

OREGON HEALTH SCIENCES UNIVERSITY HISTORY PROGRAM

ORAL HISTORY PROJECT

INTERVIEW

WITH

Betty Weible

Interview conducted June 2, 1999

by

Heather Rosenwinkel

SUMMARY

Nurse Betty Weible begins the interview by describing her childhood in the dust bowl of the Middle West during the Depression. The family eventually joined her grandparents in Washington State, and Betty spent her high school years in Camas. Having decided at a very early age on a career in nursing, Betty attended the Emanuel Hospital School of Nursing in Portland. She describes her education there, and the pediatric rotation that first brought her to Doernbecher Hospital.

Soon after graduation, Betty began work as the night nurse on the preschool unit in Doernbecher. She describes the types of patients they saw, the visitation policies for parents, and the nurses' working conditions. She also recounts a little bit of the history of Doernbecher.

In the late 1940s, it was becoming apparent that the survival rate of premature infants was on the rise; Head Nurse Shirley Thompson was one who saw this trend and the need for special nursing care of these preemies. Betty was given the opportunity to travel to Los Angeles for further training in premature infant care. Upon her return, she became head nurse of the Doernbecher premature nursery when it first opened in October 1951. She talks about the development and management of the unit in its early years and about some of the special problems that premature newborns faced.

Betty returned to school in 1953, this time to earn her bachelor of science degree in nursing at the University of Washington. After a brief stint as an instructor for the University of Oregon School of Nursing, Betty returned full time to Doernbecher as Nurse Supervisor of the entire pediatric unit. She describes recreational activities and educational assistance provided for the patients and again discusses the kinds of cases that were typically seen at Doernbecher.

After twelve years in pediatric nursing, Betty moved further into hospital administration, becoming the Nursing Personnel Coordinator for the University Hospital. She talks about staffing and recruitment issues, and describes early labor negotiations between the hospital and the Oregon Nurses Association. She notes that there have been periodic nursing shortages throughout her career. She also highlights some of the trends in nursing, including the role of licensed practical nurses in the provision of care.

Of all the many roles she played at Doernbecher, Betty is most proud of her accomplishments as head nurse of the premature nursery. The babies were her extended family, and she speaks with pride of some of her early patients. After the interview officially ends, the recorder is turned back on as she fondly describes Christmas at Doernbecher: dressed in a ratty Santa suit, Dr. Gorham Babson would distribute donated gifts to all the children out of bags decorated by Betty's mother and sister.

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Interview with Betty Weible
Interviewed by Heather Rosenwinkel
June 2, 1999
Site: History of Medicine Room
Begin Tape 1, Side 1

ROSENWINKEL: We are in the History of Medicine Room at OHSU in the Old Library, and the date is Wednesday, June the second.

Betty, I'd like to welcome you to the oral history program, and I'm glad you were able to talk to us. So the first thing I'm going to talk about is to ask you where you were born and where you were raised.

WEIBLE: Well, I was born in Julesburg, Colorado, in 1925, December 24th. We lived on a little wheat ranch that was out on what they called the plateau in that part of Colorado. I'm the oldest of four. I have one younger sister and a brother still living, and then my youngest sister died in 1988.

We traveled a lot because it was at the beginning of the Depression, and my father traveled to find jobs, find work. We lived for a while in Arkansas; we lived for a while in Nebraska, where both of my families of grandparents lived.

Then one family of grandparents came out to Washington State, and then we followed them; and then we were here the rest of the time as I was growing up. I went to high school in Camas, Washington and graduated from there just at the beginning of the war.

ROSENWINKEL: Okay. What effect, other than moving frequently, did the Depression have on you, on your family?

WEIBLE: We were right in the middle of it, the Depression, and the drought that hit the Middle West at that time.

ROSENWINKEL: So your father had a farm, and the topsoil blew away, is that the idea?

WEIBLE: Right. And my mother would plant things, and either the grasshoppers would eat them, or the hot, hot, dry weather would get them. So my father was working—he always was interested in machines and loved to tinker with engines and things, and he worked during the day with the farmers who managed to get some crops, running the big heavy equipment—and maintaining it—that did the harvesting, and that kind of work on the farms.

And they would work from daylight to sunset, and then he would drive a gravel truck

at least four or five nights a week from Wayne, which is in northeastern Nebraska, up just across the state line into South Dakota. And my mother was so fearful that he'd go to sleep some night driving that she—her parents were out by Fishers in Washington at that point, and so she managed to round up train fare for us, and we came out, looking like a bunch of urchins [laughs]. We were skinny, and I've always blamed that for my problem with weight that I've had as I've grown up [laughs].

Anyhow, we got here in September, and the plums were just getting ripe, and the apples were falling off the trees, and my littlest sister, who was about two-and-a-half or three at that time, she had enough teeth in front to chew, and she'd go around with an apple in each hand and take a bite off of one and then take a bite off of the other one, and the juice would run down her chin. Like I say, we thought we'd died and gone to heaven.

ROSENWINKEL: So you went to high school, then in Camas?

WEIBLE: Right.

ROSENWINKEL: What surprises me is that people graduated from high school at that time and didn't have to go out to work. So you were fortunate, I imagine, in that respect?

WEIBLE: Oh, yeah. By that time my father was steadily employed in what was then the Crown Zellerbach paper mill in Camas, and he worked there until he retired in, oh, 1946 or '47, I think.

ROSENWINKEL: We have you now in Camas, and during your teenage years what kind of interests and hobbies did you have?

WEIBLE: Well, I had a problem with my eyes that they discovered because I couldn't read the blackboard [laughing] when I was sitting in the front row in school. And in about the fifth grade I was fitted with glasses by an ophthalmologist in Vancouver, and then every three or four months I'd have to get a new prescription; and so he told my mother, where I could hear it, that if I kept on at that pace that I'd be blind by the time I was a teenager. Well, you know, [laughs] you don't do that. But anyhow, it finally slowed down a bit.

But I used to practice going up and down stairs and stepping off of curbs without looking, just in case. One doctor, the family doctor that we went to, told my mother—because I read all the time, everything I could get my hands on, and he told her to get me involved in something that would get me outdoors, and get me to moving around a little bit outdoors. So my sister was already playing clarinet in the band, and they got a French horn for me, and I played French horn [laughs] in the band in junior and senior high school.

ROSENWINKEL: So you had musical interests, then.

WEIBLE: Oh, yes.

ROSENWINKEL: And then what intrigues me is how you focused your interest into things biological, into nursing. How did you move from being in high school to going into nursing?

WEIBLE: Well, from the time I was about this tall [demonstrates] I wanted to be a nurse [laughs]. My father's father was my favorite adult, outside of my parents, and we spent a lot of time together. He had a fourth grade education and had been born in Germany, and his parents brought him to this country when he was about eighteen months old.

And he always wanted us to do well in school and to go as far as we could, but in those days about the only profession that a woman could have, aside from marrying and having a family, was schoolteacher; and he told my mother that teaching school was hard work and that it didn't really get the respect that it should, and he didn't want me to do that.

But about that time I started bandaging up all of our cats and dogs, because we lived on a little farm at that point, and anytime anybody would have a wound of any kind, [laughing] I was right there front and center.

ROSENWINKEL: You got really practiced.

WEIBLE: Right. I don't remember, it just seems like I always knew that's what I wanted to be because we didn't have any other nurses in our family for me to emulate, but I just knew that's what I wanted to do.

ROSENWINKEL: And tell us how you selected the Emanuel Hospital School of Nursing.

WEIBLE: I had interviews—well, first of all, we couldn't afford, because there were the three kids behind me yet, we couldn't afford the cost of a program like that in a hospital or in one of the universities. But about that time the Cadet Nurse Corps came into being because—[pause] well, let's see, I don't remember the dates exactly.

ROSENWINKEL: It doesn't matter.

WEIBLE: And they paid, if you could qualify—you had to be accepted by a school of nursing first, but a lot of the schools weren't utilizing the program. And Emanuel was, and they arranged through the high school for me to come into Portland and visit at Emanuel Hospital and have an interview with the director at that point, which was a big deal because gas was rationed during that time and you didn't go any extra places [laughs].

Anyhow, when I walked in, I just felt like “This is the place I want to be.”

ROSENWINKEL: It felt like home to you.

WEIBLE: It felt like home to me, and they were very kind and very interested, and I'm sure they dealt with a lot of starry-eyed kids at that point.

ROSENWINKEL: How old were you at this point?

WEIBLE: I was eighteen, and the class—by the time we got there, the class for that year had already been set because their classes started in July, and so I had to wait until the next year to get in, and—have I got the date right there? [Points to document].

ROSENWINKEL: Yes, so you started in July of 1944.

WEIBLE: I started in July of '44. I had been working at the library at school, helping the librarian there, and so I did another year at Camas, a postgraduate year, you know, and played in the band and just kind of goofed around and had a good time [laughs]. And of course I was in seventh heaven with all those books, so it was a good year.

And then my sister and I, my sister just younger than I, worked with the City of Camas in their playground during the summer. She had worked there a couple of years before, and then I worked with her, again working with the kids. So I was outdoors and in the fresh air [laughs].

ROSENWINKEL: And doing your band also.

Well, let's put you now into Emanuel Hospital, and I assume this was a three-year program?

WEIBLE: Right.

ROSENWINKEL: Okay. Well, let's hear a little bit about the course work you took and the experiences you had there.

WEIBLE: Right. Well, I can still remember the first day. We had a whole list of things that we could bring with us, and we had to be at the dorm. It was an old dorm; they were building a new one across the street, appropriately named Sister Betty Home [laughs].

ROSENWINKEL: You would have felt right at home.

WEIBLE: [Laughing] Right. But as the girls would come in with their big trunks and all the other stuff that we were allowed to bring, there was—I can't exactly describe the atmosphere, but it was kind of excitement, apprehension, feeling that you were right on a precipice [laughs], starting out this new part of your life. And of course I doubt that we thought about it as profoundly as that, but as I look back, why, that's what I think.

I saw this one little girl—"little" because she was short—who was standing by herself, and my family were all around in the lobby area, and the other kids all had family around them, too, and I felt sorry for her. She looked like she'd just been picked up out of a ragbag. I mean, her clothes weren't tattered or anything, but she just—anyhow, I felt sorry for whoever ended up as her as a roommate, and guess who it was! [Laughter] It was me.

And her name was Betsy. Her father was in the military, and she was an Army brat, I learned later. She didn't finish because she couldn't really accept the discipline and the control that they—you know, not letting us do things that weren't on the list [laughs].

ROSENWINKEL: You had a lot of rules, then, during the time you were there? Like what, for example?

