you got eighty hours in two weeks so they could do your schedule.

And the way I survived was I said, “I will work every other Friday and Saturday night,” because that was considered the weekend when you worked nights, Friday and Saturday. And then I had a set schedule, and it worked very well for me, because, yes, there could be stressful deliveries we attended at night, but that was not normal. There weren't the hubbub of the staff that was there making rounds and doing all of that. And I felt that's how I really—and some younger nurses would say to me, “Why are you doing this? You don't have any college expenses anymore.” I said, “I'm doing it for my retirement” [laughter].

WEIMER: Well, it sounds like it was a smart decision.

STORER: And that did really work out really quite well.

The other thing that was also a very different experience, because of the several dozen nurses in the unit, three of us were considerably older. The rest of the staff were young nurses just out of school, full of enthusiasm for nursing and life. They were the ages of my own daughters. But they were very courteous and treated all three of us as an equal. In fact, the one nurse that worked mostly part-time but always worked nights, and people got to call her Momma Jean and—and she was so wanting to be a grandmother, and when she finally

became a grandmother, we had a shower for her [laughter].

WEIMER: Oh, wonderful!

STORER: So that also was very different.

[Pause.]

I probably would have remained in this unit until my retirement, but another opportunity arose. The Material Manager—my previous boss that I left—also left the hospital, and two months later the Central Service Manager also left for what she thought was a better position in Seattle. Hospital Administration began recruiting for replacements for both of them.

Hospital management at that time thought the person to direct Central Service did not need to be a nurse. Of course, that would also mean a lowering of the pay with a different classification. I applied for the original position that I had when I first had come to the hospital as Manager of Central Service, and in fact talked to Dr. Alan Hartstein, who was in charge of hospital infection control at that time, and he very much encouraged me to apply and go back. But I made it very clear that I felt a nurse should be in that position, and I would not consider it if it were not a nursing classification.

Interviews were made for several applicants for the position, but I knew I was the only nurse, because that was the way the position had been advertised, that it was not a nursing position. The new Material Manager was hired and started work in August. See, that position was vacant from April to August, actually.

The first week of his employment he called and asked to meet with me. He offered me the position of Central Service Manager. As he said, I certainly was the choice of the search committee. That was mostly nurses, I should say [laughter]. And they are the ones that had done the interviews.

This was on a Thursday. I had Friday off and then was to go on vacation for a week. I said I would consider it and let him know the next day. I pondered this decision all day that Friday, and about three o'clock that afternoon he called me. When on the phone, I suddenly had this idea as if someone had talked to me. I can't say—I don't know how it came about. He said that it would be a great help to him to have someone in that position that knew the hospital and the job, since he was new. My response was, I will take the position if hospital administration will arrange a leave for me of sixty days from my present job in the intermediate neonatal care unit. This would give him time to get the position reclassified, through all of the State of Oregon personnel, back to a nurse manager. His own wife was a nurse who had worked in hospitals in the OR and central service, and he firmly believed it should be a nurse. Within five minutes he called me back and said it had been arranged [laughter].

I did not want to resign from the INCU if I would not have the nurse classification. I

wanted security that I could return to that position if need be. It did take almost sixty days to get the paperwork done for a position reclassification, and then I officially gave a written notice to the INCU.

So I began work in September of 1984 as Central Service Manager and later was again reclassified as a department director. During this time there were changes in the patient billing process. More computer use was done, and that's when the hospital, in 1986-7, along in there, put in this billing system, that they basically still are using, out of Pennsylvania. More computer use was done, but we were still, in my department, lagging behind other hospitals as far as getting everything—all the billing computerized.

Plans were being made for major changes in the department of moving the patient care equipment to another location and assuming more instrument preparation work for the surgical services department, because they were located on the same floor. There were many meetings with consultants and plans drawn, but no starting date was actually set. This was now 1989, and there was nothing definite from hospital administration as to when this major remodeling would be done and these changes in the work of the department would take place.

I decided that I could not put my personal life on hold because of this uncertainty. My husband had retired in 1983. In January of 1990 I gave the Material Manager written notice of my resignation for April 30th. He did not act on it until March. He kept asking me if I was certain, and didn't I wish to change my mind [laughter].

WEIMER: Subtle pressure there.

STORER: I agreed to stay until the end of May but had plans to go to California for most of June, so I figured the retirement might as well take place before I went.

I officially retired from University Hospital on May 31st, 1990, but my last working day was June fourth of 1990. I was invited back for several short meetings in July on more of the plans for this remodeling and reorganization.

During both of my tenures in Central Service I was a member of the hospital Infection Control Committee. I strived to standardize the sterilizing procedures done in the entire hospital and clinic setting. Many people wonder why a nurse would want to work in Central Service. My answer always was that you had to believe that what you were doing was making a difference in patient care. Everything done had to be of such a standard that you would feel secure if that equipment or surgery pack or instruments were used for you or one of your family members.