WEIBLE: Well, it was going from living with your family and coming and going as you want, to you had to be in at certain hours; you had to have your lights off at certain hours; you had to get up at six o'clock in the morning and be in the dining room, all dressed, ready to report to your unit by seven o'clock. And you didn't skip breakfast, you were there [laughs].

ROSENWINKEL: And you were ready to work.

WEIBLE: And you were ready to work.

ROSENWINKEL: Well, let's take a typical day in the life of a student nurse. You'd be ready to work by 7:00. Now, you didn't mention uniforms at all yet.

WEIBLE: Oh, well, those were issued to us. In fact, we had two sets of uniforms because we had the gray and white uniform suits that were provided by the Corps, and we had summer uniforms and winter uniforms and a heavy coat; and then the hospital, as part of their agreement with the Corps, provided our uniforms, and they were like that one that I'm wearing there [points to photograph]—in fact, it was one of my student uniforms that I had on when I was in the picture with the little boy on the frame.

They had Peter Pan collars, buttoned down the front—

ROSENWINKEL: Dresses?

WEIBLE: Dresses, yeah; and they were white, and they were long. Oh, yeah, and then we had our caps, like the one I've got there, too. And they came as a flat piece of starched material, and then you had to fold them and use paper clips to get them together [laughs].

ROSENWINKEL: So here we have you in uniform. We have you at seven o'clock in the morning ready to go. So was it classes first, then?

WEIBLE: No. Most of the time—well, it was about the first three months because we were probationers at that point, and we spent most of our time in class. But they were all classes related to the nursing program.

Then as soon as we—we got our caps at the end of that time because you didn't wear a cap if you were a probationer. There was a lot of ritual and protocol, I guess you could call it. And of course I always felt that the band training that I had—because we had a real

taskmaster who was our director, who was very insistent that we follow uniform codes and those kinds of things; and I always felt that that helped me adjust a little more readily to the things we had to do as students.

But anyhow, after we got our caps then we were assigned specific nursing units. And I can't remember for sure, but I think my first unit was on a medical floor, I think it was the second floor, and they had adult patients with all kinds of medical—anything that didn't have surgery went to that floor.

So as soon as we'd finish breakfast then we'd report to the unit that we were assigned to for that day and get our duties that we were going to be doing. The instructors would work with us if it was the first time we'd done a procedure, and then later on we were on our own. We spent a lot of time in the utility rooms scrubbing bedpans [laughs] and cleaning up.

ROSENWINKEL: So you were doing the duties of what a practical nurse or aide would do now?

WEIBLE: Yeah, that's what we started out with.

ROSENWINKEL: So you started that way. So this was direct patient care, very direct?

WEIBLE: Very direct. The first patient that I had to give a bath to, with the instructor watching, was in her eighties, I'm not sure how old she was, but she was from one of the Scandinavian countries and didn't speak a word of English [laughter], and to try to communicate to her what I wanted her to do was interesting.

ROSENWINKEL: So let me see if I understand this. You would be assigned to a ward; there would be a director, a head nurse for that ward.

WEIBLE: Right.

ROSENWINKEL: And then she would actually do direct teaching with the patients right there?

WEIBLE: No, there were instructors that weren't head nurses. We had three instructors that worked with our class, and they each had their areas of expertise. Then when we were on the medical units we'd have one instructor; when we were on orthopedic areas, we'd have an orthopedic nurse—in these days they would probably be called nurse specialists or instructors in orthopedic nursing.

ROSENWINKEL: So during your first year, you would have medical and surgical rotations, I suppose, and what else?

WEIBLE: We had orthopedics, we had—let's see, general surgery, medicine. Towards the end of our first year was our first rotation through the OB department because

Emanuel Hospital had a big OB unit at that point, and in fact it was a separate building. So we'd be assigned there.

We started out on the postpartum units, and that's the only thing I never really enjoyed [laughing] in all of my nursing experience.

ROSENWINKEL: The postpartum units?

WEIBLE: The postpartum units. I got so tired of these healthy young women being such babies and bossing us around [laughter]. They'd drop their newspaper on the floor, and then they'd push their buzzer and want you to pick it up for them. And I had come to that area from a medical unit, where we had some really, really sick people, and I kept thinking about how that time could be so much better spent [laughing] over there with those patients instead of waiting on—and of course I've mellowed a tad bit since then, but I didn't have much sympathy with the mothers.

ROSENWINKEL: So we have you doing these various rotations during your first year, and what were the second and third years like, just in general?

WEIBLE: During that time we had our pediatric rotation here [Doernbecher] for three months, and that of course was the highlight. And then the next thing that I liked the best was in the operating room, and we were there for a long time. We started out on tonsils, helping with the tonsillectomies, and then progressed on.

ROSENWINKEL: So you were in cap and gown and mask, and you were actually assisting the physicians as they were doing this, or were you actually doing some of the work yourself?

WEIBLE: Well, under their direction only. We didn't do any suturing or anything like that. Mostly our job was to figure out what instrument they were going to want next and pass it.

ROSENWINKEL: So you were more like a surgical nurse assistant to the physician.

WEIBLE: Right.

ROSENWINKEL: So we have you doing tonsils, and what else did you see that was interesting?

WEIBLE: Well, I was there over the Fourth of July, and we had a couple of youngsters that came in with parts of their fingers damaged from firecrackers. The doctor who was one of the chiefs, his son had had an accident about four years before this episode, and it always upset him so when he'd see these little kids come in with their hands damaged. He'd wanted his son to be a surgeon, too, and he lost a finger and they didn't feel that he'd ever be able to do this. So I remember that.

We also had one little surgeon who was a really good surgeon, too, famous. He was from one of the southern European countries, and I don't remember just where. His first name was Moses, but I don't think that was any clue [laughs]. But he'd sing opera while he was doing his operations, and if you could figure out which opera it was from or what the name of the piece was that he was singing, why, you were in like Flynn [laughter].

ROSEWINKEL: So at the end of your third year you graduated with a degree or a diploma?

WEIBLE: No, just a diploma. In July, in 1947. And by that time I knew I wanted to come here [Doernbecher].

ROSEWINKEL: But let's back up for a minute. So you have a diploma, and what I wanted to get at was you obviously liked pediatrics, and you had a pediatric rotation, before you graduated, up at OHSU. And what did you discover during the pediatric rotation up here? And this was the old Multnomah County Hospital, right?

WEIBLE: Well, it was Doernbecher. It just reinforced my feeling that that's where I wanted to be. Shirley Thompson was the director of nurses at that point, although they called it Supervisor of Nursing. Mrs. Barton, Evelyn Barton, was the night supervisor. And the first—well, about the first six weeks or longer I worked the 11:00 to 7:00 shift. As students from Emanuel, they wouldn't let us take the bus and work the evening shift, so they had the choice of assignments for us, days and nights, and we ended up getting most of the night duty [laughs], the ones from Emanuel.

The hospital had to hire a taxi to pick us up at the dorm, bring us up here, and then in the morning we were on our own because it was daylight, and we couldn't get hurt, they didn't think. But I did that for at least six weeks, and so I decided that that was where I wanted to start. I knew I'd have to start there because all of the new RNs did.

My very first job was a two-week job as camp nurse at a private girls' camp out by Sisters, Oregon. I really was there mostly just because of their insurance [laughing] and they needed somebody on board.

ROSEWINKEL: Before we get you any further into the camp nursing, we have you as a diplomate of the Emanuel School of Nursing, but you also were in the Cadet Nurse Corps. Did you have any obligations for military service?

WEIBLE: No. We had to stay in the nursing field for two years after our graduation, and so it was a great program for people like me who couldn't have afforded to go.

ROSEWINKEL: But you did not have to go overseas or have any—

WEIBLE: No. We didn't have to have anything to do with any branch of the service.

ROSEWINKEL: Today, you know, if you go through one of the military programs

you have to practice for a couple of years in remote places like Indian reservations or distant locations, or something like that. So you didn't have anything like that?

WEIBLE: No, as long as we were actively in the field of nursing, that was the only requirement.

ROSEWINKEL: So you had no military service at all except for the reserves for two years?

WEIBLE: Right.

ROSEWINKEL: That's interesting. What other effects did World War II have on your education or in the next—you graduated in 1944 and the war ended in 1945. So, in that time period, was there any effect of the war on you or what you did?

WEIBLE: Not really directly. The only things were the blackouts and no gas and those kinds of things. Of course we were all very glad when it was finally over with because, in my graduating class, about six of the boys had enlisted in the various branches of the service, and we lost two boys on the Arizona in Pearl Harbor, and there were others, too, that didn't make it back later.

ROSEWINKEL: You're talking about your high school graduating class, now?

WEIBLE: High school graduating class, yes.

ROSEWINKEL: Did you have male nurses at that time?

WEIBLE: No. There may have been a few, but there weren't any in our class, and it wasn't the popular—accepted thing, as it is these days [laughs]. Everybody looked down their noses at them like there was something wrong with them if they wanted to go into nursing.

ROSEWINKEL: Well, I'd like to ask next about how you came to Doernbecher Hospital. After we have you as a camp nurse in Sisters, then I assume shortly after that you arrived on the Hill?

WEIBLE: Right. When I came back from Sisters on the bus at the end of my two-week trip, I had decided while I was there that I was going to—I had a layover here in Portland before I could get a bus to Camas, and I made an appointment to come and talk to Shirley Thompson, because she had told me when I had finished as a student here that if I wanted to come back that I would have a spot. So I stopped and had my appointment with her and was hired, then, to start. But I didn't want to start working until after I had taken State Boards because they were a real horror experience [laughs], and I knew that I really wanted to get them out of the way.

ROSEWINKEL: When did you take the Boards, then?

WEIBLE: We took those at the end of August, and I got my results back right after the first of September, and I started work here on October thirteenth, the day after Florence Nightingale's birthday [laughter].

ROSENWINKEL: What a fortunate experience! This was 194—

WEIBLE: That was '47.

[Pause.]

ROSENWINKEL: We now have you up at Doernbecher Hospital, and what was the first position you had at Doernbecher?

WEIBLE: I was night charge nurse on the preschool unit.

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

ROSENWINKEL: Continue telling us about the preschool unit at Doernbecher.

WEIBLE: Okay. I worked on that unit as a student when I had been up here for my rotation in peds, and I knew the night staff because Mrs. Barton, the night supervisor, had been there when I was working there as a student. And there was one other RN that worked regularly nights, and she worked on the school-age floor, and then just before I came they hired another RN to work in the nursery area, which was also on the fifth floor.

So there were three RNs, and I made the fourth RN. And we had student nurses who worked with us on the 11:00 to 7:00 shift, and they were just beginning to—well, they had begun to start using the antibiotics: penicillin and some of the sulfa drugs, too, on the kids, which meant that they had to be awakened every three hours for their penicillin shots. They didn't have the long-acting at that time, and so you had to keep their blood levels up. You had to give them an injection every three hours. And there was room for twenty kids on the preschool area, and about that many on the nursery area.

And Mrs. Barton would come and help us make our rounds, and we'd give the kids their penicillin shots and then sit them on a bedpan and give them their sulfa, and give them lots to drink because it was important to keep the fluids pushed on any of the kids that were on sulfa. And then we'd change their beds from all of the forcing of fluids that we'd done and tuck them back to sleep, and [laughing] about the time we'd finish the last one it would be time to start the next rounds.

ROSENWINKEL: Tell me why you were giving sulfa drugs—for what?

WEIBLE: Oh, for infections: kidney infections, other bacterial kinds of infections and respiratory things. They used both the sulfas and the penicillin for just about anything that was wrong [laughs], and that's one of the reasons that we have the problems that we have

today with it, I think. But at any rate—and then there were ointments with sulfas in it, too, that were used for skin infections. And like I say, we really forced fluids on those kids.

We had one little boy who had celiac disease, it's a disease that involves absorption of fats and things from their foods, and they get really big tummies and have huge stools, and we'd sit him on his bedpan and then feed him—Jello and cottage cheese and bananas was the specifics for him, and they have voracious appetites. That disease they outgrow if they live to puberty, but the cystic fibrosis, which resembles that, they don't recover from that. They're living much longer than they used to, but they still don't have a cure for that.

ROSENWINKEL: So we have you giving them the drugs in the middle of the night, looking after the kids in general if they're frightened, doing the bedpan bit. What other duties did you have in the night?

WEIBLE: That was pretty much it because by the time we'd finished, like I say, one round, it would be time to start the next one.

We had a little kitchen on the fifth floor, and because of the age of the kids they weren't easily disturbed unless they weren't feeling up to par, so the staff had their mid-shift break in our kitchen, and then Mrs. Barton would come up and make the coffee. There was a dumbwaiter that came up from the kitchen, and she'd make the coffee down in the kitchen and then send it up in the dumbwaiter. And the day kitchen staff would leave a tray for us that had fruit and bread and peanut butter and jelly and anything else that they thought we might be able to eat.

ROSENWINKEL: Kept you going through the night.

WEIBLE: Right. And usually we'd take that break about 2:30 or three o'clock, and there was one little boy, I've got a picture of him here somewhere, that was in with renal rickets, and he was very tiny for his age. And his name was Twitchell, and he'd hear us out in the kitchen, and he'd smell the coffee, and he'd make a noise until I'd go in and get him, and I'd bring him out to the kitchen with us, and we'd fix him a piece of toast with peanut butter and jelly on it, and he'd sit there munching away on that. And it had to be cut in triangles, and then he'd pick up the crust and chew on the point first and eat it down to the crust.

After he went home, his mother called back and talked to Shirley Thompson because she wanted to know what we were doing at 2:30 in the morning, because after he got home he woke up and wanted his peanut butter and jelly sandwich at 2:30 in the morning [laughs].

But that was what we did. If there were kids that were upset or distressed and needed a little extra attention, then we'd do that. We didn't have any rocking chairs yet in the units. They do now. But we still could cuddle and hold them and give them comfort as much as we could.

ROSENWINKEL: What role did the parents play in the evening?

WEIBLE: Oh, that's something I wanted to tell you, too. When I first started working there—well, when I was there as a student was the first time I saw it, but the visiting hours were Sunday afternoon for an hour and Wednesday night for a half an hour. And the parents came in through the main, bottom floor, which was the admitting area, and were given gowns, long-sleeved gowns with the hands sewed together; and they would stand out in the hallway outside of the wards where the kids were, and whichever family was there, we'd push that crib up to the door. And the kids would sit in their cribs howling, and the moms and dads would be standing out in the hallway weeping because that was as close as they could get to them.

ROSENWINKEL: There must have been a reason this, for the segregation?

WEIBLE: Well, see, they started it before the antibiotics, and it was to cut down on the chances of infections coming from the parents to the children and then affecting the other children, too. That was one of the first things that Shirley Thompson took care [laughing] of when she arrived on the scene.

ROSENWINKEL: What did she do?

WEIBLE: [Laughs] She changed it.

ROSENWINKEL: And what did she change it to?

WEIBLE: She changed it to—well, they increased the length of time and the number of days; and the parents could go into the children's rooms, into the wards and into the children's rooms. At first they still couldn't pick them up, but gradually as the time went on they were able to. [Laughing] She always said she wished afterwards that she'd had a party to cut up all those gowns with the hands sewn shut.

ROSENWINKEL: So that was a major change, then, in the visiting hours.

WEIBLE: Oh, yeah.

ROSENWINKEL: That would have been something quite radical at that time.

WEIBLE: Oh, and we all dreaded it because we'd see how the kids would cry all night long after one of the visiting sessions, and we thought, "If we're going to have to do this every day, I'm not sure it's worth it." But it never happened because, you know, when the kids saw their parents disappearing and they couldn't touch them, they didn't know whether they'd ever see them again.

ROSENWINKEL: They'd be very scared, I would think?

WEIBLE: Oh, right.

ROSENWINKEL: So you said that was one of the changes in the rules. Did she make

any other changes that were as large as that?

WEIBLE: Well, I'm not sure—she was one of the ones that was the instigator in getting the preemie nursery started.

ROSENWINKEL: And we'll talk about that a little bit later.

WEIBLE: Yeah. But she had a very good rapport with Dr. Bilderback, and the two of them would—every time he came to the hospital, he'd check in to see how she was doing, and so he was a big supporter of hers in any of the changes that she wanted to make, and I'm sure that there were a lot that she did, [laughing] but I didn't happen to be as intimately involved in them as I was in this.

ROSENWINKEL: Because you were basically working in direct patient care as opposed to administration.

WEIBLE: Right.

ROSENWINKEL: And you would be carrying out the changes, if there were any.

WEIBLE: Right.

ROSENWINKEL: Do you have any other impressions of your first two or three years of work that you'd like to share with us?

WEIBLE: Well, it was just a very exciting time for me because I was doing what I really wanted to do. Like I say, it was during those years that they were able to cure so many of the diseases that they hadn't been able to cure before, like that little boy on the frame [points]: if it hadn't been for—

ROSENWINKEL: This is a boy with Pott's Disease.

WEIBLE: Right. If it hadn't have been for the introduction of new drugs for his disease, he would have died of meningitis because he would have gotten tuberculosis in that vertebra, and then he would have ended up with meningitis. And I also was part of—some of the children that we had on our unit were some of the first candidates for the heart surgery. I've been trying to remember the name of the surgeon who did our heart surgeries, the first ones.

ROSENWINKEL: There was a Dr. [Allan J.] Hill who was in Pediatrics.

WEIBLE: Right. That would have been in—

ROSENWINKEL: That would have been in the later '50s, I think.

WEIBLE: Well, the late '40s, early '50s, I think, because we did some of those long before they were doing them in a lot of the places.

ROSENWINKEL: Besides the early heart surgery, I gather around 1950 that polio was a terrible problem and scourge here?

WEIBLE: Well, I missed out on the—by the time I got there the vaccines were being used.

ROSENWINKEL: The Sabin and the Salk?

WEIBLE: Right. In fact, where we ended up with the preemie nursery had been the unit that they had used for their polio packs. And by the time I got there, they didn't do those anymore, Sister Kenny's polio packs. So I didn't have to go through that part.

ROSENWINKEL: During your first two or three years, did you see a lot of a particular kind of disease? I know you saw respiratory problems and a whole bunch of other things, but do any one or two diseases strike you as being particularly prevalent during the early '50s?

WEIBLE: Well, not really. I don't remember any. I suppose that maybe the deformities, the birth defects that were happening—and then of course they were able to do corrective surgery for those. But we got children from all over the state, so we got a good variety of conditions.

ROSENWINKEL: So Doernbecher became the hospital, then, for the entire region, both Oregon and Southwest Washington?

WEIBLE: Well, yeah, when they were—see, it was opened in 1926, and at that time—well, before, Mr. Doernbecher had died, and his children left six hundred—

ROSENWINKEL: A large amount.

WEIBLE: Yeah, for them to build a hospital for children. [Laughing] It's too bad you can't hear Dr. Burt Barker, who used to be head of the Guild, tell the story of it. The State agreed to cooperate with this, and they had the little parcel of ground here on the Hill because of—the man who bought this property up here, supposedly it was for a railroad, and he didn't ever get out to look at it, and he bought it sight unseen after some good times in St. Louis. And then when the company got out here ready to put their depot and their roundhouse in, it was up here on the top of this hill [laughs]. And so they—some say they sold it, and some say that they donated it to the State of Oregon for them to use for the Medical School because the old Medical School was over on the east side somewhere, and they needed facilities for it.

So they built that first, and then they built the Doernbecher unit using his money. But there wasn't enough left over to operate the building and maintain it as a hospital for the children, and the State Legislature at that point didn't want to put any more money than they

already had in on it, and so they refused to fund it. Because it was set up to take care of children all over the state, the Guild formed, and they made the rounds of the state and talked people into contributing different things.

A whole group of ladies in Roseburg used to can vegetables and fruits, and they'd pack them in big wooden barrels—and they were still coming here when I was back as a grad. You know, they were those big barrels, and they pack them in sawdust with the fruit jars, and that was what they used as part of the diet for the staff and the kids, and they'd do that in the spring and in the fall.

And then I used to make trips, oh, to Southern Oregon and to different places, because there were different Guild groups there that would make the gowns, the hospital gowns for the kids, and little slippers that we could tie on their feet out of flannel, and bibs.

ROSENWINKEL: They were like chapters that we have now, sort of like the Doernbecher Foundation has established many chapters around the state.

WEIBLE: Right.

ROSENWINKEL: But this is the earlier precursor to that?

WEIBLE: Right. And so they managed to be able to get enough supplies and things to finally open in 1926. And the building was supposedly able to take care of sixty-five patients, and most of the time the beds were pretty well filled, because again, coming from all over the state.

ROSENWINKEL: That reminds me, were the kids in private rooms, or all in big wards, or what was it like?

WEIBLE: There were four-bed wards, and there were cubicles in each of the wards where—it was a thick glass panel, and you couldn't move them, but we could put four cribs, the large-size cribs, in a four-bed ward. And then there were two private rooms [pauses]—well, actually three—along in the middle so that we could use those for isolation patients or for the burns if we had burns.

ROSENWINKEL: What could you do for a kid with burns at that point?