Most nurses have no idea what is required to have all the supplies and equipment available for them to use when they need it for their patient care. I still feel very strongly on that. I think they all need to really understand what's behind this, and I'm sure that they don't. It just suddenly appears [laughter], or they call for it and it's supposed to be there in two minutes.

But I feel very fortunate to have been in a profession that allowed me to remain working and still meet the needs of my family, such as my part-time work and night hours when my children were young. But I also must give my husband credit for his help in childcare and the children for their consideration [laughter]. But I was truly a trailblazer in being a part-time nurse beginning in the 1950s, and now it's very commonly accepted.

For the past four years I have been on the Alumni Board of the School of Nursing. My interest has been in trying to preserve and work with the archival material of the School of Nursing that has been accumulating over the years.

Now, in June 1999, my nursing class will have the fiftieth anniversary gathering of our graduation. Six of our seven members are still living. However, the June date is not working very well as two of them already had plans to travel Europe at that time [laughter]. So, currently, we're planning that there will be six of us getting together in late July.

WEIMER: Oh, how nice. And you've all kept, obviously, in contact with each other.

STORER: Yes. There are two of us in Portland, one in Pendleton, one in Washington, near Tacoma, and one in California. Only three of us continued in nursing, out of that seven, until retirement time.

WEIMER: The others either left—early retirement as homemakers or went into other careers?

STORER: Yes. Two had homemaker careers, and one of those is the one who died in 1971. The one in Washington, when her children were of an age she thought she might go back to nursing—and she was by far the most intelligent person in our class and the best grades and all—instead went to community college and got an AA degree in drafting and went to work for Boeing.

WEIMER: Oh. Well, I guess you can do that in the Seattle area.

STORER: But she still volunteers every week at the mall to do blood pressures.

WEIMER: Oh, how nice.

STORER: So she didn't entirely lose it. The California nurse worked in a surgeon's office until her retirement. My other classmate, Jean Caldwell, stayed at Multnomah County all those years and went through the transitions and the change and retired after thirty-eight years. She thought she was going for forty, but she finally said, "Hang it up" [laughter].

And also, Joe and I will have our golden wedding anniversary.

WEIMER: Oh, congratulations on all of that, really.

STORER: In December of this year.

WEIMER: It's a quite remarkable history. It's such a picture of the old-fashioned company town, the mining town; growing up in the Depression; going to school, nursing school, right after the war; going to high school during the war; becoming a professional woman but having to leave because you were pregnant. You didn't even have the choice to think about continuing to work. And, then, the rise in—well, coming back and working part-time, so the rise in part-time employment for women, which wasn't heard of before; and then, of course, your work in the neonatal clinic and premies, to see the beginning of that; and, of course, again, coming back and working in central services.

You saw a great deal of the hospital life, not just patient care, but how do you manage this from an organizational point of view, patient care, by getting the proper equipment and supplies. It's truly remarkable.

There have been so many changes in the nursing profession, not only with the advances in medical care and the new drugs and technology, but how do you see the profession of nursing in the future?

STORER: The one thing I really had wanted to mention and hadn't was the change—and it partly was because in 1973 I came back to a teaching institution, but I think it has happened nationwide—was the rapport and better rapport between nurses and physicians. The nurse's opinion was valued, and they were thought of much more highly by the physicians.

WEIMER: When you came back.

STORER: When I came back. And I think that out in the general public and, you know, the community hospitals, probably that has been happening with the younger physicians. There are still some old-timers, I understand, out there that do not value the nurse. But now it definitely is a team approach, and particularly when you get in any of your intensive care settings. The physician isn't there twenty-four hours a day, it's the nurse that's there.

But it was a much different picture from when I left the Hill in '53 till when I came back in '73, the respect the physicians had for the nurses, and not just the interns and residents, but the teaching physicians, and staff physicians did.

Now, you were talking about where I think the future will be.

WEIMER: Yes.

STORER: Well, as you can see, neither of my daughters went into nursing. One of them definitely had the bent for music. There was no question there that she would ever do anything else, since she was picking out tunes on the piano before she was four. And the other one was such a studious person, and she's the one who had the Guillain-Barre and was

the more frail person to start with so would never have probably had the stamina for nursing. I don't care where you go into nursing, there is a lot of physical work that's needed.

Well, right now, of course, nursing is going through one of those transitions it went through about twenty years ago. First there were too many nurses, and now they're saying there's not enough. There are many new fields that have opened up, it isn't just hospital nursing. There's much more home health care.

Another thing that's been interesting, one of the members of the Board of the alumni has gone into prison work. People forget that as we have exploded the number of—our population in our prisoners, they have also tried to improve their medical care for them; and that has been another area people don't often think about.