WEIBLE: Well, that's one of the dark parts [laughs]. When I first was there, most of what they did was they would get them covered as soon as they could with some kind of a dressing, Vaseline and gauze or something like that, and then dry dressings over that. And then the burns, if they were extensive at all, there would be a lot of drainage from it. So then we'd do burn baths, which were horrible.

There was a bathtub on the unit, and we'd run it with lukewarm water and take as many of the dressings off as we could, and then when we got down to the point where they were sticking too tightly, then we'd lift the child up and put them in this tub of water. And

they would scream because it hurt and terrified them. We weren't allowed to give them any sedation at first. That was one of the—[laughing] I have to admit that I was very thankful when Emanuel became the burn center in this area.

ROSENWINKEL: Some kids would survive, though, from burns?

WEIBLE: Oh, yes. Oh, yeah. They would be scarred, but they were able to help with that, too. We had one little boy who had ninety-five percent of his body burned. The only part that wasn't burned was a little bit of scalp area here on the back of his head. He'd set fire to his pajamas accidentally, and he was sitting in a plastic armchair kind of thing, and it just cooked him. But he survived.

ROSENWINKEL: Are there any other tales of the dark side that you'd like to comment on?

WEIBLE: [Laughs] Well, let's see. I guess I've buried most of those.

ROSENWINKEL: Maybe you want them to remain buried.

WEIBLE: [Laughs] Right. But this gives you some idea of what—

ROSENWINKEL: You know, one thing I didn't ask you was what sorts of things did the hospital provide for you as a nurse? Uniforms, for example?

WEIBLE: Well, as a graduate they didn't—

ROSENWINKEL: No, I mean as an RN, as an employee. What I'm getting at is the working conditions.

WEIBLE: Okay. If we were on the night shift, we got breakfast before we left, in the dining room, and that was about it [laughs]. They didn't provide our uniforms; they didn't launder them.

ROSENWINKEL: That was your own concern?

WEIBLE: That was our own responsibility, yeah.

ROSENWINKEL: Was there anything like health insurance or medical insurance of any kind?

WEIBLE: Yeah, they didn't have health insurance much at the beginning, but we did have a retirement program, for which I am thankful every day now [laughs] because I know full well that as an early twenty-year-old I would not have been interested in putting any money in a savings for a retirement.

ROSENWINKEL: What did they pay you per week or per month; do you remember?

WEIBLE: Somewhere I've got my first check stub, and it was once a month we were paid, and I think it was \$160 for a month.

ROSENWINKEL: And that only included breakfast, and the rest of the things were your responsibility?

WEIBLE: Right. And they took eight dollars out of my check for the retirement program each month [laughter]. And then of course the income tax was taken out.

ROSENWINKEL: Let me ask you how working as a night nurse affected your sleeping patterns and your social life.

WEIBLE: Well, I had very little social life. I lived with my parents over in Camas, and I took the bus to and from work. The bus would leave downtown at the Greyhound Bus Depot on Taylor Street at 8:30 in the morning, and so I didn't have very long to enjoy my breakfast because I had to get down there.

I rode so often on the bus that this one bus driver would wake me up when we'd get to the edge of Camas because that's where my parents lived. And one morning they had a different driver on, and I didn't wake up till I got down into town in Camas and had to walk a couple of miles back home [laughs]. So I made sure after that that the driver knew that I needed to get off out there.

ROSENWINKEL: Did you want to add anything else about the working conditions in your first few years of being up at Doernbecher?

WEIBLE: Well, they went by so fast, and I was so happy to be there that I just—you know, I always thought I had the best [laughs] of whatever was available at that time.

ROSENWINKEL: We have you working with the preschoolers in Doernbecher Hospital, and then later I gather you changed jobs?

WEIBLE: Yeah.

ROSENWINKEL: Would you tell me how that came about?

WEIBLE: Well, my family issued an ultimatum to me that if I didn't get off of the night shift they were going to boot me out because I would come home from work in the morning after a forty-five-minute ride on the bus, fall into bed, [laughing] get up just in time to go catch the bus at night to go back to work. And I'm sure that there were times when I was a bit of grouch.

At any rate, I talked to Shirley Thompson, and there was an opening on the day shift. We still didn't have a lot of RNs on the staff at that point, and so there was an opening on evenings and on days, and I started on days and worked again on the preschool floor with the

toddlers and moved into town so that I could work the evening shift, too, if there was a need for that.

By that time she had begun to realize that we were saving more of the tiny babies—the ones at lower birth weights and shorter gestation were surviving the deliveries—and that they really needed to be in a protected area where they could get specific kind of care that they required.

ROSENWINKEL: What would you call low birth weight? How many grams?

WEIBLE: Well, anything below 2500 was considered a preemie. Later on, when they were able to collect more accurate data, then they also used the, oh, twenty-six or twenty-eight week gestation. But those figures are kind of unreliable.

At any rate, she began planting the little seeds of her idea with some of the staff, Dr. Holman, and with Dr. Bilderback and with some of the other people that had something to say about the operating of the area.

ROSENWINKEL: And Dr. Bilderback was the Head of Pediatrics at this time?

WEIBLE: Right. He was professor of pediatrics. He wasn't as directly involved in the preemie nursery as some of the others were. Dr. Babson was one of the ones that Dr. Holman had appointed to this committee to do some of the groundwork for that. And after they'd been meeting for, oh, probably a year and a half, then they were ready to begin some of the more detailed information gathering, and it was at that time that she told me that they were going to be opening the preemie nursery and that if I was interested I could be the head nurse in that area.

And of course I was interested, and so they arranged for me to go to L.A. County Hospital for a three-month program. They were at that time, and I guess they still are, one of the largest premature units in the country. They did the preemie care for all around the Los Angeles area, L.A. County and all of those places.

By that time—that was in '50, I think; I've got the dates down there, but I don't remember for sure; it might have been '49 or '50—at any rate, I had to go see Dr. Holman because they were going to pay me a stipend while I was gone, and the State was paying my tuition and all of that, or the Doernbecher Foundation or something. And I had to go in and see Dr. Holman. I had never met him, but in all the years that I'd been up here, I'd seen this tall distinguished-looking man walking through the halls of the hospital and talking to different people.

ROSENWINKEL: What was his position here at that time?

WEIBLE: He was Dean of the Medical School and Director of the Hospitals and Clinics. I mean, he was the big honcho at that time [laughs].

So Shirley took me over to this office that was in the administration building, and when I walked in and saw who Dr. Holman was, I guess my mouth must have dropped open, and he laughed, and he said, “Now you know who I am” [laughs].

ROSENWINKEL: And you’re a young girl in your twenties, in your early twenties, talking to the Dean of the Medical School.

WEIBLE: Right. He had me fill some papers out, and we chatted a little bit, and then he said he was looking forward to our getting the new unit open and they’d try to have as much of it ready when I got back as they could.

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

ROSENWINKEL: This is an interview with Betty Weible, and this is tape two, and she was just about ready to describe her experiences in L.A. to learn about the care of premature babies because she was going to become the head nurse of the preemie nursery at the University of Oregon Medical School.

WEIBLE: It was a very small class. There were four of us: one girl from Milwaukee, Wisconsin; and one girl from just outside of Los Angeles; and another girl from White Memorial Hospital, which was the Seventh Day Adventist hospital in the L.A. area; and myself. The girl from Wisconsin and I lived in the dorm.

The hospital itself was up on a big hill, and it had a fence all the way around it, and you had to go in specific entrances and go through kind of a check-in and check-out. Of course, Los Angeles is so overwhelming, anyhow [laughs]. I’d never been anyplace any bigger than Portland, so it was quite a shock.

There were two instructors that worked with us, and they both were responsible for the setting up of the program there. And they had most of the time better than 150 or 200 preemies in the area, so we got lots of experience. It was one building and several floors that the preemie unit was in, and to get to the hospital from our dorm we had to go through a tunnel, and it was kind of scary, too.

We didn’t have a lot of time to do sightseeing, but one of the things that they had started not too long before we got there was a pickup program for preemies that were out in the areas and needed to be brought to the unit for care.

ROSENWINKEL: Oh, a transport system of some kind?

WEIBLE: A transport, right. And one of the instructors had started her work with preemies back in the New England states where it really gets cold, and to do their transportation of the babies there they used an aluminum animal carrier that was shaped like one of those old lunch boxes, and you’d lift up the lid, and there was a rack with a mattress on it and a hot water bottle would fit under that, and then one on each side. And they had oxygen tanks—I’ve described that in the article, too—they had oxygen tanks, small ones, that

would fasten on the end of the carrier. And the nurses would start out in their cars—

ROSENWINKEL: In their own cars?

WEIBLE: In their own cars—not down there [L.A.], but in New England, where she had been. And they'd fill up the hot water bottles when they would leave, and then if it was a long trip or if they had difficulties, then they'd stop and she'd siphon hot water out of the radiator to refill the hot water bottles [laughs]. I mean, she had some tales to tell.

We weren't quite that primitive. We didn't have to do that, but we did get to go on some of the ambulance trips to pick up babies. I say "did get to go." The girl from Milwaukie didn't like it because she got carsick, and so I went with her twice, and I ended up with her stretched out on the stretcher on one side of the ambulance [laughing] and the preemie in its little metal carrier on the other stretcher. Because boy, I think they probably did it on purpose, the drivers, because I don't know that any of the babies were in that dire a situation that they had to drive quite like they did.

ROSENWINKEL: But you had a good experience in your training?

WEIBLE: I had a good experience there, yes.

ROSENWINKEL: Did you feel confident when you came back that you could establish the preemie nursery here?

WEIBLE: Well, I knew that if I used the information wisely that I had gotten there, you know, that we'd be able to do it, but I also was very nervous about the whole thing, too.

We used what had been the polio pack room on the third floor in old Doernbecher, and it was already divided into cubicles. We had ten units that we could have babies in, and we met for long hours of time—Dr. Holman and Dr. Babson and Shirley Thompson and one of the instructors in pediatric nursing—and a whole group to set up the protocol and the procedures and decide what kind of equipment we wanted and those kinds of things. It was really exciting to be involved in that.

ROSENWINKEL: Let's talk about the equipment for a minute. What kind of equipment did you have for preemies?

WEIBLE: We had eight Livesey incubators. They were heated boxes with oxygen, an opening to put the oxygen in. The lid lifted up, and the babies—there was a glass panel in front and on top, and the babies were on a thin mattress because we didn't want them to burrow down into the linen and interfere with their breathing. So we had eight of those. We had one isolette, which was the state-of-the-art in incubators at that time [laughs]—and it still is one of the better ones.

Then we had five or six bassinets that, as the babies were able to be out of the incubators, then we'd put them in those.

ROSENWINKEL: Any rocking chairs?

WEIBLE: No, we didn't have a rocking chair yet then, but we'd jiggle their [laughs]—when they were in the bassinets we could roll it back and forth and back and forth.

ROSENWINKEL: And we have no computers at this time or—

WEIBLE: No, no computers. We did have one oxygen analyzer that we could put a little tube down into the bed with the baby and check the concentration of oxygen. At first it was done to make sure we were giving them enough oxygen.

We opened in January of 1951, but it wasn't until the end of January that we admitted our first patient, Robert Polk.

ROSENWINKEL: And what were his problems?

WEIBLE: Well, his problem was that he weighed just a little bit less than 2500 grams because we'd been waiting for so long for a baby to come, and we were all beginning to think we were never going to get going, and so we snatched him away from—he was born at Multnomah Hospital in the OB unit there, and as soon as he was born, why, they rushed him over so we could have our first patient. He was fine as far as he didn't have any problems other than that he just was a small birth weight.

ROSENWINKEL: So basically you had to feed him correctly and just keep an eye on him?

WEIBLE: Right. Keep him warm. We took their temperatures axillary rather than rectal because on some of the little tiny ones every time you'd put a rectal thermometer in they'd have a bowel movement, and they'd soon get really dehydrated, so we took axillary. And they were as accurate as the rectal ones because they had no subcutaneous tissue; you know, it didn't have to go through layers of tissue.

Then as the time went on some of the other premie units in the country began to report problems with the children's vision, with their eyes developing. At first they thought it was because they were so immature, and then another group did a study, and they thought it was that they needed vitamin E, and everybody was coming up—because it ended up with the children having detached retinas and blind.

ROSENWINKEL: Totally blind, you mean, or partly blind?

WEIBLE: Some of them were totally blind, and some would only have one eye involved. It was really very difficult to try to pinpoint any one thing. And finally then, I guess after they'd ruled out all of the other things, the one most consistent thing was the high concentrations of oxygen, and they did some more studies on that and decided that that was the main causative factor in this. And that was when we really began to clamp down on the

amount of oxygen that the babies got, and we had to check and record the concentrations every so often during the shift.

I had a couple of nurses who worked the night shift—and of course, you see the emphasis at first on the preemies was to be sure that you keep them warm and that you keep them in an atmosphere with lots of oxygen so they didn't have to work so hard to breathe. I mean, it was just natural for us to boost the oxygen up a little bit, and I'd come—we were supposed to run it at about, oh, three to four liters on the little gauge, and I'd come to work in the morning, and especially after these two nurses had been on, and the oxygen would be jazzed up to seven or eight liters [laughs].

ROSENWINKEL: I read something about this, and there was a condition called retrolental fibroplasia.

WEIBLE: That's what this is.

ROSENWINKEL: Is that what we're talking about?

WEIBLE: Right. It's a heartbreaking thing because here's this baby that you've worked so hard with, and they've had good care, and they don't have any other problems, and then suddenly when they were a few months old they would start developing this hemorrhaging behind the retina and end up with a detached retina.

Dr. Thomas Talbot was a resident in Ophthalmology at that time, and he became very interested in this problem. He would come in when the new babies would—he would do an eye exam on them. And because they were so tiny, we'd take them out of the incubator and lay them on top of the incubator—well, when you think of a pound of butter, you know, some of them didn't weigh much more than that [laughs]. Anyhow, I'd wrap them up in a blanket, and then we'd lay them—we had a mattress made that we could fit on the top of the incubator, and then we'd lay them there.

And he had some eye retractors that were just little tiny things, and he'd put one in the lower lid, and then I would hold that while he held the one in the upper, and then he'd make a little pool of saline solution in there, and that worked like a microscope so that he could see what was going on in there. And then he'd draw diagrams of the condition at that time, and then as it would progress.

And again, all of the time we were using whatever was the accepted preparation at that time to treat this, if we could, but had very little success—except with the oxygen, and when we were able to really cut back on that, it did slack some, the numbers that we had.

ROSENWINKEL: Did parents ever sue Doernbecher Hospital because the blindness was caused by too much oxygen?

WEIBLE: No, because it was a long time after those before it was really decided. And people weren't that suit-happy in those times.

ROSENWINKEL: In the early fifties.

WEIBLE: Right.

ROSENWINKEL: Did you have any other major problems with preemies besides the blindness problem—which I know was nationwide, I think.

WEIBLE: Right, right. No, not really. We had some that had problems that they needed surgery for.

ROSENWINKEL: Well, doing surgery on a preemie must have been very difficult.

WEIBLE: Oh, I'm sure that it was. I wasn't in on any of those in the operating room, but they did everything that they could to avoid surgery. And because the environment was as controlled as it was—

ROSENWINKEL: You mean you were in a warm room of some kind, of a certain temperature? Or you mean it was the environment in—

WEIBLE: Well, in the nursery itself because we didn't have a lot of traffic. There was only one way to get in, and only people who had business were allowed in. We had hand-washing solution in basins outside of each cubicle, so that as you went from one child to another one you'd dip your hands in this stuff, and it would peel your skin off [laughs].

ROSENWINKEL: Now, were you masked and gowned every time you held children at that particular point?

WEIBLE: We were for a while. [Pauses] Yeah, pretty much. I had to wear a turban thing like they wore in the operating room on my head, and then when we were actually—when we had the babies out or when we were working with the babies—of course, the incubators were shields, somewhat, too. But we did, we had to wear gowns; and each child had its own gown hanging in its cubicle that we'd put on when we'd pick it up.

ROSENWINKEL: Another thing I'm curious about is what about socializing the children: human contact, touch? What did you do about that?

WEIBLE: We were encouraged to do that, so that if you were going to be standing there observing the baby, you'd have the incubator lid up, and you'd be touching it or rubbing it. It was part of the observation, too, of how the babies were doing. We made frequent rounds so that none of the people got to sit in the—until later on when rocking chairs became available.

ROSENWINKEL: What about parents visiting? What were the rules on that?

WEIBLE: Well, we were back to the good old days when they stood outside in the

hallway, and there was a glass door up near the entrance to the nursery, and they could come and stand there, and then we'd push the incubator up. But they weren't allowed to touch them or to come into the unit as such.

ROSENWINKEL: That must have been very difficult for the parents to see such a tiny child there and not be able to touch it or do anything with it.

WEIBLE: Oh, I'm sure it was. Well, some of them were terrified of them. They didn't want to touch them because they were so scrawny and so little and so fragile looking. Because I've had a lot of mothers say to me, "How can you pick them up?" You know, "They're going to break." [Laughing] And I say, "Well, they bend pretty good before they break."

ROSENWINKEL: Now, what kind of transport system did you develop around the state?

WEIBLE: Well, at first we used the animal carrier, and a nurse would go. They didn't take their own cars because the state wouldn't be responsible for them, but they used— [pause] sometimes cabs, depending on how far away it was, and sometimes the families would provide the transportation.

And then as the numbers increased and the babies were coming from farther distances, then they'd use ambulances or they'd use—and eventually airplanes and helicopters were involved in the transport, and we got more sophisticated equipment to transport them.

Now they have the van that they use. As we got a more permanent means of transportation they had equipment in the vehicle to do sectioning and to do whatever they needed and to plug in the incubator and all of those things. Then the residents in Pediatrics started going on the trips along with the nurses, too. But sometimes it was kind of horrible when they'd get to the smaller hospitals to see what they were doing with the preemie, and sometimes they were pretty amazed that they managed to survive as long as they did [laughs].

ROSENWINKEL: As a result of the preemie nursery, did you have a good survival rate?

WEIBLE: Yes, we did, and I've got the figures in that [points to document] for the first year. I just don't remember what they were. But our smallest preemie that survived was a little baby named John England, and I've got his weight in there, I think. He was a little over a pound-and-a-half when he was born. He was very tiny. But he did survive.

ROSENWINKEL: Did this particular baby have any brain problems or any other problems later on in life?

WEIBLE: Not that we were—they kept in touch with us for quite a while, and

apparently he was slower to develop physically than other babies his age, and he only had one eye that was involved with the retrolental. They never really figured out why some of the babies only had one eye involved and then others would have both.

Over in the high-risk neonatal care, they've got some of our books—I think they still have them; when we set the area up we had ledgers, and as the children were admitted we'd have the date and their birth weight and then different headings across the two pages, so that every baby that we admitted, well, for as long as I was there, we kept this record on them. And then at the very end their last column was a little bit about what happened to them after they went home.

ROSENWINKEL: So you did have a little bit of follow-up, then?

WEIBLE: Right, right.

ROSENWINKEL: What was your greatest satisfaction in working in the preemie nursery?

WEIBLE: Well, I suppose it was seeing these little wisps of babies coming in, and then a few months later seeing them go home to their parents and be able to do—and then of course the people that I worked with there: the nursing staff were great, and Dr. Babson and Dr. Talbot were marvelous support people, too, and interested in doing the best that we all could for the babies.

ROSENWINKEL: Did you have a kind of team support in making decisions?

WEIBLE: Well, Shirley Thompson and Dr. Holman usually ended up making the final decisions about things, but we could talk to either one of them; and sometimes it would be Dr. Babson that would propose something or Dr. Talbot; or if we needed to replace some equipment or those kinds of things, they supported us in whatever we needed.

ROSENWINKEL: Those would be administrative decisions. I mean particularly about a situation with a certain baby patient, was that a team approach, or was that a nursing decision or who would make the decisions with the medical care of the little patient?

WEIBLE: Dr. Babson.

ROSENWINKEL: So he was the medical director on the unit?

WEIBLE: He was the medical director of the preemie unit.

ROSENWINKEL: So if a preemie was having a particular problem, then the way the decision would be made is the nurses or yourself would inform Dr. Babson, and then together you would make the decision?

WEIBLE: Or the pediatric resident.

ROSENWINKEL: Okay. Let's talk about that a little bit because we haven't mentioned the training of students. How did that fit into the preemie nursery?

WEIBLE: Right. We didn't have student nurses in the area because the major theme was to cut down on the traffic; so only essential to the care, except for the residents. When we were doing the planning for the preemie nursery, it was decided that the unit would be named for Dr. L. Howard Smith, who was on the faculty at that point. He had been, I think, with Dr. Bilderback; and Dr. Smith taught our pediatric nursing when I was there as a student. And he was really vital in the advancement and the development of Doernbecher Hospital, too, in the years that he practiced here in town. I don't know whether you've heard of Lendon Smith, that's his son, and he was the first resident in the preemie nursery.

ROSENWINKEL: Lendon Smith was? Because he went on to be a pediatrician afterwards.