The one negative aspect I really see, and one nursing friend who's here in Portland and I talk about this, the old saying, what goes around comes around. We went through a period in the seventies, in through there, and University Hospital tried very hard to establish primary nursing care so the patient didn't see so many people coming at them with uniforms of any color. Nobody was designated anymore as to what their responsibility was, and one nurse prepared their medications and gave their medications and gave all their care, basically. Yes, somebody else could bring their tray, but the nurse was still responsible to see, did they eat their food, did they have the intake they should. Now that has been decentralized again.

And you see this in home health, too. That is the thing that's so discouraging, that more and more home help has been delegated down to the aide who comes in to give the baths, but are they really doing it? And the people want them to also vacuum and do the other work.

WEIMER: Because they don't see them as a professional service.

STORER: They don't see them as a professional nurse, yes. And I think—I never had much of any public health schooling at that time. Public health was a special program where a nurse—a person who already was a registered nurse came back and got the year's advanced training for it, or education. I dislike somewhat the word training, and here I'm using it just like, you know, it really is education.

And there is a greater need, and, again, it's going to come down to the fiscal, who is going to support this. See, what I saw the demise of was the agency private duty nurse, where the person with extra means hired their own nurse to come and stay with them. But as the skills of nursing increased, those nurses in agencies were not updated and couldn't meet those skills, and that was gone.

Then, after a few years, the agencies developed that were moneymakers, that they—there were then nurses that were going to go into the hospital. And they're still somewhat being used today to fill in the gaps. When there's absenteeism due to illness or too many patients for what they planned to staff for, they call in the agency nurses. So that has been a change in what an agency nurse is and how they fit in the hospital.

I heard the Dean of the school talk to the Alumni Board, and she said now the people are going to realize there's going to be a shortage of nurses, and it's looming on the horizon because of the coming retirements. It's the same as schoolteachers. She said the crisis we're already facing is the nurse educators. You're not going to have nurses if you don't have the instructors, the professors, for them.

And already—you see, the change that came in nursing while I was there was the two-year school came in. They take the same state boards—still do—as the degree nurse. The three-year schools of nursing disappeared in the 1960s because they were not cost effective for the hospitals to have. The students were not paying the tuition that it would take to support their school.

The one classmate of mine that was in the early program to get a master's degree...

[End of Tape 2, Side 2/Begin Tape 3, Side 1]

WEIMER: This is tape three, side one, of the interview with Carol Storer.

You were just talking about the hospital nursing schools and why they weren't cost effective.

STORER: Yes. It became so expensive that the patients' revenue was actually having to pay to support the school of nursing, such as at Providence Hospital (where my classmate was an instructor), and so the schools had to close the three-year schools. So you were left, like what you have today, with the two-year school, and, then, the baccalaureate program, which primarily is a four-year program. And, of course, the tuition for these four-year schools has really increased because they have to pay a good share of their own way. You get into the private schools, not at the university here, and they're even much higher on their tuition.

But what I'm getting back to is that the community colleges now are faced with such a shortage of instructors in their two-year programs, they're going to probably begin curtailing the number of students they can take.

WEIMER: Which increases the nursing shortage.

STORER: Increases the shortage. Because this school, a number of years ago, decreased the number of baccalaureate students that they would take to increase, then, the number of master's program students and the doctorate. There had to be a give and take, because at one time, I understand, the classes were up to one hundred students here in the baccalaureate program in the seventies. And, then, that gradually decreased as more emphasis was put on these other programs. So, as I said, this cycle was going around again.

And the other thing that is so changed is that the nursing student now, particularly in the baccalaureate program up here, but very likely in all of nursing programs, is not the

bright, happy-go-lucky eighteen-year-old just out of high school. There are very few of those students anymore. They're older, many of them have families, many of them have had other careers and it's a change in career for them. So it brings a very different student to the campus. They're here to get an education, they're not here to socialize, and they don't develop the camaraderieship that was done when we all lived together those thirty-three months in the dormitory, or thirty-six months, depending on which program you were in, because that diploma program was the thirty-six month.

So, as I said, I don't have any crystal ball to forecast where nursing is going. It's very challenging, and the way hospital stays have been shortened, most all the patients are what would have been intensive care twenty years ago, because they're so ill.

WEIMER: Right. The whole idea of patient management in hospitals has changed. And, of course, the cost, and the reduction of cost if at all possible, and the limiting of number of days you can stay is difficult.

STORER: Yes, it is very difficult.

WEIMER: Well, I should give you fair time and ask if there's anything you'd like to add that we haven't talked about.

STORER: I thought I covered most of it [laughter] from my childhood through my nursing. I threw in a little bit of personal.

WEIMER: I think that's important, because nursing is an example of a profession, mainly of women, especially when you became a nursing student.

STORER: Oh, yes. We had no male students at all.

WEIMER: And you just had to work it around your personal life, particularly with twenty-four-hour a day—well, you have to have nurses twenty-four hours a day.

STORER: Right, and the twenty-four-hour staffing.

WEIMER: Well, I'd like to thank you very much. It's been enjoyable, and I've learned a lot.

STORER: Well, thank you.

[End of interview]

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