WEIBLE: Right. I know he's a very controversial individual, but I always have enjoyed him very much. He and one of the other residents at that time, Dr. William Snook would—the dumbwaiter that came up from the kitchen to the fifth floor went right by the entrance to the preemie nursery, and they knew when Mrs. Barton would be sending up the coffee and the tray, and they'd get down there and they'd stop the dumbwaiter by opening the door, and they'd take the tray off and then send the dumbwaiter on upstairs to the fifth floor, and when it would get up there and there was no food on it, then everybody would start getting on Mrs. Barton about it [laughter].

And after we got the preemie nursery opened, they got caught one night stealing this stuff off of this tray. Those were the kinds of things that went on.

ROSENWINKEL: What kind of relationship did the preemie nursery have with the personnel in Multnomah County Hospital? That was where the OB ward was, right?

WEIBLE: Right, right. Well, part of the time they were pretty much kind of a separate entity. I don't remember just when the Multnomah County Hospital became part of the state system, but up until that point there were the county nurses and the state nurses, and the county nurses thought the state nurses were a bunch of spoiled brats, [laughing] and we thought the Multnomah nurses were a bunch of spoiled brats, and there was kind of—well, they would cooperate when they had to, but there wasn't good feeling all of the time between them.

ROSENWINKEL: But you had to get some of your babies from Multnomah County Hospital, though, so there had to be some kind of interrelationship there?

WEIBLE: Right. Well, the information that we'd get—or needed from them with the babies was first of all they needed to let us know when they were expecting one or when they had one so we could have stuff ready. And they were good—you know, they didn't do anything to endanger the babies, but it just wasn't as smooth and cordial as it could have

been [laughter].

ROSENWINKEL: Let's talk about the other area hospitals in Portland, or even around the state. Did you have good cooperation for the most part with the other hospitals with problem babies?

WEIBLE: Oh, yes. They were glad to ship them up to us fast as they could. After we really got the transport program going, then they would ask every once in a while if we'd send somebody to the hospital to help them be sure that they were doing all that could be done there. And, of course, I suppose part of it was because all of the years since Doernbecher was established the patients had come from all over the state, and the smaller hospitals—and not always just the smaller ones but—they didn't feel competitive. Emanuel Hospital maybe was. Again, it didn't really influence the way we were able to take care of the children.

ROSENWINKEL: Well, as a young girl in your twenties you were made head nurse of a pioneering effort here in a preemie nursery. What kind of publicity did the unit get and did you get as a result of this?

WEIBLE: [Laughs] Well, I was usually the nurse in the cap and gown and mask standing beside the incubator; so unless it was somebody in my family that knew that they'd taken a picture, nobody would have recognized me. But that wasn't what I was there for, so I didn't really mind that. But when we had little John England, the one that weighed about a pound and a half at his lowest weight, that made one of the news wire services, and the picture of me standing beside the incubator looking down at this little pound-and-a-half child made the front pages here in the *Oregon Journal*, and then it went out throughout the country, and I got letters from all over. Like I said the other day, I wish that I had kept some of those because they were very interesting—you know, asking questions about the preemie unit.

Then a while later, and I don't remember which one this was, but there was another one that my picture was in the paper, and Dr. Holman said that—

ROSENWINKEL: Just a second.

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

ROSENWINKEL: Dr. Holman said...?

WEIBLE: He said that he didn't know how I managed it, that most people, to get their picture on the front page of the paper, had to either die or murder somebody [laughs], and he said here I got it two times within a couple of weeks.

And then of course there were different, oh, interested people who would do interviews, but we didn't do a lot of that.

ROSENWINKEL: Well, what I was also wondering was if people came from other parts of the country to look at your unit?

WEIBLE: They did, but we weren't directly involved in greeting those people. We'd show them the unit. I can't remember any specific ones that did come. But again, because our emphasis was in keeping the traffic in and out down, we didn't let a lot of people go through the area.

ROSENWINKEL: Do you have any other stories you'd like to share about the establishment of the unit or your years with the preemie unit, the preemie nursery?

WEIBLE: [Laughing] Well, I think we've pretty well covered most of the areas.

[Tape stopped.]

ROSENWINKEL: You were the head nurse on the preemie ward until the fall of 1953, and then you made some changes.

WEIBLE: Right.

ROSENWINKEL: Why did you do that?

WEIBLE: Well, I just had a diploma from Emanuel, which was the three-year program, and things were beginning to change in nursing as well as in nursing education, and I realized that I needed to have a bachelor's degree if I was going to keep on and do any advancement in the nursing area.

I went to the University of Washington, and they gave me two years' credit for my three years of nursing, so I only had to go really another two-and-a-half years of school there. I resigned from the head nurse position in the preemie nursery, and a nurse by the name of Lois Hart took my place. Then I would work on the vacations here at the hospital. Anytime that I had a few days off, why, I'd come back. That was one of the reasons that I went to the University of Washington to go to school because I knew that if I stayed here I would be working more than I would be going to school [laughs], and by being up there I didn't have to try to figure out how to do that.

Then while I was home on one of the vacations Henrietta Doltz, who was the director of the School of Nursing at that time—she had attended some classes at the University of Washington, too, so I always went by to talk to her when I would be home. She told me that they were going to be having an opening in the pediatric nursing department, and it would be available about the time I would be finishing. And so I came back then to that.

We still were getting students from a number of the smaller hospitals, one in Astoria and one in Hood River and one in Pendleton, and they'd maybe send three or four students who would live here on the campus.

ROSENWINKEL: And they were doing their pediatric rotations through Doernbecher?

WEIBLE: Right. And then of course none of the other hospitals in the city at that time had large enough pediatric departments to meet the State Board requirements for their pediatric nursing, and so students from the other programs would be here, too.

ROSENWINKEL: So you graduated from the University of Washington with a bachelor's degree, a bachelor of science in nursing?

WEIBLE: Right. And then I did that for—it was partly lectures and partly being on the departments with the students as they were doing their care and observing that.

ROSENWINKEL: Did you enjoy doing that?

WEIBLE: Yeah, I liked it. As you can tell, I love to talk [laughing], so you know, it was not difficult for me to do. I had to do a lot of research for some of the nursing class lectures, but I—

ROSENWINKEL: So you were lecturing and actually supervising the students?

WEIBLE: On the wards, yeah. And then after I had been in that job probably maybe two years, two-and-a-half years—that's kind of cloudy; I don't remember for sure. But then Shirley Thompson—at that time when I was in the School of Nursing, Doernbecher paid part of my salary and the School of Nursing paid part of it, so I was shared between the two areas. And then Shirley Thompson, they did a reorganization of the nursing service department, and there was going to be a supervisor of medicine nursing, and she offered me the pediatric nursing supervisor.

ROSENWINKEL: For Doernbecher Hospital?

WEIBLE: For Doernbecher Hospital. So I was back, then, on Doernbecher's staff entirely.

ROSENWINKEL: Well, let's switch for a minute and talk about 1956, and that was when there was a move from the old Doernbecher Hospital to the new.

WEIBLE: Right.

ROSENWINKEL: And what effect did that have on you?

WEIBLE: Well, not a whole lot because it wasn't until the fall of that year that I went back into administration. We had fifty-six—I think we had; well, I may have been mixed up in the numbers—maybe around sixty children at that time that were moved from the old hospital, on the tenth floor ramp from old Doernbecher to the thirteenth and fourteenth floors, which were the Doernbecher part. The premie nursery was moved to the back of the

thirteenth floor in a couple or three rooms there. And then the other kids had breakfast in the old unit, and they were moved in their old beds to the new hospital and then switched over to the new beds, and they had had lunch in their new accommodations [laughs].

It really didn't—it just was a bigger area to cover because we had a lot more floor space, and there were meetings and things going on to plan and to adapt the procedures and policies and those things. But again, there weren't any big, big problems, except to try to get as good of staffing as we could.

ROSENWINKEL: Were you staffed by experienced nurses, or a combination of experienced and people who were just out of school?

WEIBLE: Well, we were limited in the number of staff positions that we had, and we could advertise for a specific background, but if they were qualified, if they had their RN license, and if they had enough experience, we had to hire them regardless because that was the state policy at that time.

ROSENWINKEL: What about the men? Are they in nursing yet?

WEIBLE: Not very many, no.

ROSENWINKEL: This is the late '50s we're talking about now?

WEIBLE: Right. Most of the men were the interns and residents that were there.

ROSENWINKEL: Now, you're not in a preemie nursery any longer; you're on a pediatrics ward. You are supervising—is that correct, you're supervising the entire pediatrics ward; is that correct?

WEIBLE: Mm-hmm.

ROSENWINKEL: What kind of training, now, did you give to the medical residents and I assume the nursing students that came through?

WEIBLE: I think it was when Dr. Olmsted was first here—we'd had several meetings, and we'd had this little child on the thirteenth floor, which was where the—let's see, that was still the toddlers. The fourteenth floor was the school age floor. And this child was in a coma, and this one doctor—I don't even remember who he was, but I was so angry—and a whole troop of medical students with him, and they were standing over this child and talking about what was going to happen with him and that he was not going to recover from his coma and those kinds of things that this child didn't need to be exposed to. He was old enough to understand what they were talking about.

A few days later, he woke up from his coma, and he quoted back to us what the doctors had said. So I talked to Dr. Olmsted about it, and he—the medical students were assigned for periods of times to the various units, and he arranged, then, for me to do

orientation with the medical students who were assigned to the pediatric rotation, and that was always one of the things that I—I don't know who I told, but I said that I felt like putting up posters all around [laughing] to be careful what you said, like during the Second World War, "Watch your lips; it can sink ships."

Over the time that I did that, a number of the medical students would come to me and say that that was the first time that they had any information about how to conduct themselves around the patients, and that they really appreciated it.

We also had a nursing shortage that was so severe that—

ROSENWINKEL: This was in the early '60s, now, we're talking about?

WEIBLE: Right.

ROSENWINKEL: Early to middle '60s?

WEIBLE: Right. One of the things that Bea Duffy, who sent that stuff about the neonatal unit [points to document], and I—she was on the faculty here, too, at that time, and we set up a program and taught the medical students how to give medications and how to do private nursing care. And then we paid them so much an hour, and they would do private duty for us because we didn't have the other nurses available to do this. And a number of them said that it was the best experience they ever had because they really got an understanding of what the patients were going through, and short of having been a patient themselves, they wouldn't have been able to get that feeling.

ROSENWINKEL: So it was excellent for their training, then?

WEIBLE: Oh, yeah, and it was excellent for us because we had all these kids that were dying to earn some money [laughs], and really were interested in working with the patients.

ROSENWINKEL: You didn't have a specialty yet in pediatric nursing for nurses, right?

WEIBLE: Right.

ROSENWINKEL: For student nurses? It was still a general kind of rotation through the wards with supervision?

WEIBLE: Right.

ROSENWINKEL: And looking at different problems that kids would have?

WEIBLE: Right. Most of that came after I was no longer doing patient care or involved with patient care.

ROSENWINKEL: You mentioned one policy of confidentiality and described that and how important it was to the young people under your jurisdiction. What other policies did you have that you started or your team started that were important in the '60s and '70s?

WEIBLE: Well, just off the top of my head I can't really think of any specific things.

ROSENWINKEL: For example, did you have anything to do with changing visiting hours for parents or having parents in the wards with their kids?

WEIBLE: Yeah, well, that evolved earlier, like I say, shortly after Shirley Thompson came. But I was involved in it in that I supported it and was able to help the other nurses accept it, too, and not be fearful of what those—I know I had some qualms at the beginning, too, but it worked out so well, and everybody was happier, and the parents didn't feel like we'd stolen their children [laughter], and the kids didn't feel like their parents had deserted them.

ROSENWINKEL: Besides the students and physicians attached to the medical school, did you have volunteer faculty working in the wards at all?

WEIBLE: Well, there may have been some, but not too many. I think for a while when Dr. Babson first joined the staff he was volunteer faculty because at that time none of the private physicians had patients here in the hospital.

ROSENWINKEL: Eventually, though, they did?

WEIBLE: Right.

ROSENWINKEL: How did that work exactly?

WEIBLE: Well, I'll tell you, I wasn't really involved in that, and I just don't—I know that—

ROSENWINKEL: If a private physician, say, in downtown Portland had a patient with a particular problem that they couldn't deal with, would they refer up to your unit?

WEIBLE: Yeah. That was one of the ways that their patients could be admitted here. But they could be admitted only through one of the permanent staff members.

ROSENWINKEL: So there was a liaison, then, between the private physician and the people on staff here?

WEIBLE: Right, right. And some of the private physicians if they had a specific interest in one area would then volunteer to be on the staff, and then they could admit patients, too.

ROSENWINKEL: I know in '56 when Doernbecher changed from its old location to its new, you now have paying patients, I think, as opposed to charity patients; is that correct? Or were there changes in that?

WEIBLE: Well, I think it was later that the people were expected to pay for part of their care. In old Doernbecher and when we first moved into the south unit, again they were pretty much any—nobody was turned away; if they came with a child that needed care, the child got the care regardless of the ability of the parents to pay. And they were screened; we had a department that did interviews with the parents and determined what their ability to pay would be.

We had one lady whose name was Rohrer, and I can't remember her first name. She was in the old hospital as well as worked for a number of years in the new hospital, and she was in charge of the—whatever they call the financial department that did the interviewing of the parents and the assigning of the fees. And her philosophy was that for some of these families if you presented them with the full cost of care it was so overwhelming that they figured, "Oh, we can't ever pay this, so why start?" And so she would cut it down and give them an amount that would fit with their income. And she said that more and more of those families made an effort to pay for their care, most of them—because the times weren't all that good, they weren't able to pay the full cost of care, but at least they paid some of it.

ROSENWINKEL: So it was like a sliding scale is what we call it today?

WEIBLE: Right. And that proved to be true, her philosophy on that.

ROSENWINKEL: What kind of diseases did you see in the '60s and '70s? Anything special?

WEIBLE: Well, more of the infectious kinds of things that were—some of them were beginning to develop sensitivity to some of the antibiotics and some of the other medications. But there weren't any really new kinds of things.

ROSENWINKEL: Like TB, for example, had been controlled at that point?

WEIBLE: Right, right. And we didn't see polio.

ROSENWINKEL: No, that had been controlled also.

WEIBLE: And we didn't see a lot of the kids coming in with measles and those kinds of things because they had the serum for them, too.

ROSENWINKEL: Did you see a lot of genetic diseases or problems?

WEIBLE: Not a whole lot, at least not while I was actually working with the patients and involved in that area.

ROSENWINKEL: So you'd get surgical cases and medical cases of different kinds?

WEIBLE: Yeah. And we got burns for a while, too.

ROSENWINKEL: Was there any improvement in the burn treatment in the new hospital as opposed to the old one?

WEIBLE: Well, by the time we moved into the new hospital, we didn't have the burns very much longer because, like I say, Emanuel had their burn unit. And it seems to me that the Shriners did some burns, too, not in Portland, but they had facilities to move the kids to some of the other Shriners hospitals.

ROSENWINKEL: What kind of entertainment did you have for these kids that would be in hospital for a long time?

WEIBLE: Well, we had a Recreational Director, was her official title, and her name was Emily Malaimare.

ROSENWINKEL: And what did she do for the kids?

WEIBLE: Well, she organized the programs. We had—you know, celebrities would be in town, and the first press thing that they'd do would be to come up to the hospital and see the kids, so the football teams and the basketball teams and the Air Force Blue Angels and all of those people would come.

ROSENWINKEL: And the Rose Festival princesses?

WEIBLE: Right. Oh, yeah. That was a big day. She was responsible for organizing those.

And starting in October, about, we'd start getting boxes of toys and things for the kids for Christmas.

ROSENWINKEL: From where?

WEIBLE: From everybody, from everywhere. They'd call and say, "We've got this box that we've been collecting, and we'd like to bring them up." And we'd tell them to come ahead, and she'd get their names and the addresses, and then they got copies of the Christmas card from Doernbecher.

We rented movies—because part of this time it was before the videos and the TV, and they'd show them in one of the playrooms, usually on the school age floor because the little guys—if it was a movie that they might enjoy, why, then we'd take some of them up to the fourteenth floor.

ROSENWINKEL: I recall seeing pictures of Hopalong Cassidy [William Boyd] come

and how intrigued the kids were by him.

WEIBLE: Oh, yeah. Right.

ROSENWINKEL: It's probably the same with other people, too?

WEIBLE: Oh, yeah. In fact, there's a picture somewhere of Hoppy and Shirley Thompson out on the front steps of the library when he was here that day for his visit [laughs].

ROSENWINKEL: Now, the children stayed a long time, and I gather they had to be educated here with some kind of school?

WEIBLE: Right.

ROSENWINKEL: Would you give me a few details about that?

WEIBLE: Right. Doernbecher was a school in the district, in District Number 1 here in Portland, and we had two full-time teachers who conducted the classes. Because they came from all over the state, they had contact with all of the other school districts, and if the kids were going to be here for more than a few days, they would contact their school and get information on what level they were and what work needed to be done.

And the kids—when they first got here and realized they had to do school, would resist it a little bit, but they soon realized that it was interesting and fun, and it helped pass the time. They would work at the bedside. Barbara Simmons was the one that was in charge of that program, and they were employed by the public school system. And we had several that worked with her from time to time. But they would work right at the bedside with the kids and work closely with the nursing staff to make sure that the kids were able to handle the work that they'd have for them.

ROSENWINKEL: So they would be doing this tutoring or this work in between giving of meds and all the rest of the things that would be involved in patient care?

WEIBLE: Right. We worked very well with them, and it was a really successful program because a lot of the kids finished up requirements so that they didn't really lose time in their education. Yeah, that was a good program, too.

ROSENWINKEL: Speaking just a little bit of the status of the pediatric nurse during this time, what were the salaries like in the '60s and, say, '70s for a pediatric nurse?

WEIBLE: I should have known you'd be asking [laughter].

ROSENWINKEL: Take a stab at it.

WEIBLE: Well, by that time I had my baccalaureate degree, which added money to

my salary. And then—I'm not really sure when it was, but somewhere along in that time the nurses started working with the Oregon Nurses Association on contracts, and I ended up on the management team after I moved into the supervisory position in management. I was on the team that would negotiate the contracts.

ROSEWINKEL: I'll bet that was an interesting experience.

WEIBLE: It was. It really was.

ROSEWINKEL: Do you have any comments on that experience?

WEIBLE: Well, the other people on the management team were from personnel, Byron Phillips was the main one, and then Bill [Krebs?] also was on that, and I enjoyed working with both of them very much.

And then there was Sylvia Sather, who was also on the—she was Director of Nursing by that time in the South Unit, or the Medical School Hospital. And she was on the management team, too.

I enjoyed it, but I also would get frustrated at times because it seemed that the nurses were very demanding. And of course, you see, I grew up in a time where you took what you got and you didn't complain [laughs] and you were thankful to get it. But the labor situation was changing.

ROSEWINKEL: So there were different attitudes, then?

WEIBLE: Right. We had some pretty wild sessions because I did that for several years. We managed to avoid a strike, but we came awfully close one time.

ROSEWINKEL: What were the controversies at the time?

WEIBLE: Most of them were salary, and some of the benefits, the health insurance, the hours of work. It was mostly those kinds of things.

ROSEWINKEL: So working conditions, then, the improvement of working conditions?

WEIBLE: Mm-hmm.

ROSEWINKEL: Was it a power struggle, do you think, between the hospital administration and the nursing people?

WEIBLE: Right. I think that had something to do with it. The negotiator for the Oregon Nurses Association—and I guess that you have to have a lot of determination if you're going to do that [laughs]. But we used to get awfully upset with her. And I'm not even going to say her name [laughs].

ROSENWINKEL: That's all right; no problem.

WEIBLE: She's no longer in that area, but like I say, we had some battles. And I was in the management team, but some of my sympathies were with the nurses, too, because I was a nurse, and I knew where they were coming from. But it was a good experience.

ROSENWINKEL: Is it an experience you'd like to repeat?

WEIBLE: Well, I enjoyed it, and if I had the background to do it I wouldn't mind doing it.

ROSENWINKEL: Did you use part-time nurses during this time period?

WEIBLE: Yes, we did. From time to time we would have a number of part-time nurses because some of them would be going to school here on the campus or here in town. In fact, one of the nurses that worked first in the preemie nursery with me was Helen Katagiri, and she lived at that time just up above the school here. She had three sons, and she worked nights part of the time, and then as her kids got bigger she worked days and ended up being the assistant head nurse part of the time.

[Laughing] The first time we moved to twelve with the neonatal intensive care, her oldest boy used to come when his dad would come down to pick her up, and he'd look in the window and see all those babies, and he said to his mom, "With all those babies in there, why can't you bring home—"

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

ROSENWINKEL: Betty is talking about Helen Katagiri's son.

WEIBLE: He said to her, "Why can't you bring home one of these babies instead of always bringing home Japanese babies?" [Laughter.] We all used to laugh about that.

ROSENWINKEL: When you were in management, did you see a great use of practical nurses during this time period, or aides of one kind or another?

WEIBLE: We used practical nurses. We had staff positions for them for much of the early time. Then it gradually got so that those positions were—oh, whatever you call it, done away with—

ROSENWINKEL: Eliminated.

WEIBLE: Eliminated; that's a better word. So that we didn't use the practical nurses as much, the licensed practical nurses. At one time they weren't allowed to give medications, and so this really didn't help a great deal in relieving the RNs.

One of the things that I got involved in with Portland Community College, I would teach a class of practical nurses, licensed practical nurses, on how to give medications and how to figure the dosages because we always had to break them down for the kids. And I did that for a number of years.

And then gradually the licensed practical nurses have been eliminated—except in some areas I think they still play a role.

ROSENWINKEL: Well, who does the very basic patient care like bedpan changing and all of that sort of thing in the later years?

WEIBLE: The nursing aides and the licensed practical nurses.

ROSENWINKEL: So you have a change, then, over time, from the RNs to different categories of other nurses and aides?

WEIBLE: Right. Now, there are hospitals in the community where they have an all-RN staff now, so that they do all of the things. But the trend—in some of the stuff that I've read recently, it looks like maybe the licensed practical nurses are coming back a little bit more than they did for a while.

ROSENWINKEL: And when you were in administration did you see a more highly educated nurse coming out of the hospital schools of nursing or the universities? Education, of course, is a relative word. It depends on what you mean by education.

WEIBLE: Right. Well, as part of my job in administration, for two or three years I was involved in the staffing, and I did the interviews for the new applicants for our staff.

ROSENWINKEL: And this was in the middle '70s?

WEIBLE: Yeah. And we had this one young lady who came from the University of Washington, and she applied for a job, and when I had my interview with her she told me that she had never taken a blood pressure. At that time they didn't do all of the clinical practice that they do now, or that they did before, and she didn't know how to do a blood pressure reading. I didn't hire her, [laughing] but I thanked her for being so honest and saving us both a lot of time and misery.

But those were the more unusual situations because more and more the nurses were graduates, like I was, from a three-year program and then had gone on for further education, or they were graduates from a four-year university program.

The emphasis, I think, in those times was more on the technical things involving inpatient care than it was the hands-on kind of care that the aides were then doing.

ROSENWINKEL: So that some of these nurses might have been able to write great term papers and would know about the latest theories in nursing, but would need to learn a

lot about the direct patient care. Is that correct?

WEIBLE: Right. Yes, I think so.

ROSENWINKEL: What other trends did you notice during this time period, when you were in administration?

WEIBLE: Well, at that time the political atmosphere on the campus changed because either at the beginning of that time or about that time we became a self-sustaining hospital, and we had to provide our own budget funds, so that we couldn't run down to the Legislature for things that we needed. It was more important to—the screening of the patients was a little different in that we didn't turn anybody away because they couldn't pay, but if we had our choice between two patients, the one with the best insurance program or the facilities to pay would be admitted first.

ROSENWINKEL: That's a very hard decision to make about admissions, coming from a caring, nursing background that would be very difficult.

WEIBLE: Oh, yeah. It was. It was grim. We are always kind of proud to be able to say that we don't turn any patients away and that anybody that needs care, gets care [laughs].

ROSENWINKEL: Is that true?

WEIBLE: It was then, until we became separate from the state.

ROSENWINKEL: What date was that about, middle '70s, would you say?

WEIBLE: Let's see—no, it was probably closer to the late '70s.

ROSENWINKEL: Well, we have you in administration, and also we have you in recruitment.

WEIBLE: [Laughing] Oh, yes.

ROSENWINKEL: Was that a time period that you enjoyed?

WEIBLE: Oh, yeah. I enjoyed it. There was a lady that worked in the Personnel Department, Mildred—I'm having a terrible time with these last names. She and I would load up either her car or my car with a whole bunch of brochures and all this stuff, at graduation time or just before, at the different hospitals and schools. We went up to Aberdeen; we went down to Klamath Falls; we went east to Pendleton and to different schools over there, trying to find staff, nurses, before anybody else got to them [laughs].

ROSENWINKEL: Now, was this at the time of a nursing shortage, as well—in the '70s again, because you said in the early '50s there was a nursing shortage?

WEIBLE: Well, you know, it seems that from time to time we've had a nursing shortage until just the last while, for as long as I've worked. I never had any problem, if I'd have wanted to go anywhere up and down the coast, I could have walked in and gotten a job and started tomorrow. It's not that way now, although it's better—and they predict in a couple of years it's going to be worse than that. But yeah, it was a real battle to get as many of the new grads as you could.

We'd go, and there would be a meeting set up with the graduating class, and we had some films and some slides that we'd show, and then Mildred would give her little pitch about the personnel policies [laughing] and the insurance programs and all that stuff, and I would give my little pitch about what a great place it was to work and all the advantages of doing it. And we got staff.

And then of course at that time I was also involved in sending out applications to people that would write from all over the country, and then I'd have interviews with them, and so I was involved in the hiring of the new staff.

ROSENWINKEL: But you were involved in hiring nurses for all different divisions?

WEIBLE: Yes.

ROSENWINKEL: Not just pediatrics; we're talking about a whole wide range of things.

WEIBLE: No. The whole hospital.

ROSENWINKEL: What would you say were the advantages of working here?

WEIBLE: [Laughter] Well, the Medical School was one, being on the campus with the Medical School, and the research programs. They had a lot of research here, and we had lots of grants. And just the environment: it was one of interest and research, and up-to-date on procedures and those kinds of things.

ROSENWINKEL: And did you pay well? Did the university pay well?

WEIBLE: By that time our pay was comparable and sometimes better because we were the "state brats" as the Multnomah Hospital used to call us [laughter].

ROSENWINKEL: So you had good salaries, you had reasonably good working conditions. What about continuing education requirements? Did you pay for people to go to courses, for instance?

WEIBLE: Oh, yeah. All you really had to do—and that was one of the things that we'd talk about, too, was to find some information on a program and give it to your supervisor or your head nurse, and then it would be investigated, and if you really were serious about going, why, then you'd either get a stipend to go, or your salary, if it was a

short one, would be paid while you were gone, and then any tuition would be covered for you, too.

ROSENWINKEL: That sounds like a very generous package.

WEIBLE: Right.

ROSENWINKEL: And a very good recruitment device?

WEIBLE: Oh, yeah. It was.

ROSENWINKEL: To be able to offer all these things.

WEIBLE: Right. Right.

ROSENWINKEL: What about minority recruitment; did you do that, as well?

WEIBLE: Yes, we did, except that we didn't—in this area at that time there weren't a lot of the minorities, you know. The black people mostly went to Emanuel, and we had a few on our staff; and then the nurses like Helen Katagiri, she worked down there because she lived right up here [laughs], and her husband also worked for the State, so that she was familiar with that.

ROSENWINKEL: Did you actually go to, say, high schools with high minority populations, for example, and give presentations?

WEIBLE: No. We didn't—well, we did one or two to the high school level, but most of them—because the four-year programs were really getting into the—and when the girls were graduating—the students were graduating from high school, a lot of them didn't really know what they wanted to do, so we didn't do a lot of recruiting in that group.

ROSENWINKEL: Today they have career days, where they have classes come up on campus.

WEIBLE: Oh, yes. Right. Right.

ROSENWINKEL: Were you involved with that?

WEIBLE: I wasn't involved with it, but they were doing it while I was still there.

ROSENWINKEL: Did you see, during the time you were doing the recruiting in the '70s, an increase in specialization in nursing?

WEIBLE: Mm-hmm.

ROSENWINKEL: What did you observe?

WEIBLE: Well, I'm not so sure that the emphasis on that was so much from the School of Nursing as maybe with all of the increased technologies, all of the fancy equipment and those kinds of things kind of demanded that you specialize in an area, to be more expert in that area than to be kind of a Jane-of-all-trades and be able to dabble a little bit in different ones [laughter].

ROSENWINKEL: Did you get involved in the specialization of pediatric nurses?

WEIBLE: No, because by the time that became even more prevalent, I was back in management then, and I wasn't involved with the nursing program as such, the education program.

ROSENWINKEL: In the '80s we have you involved doing staffing, nursing staffing and payroll. Could you tell us a little bit about that?

WEIBLE: Well, when they did their reorganization of the different departments in nursing service, they put the payroll—the payroll was under nursing service at that point; it wasn't part of the finance department, it was part of the nursing, the hospital. And then I also was involved in the interviewing and the setting up of interviews for the applicants for nursing positions.

And then our office did the day-to-day staffing. We took the ill calls from people that were calling in and then assigned—we had a float pool that varied from maybe ten or fifteen nurses to thirty, thirty-five nurses. And some of them were scheduled to be there at certain shifts, and others were on call. I had a secretary working with me, and her job was to get the ill calls organized so that we could see where the needs would be for the additional staffing on that particular shift.

And I'd come to work about 6:00, [laughing] because the shift started at 7:00, you see, and so we had to be there. And then I'd make the assignments, and as the nurses came in just before seven o'clock, why, then, they'd get their assignment and go off to the units.

If there was something special going on on one of the areas where they required more nursing staff, they'd let us know, too. We also in that office planned the vacation relief for all of the units, and we hired students to help with that, and they worked during the summer hours. And it was during that time that we had the medical student classes, too, that we—because we were still doing those, and we utilized those to help fill in if we had patients that needed special care.

Those were some of the things that we did in the staffing office. And then we moved to the North Unit, the unit that used to be old Multnomah Hospital.

ROSENWINKEL: University Hospital North.

WEIBLE: Yeah. And that was when I became more directly involved with payroll

because the payroll department wanted—they felt that they weren't knowledgeable about some of the nursing care needs, and they needed some nursing people to help with working out that, and that was when I really became involved with the management contracts, too.

ROSENWINKEL: So you did a lot of administrative things of various degrees?

WEIBLE: Oh, yeah.

ROSENWINKEL: One thing I wanted to ask was did you get involved with mainframe computers or personal computers at all? No?

WEIBLE: We didn't even—we were just on the verge of getting some, because the rest of the hospital had them on the units, and the nursing staff on the units—the patients' records were in them as far as their medications and those kinds of things, but I got out before that came into our office.

ROSENWINKEL: What made you decide to retire in 1988?

WEIBLE: Well, I was going to be 62, and that was the early retirement. And I'd spent forty-plus years here [laughs], and I kind of wanted to go some other things, but I didn't realize that it would be such a struggle.

I retired in 1988, and I worked my six hundred hours a year until 1991 [laughs].

ROSENWINKEL: And what were you doing during those years?

WEIBLE: The payroll and the staffing. I just kept on with that.

ROSENWINKEL: So for the last eight years or so you've been free to do what you want?

WEIBLE: Right.

ROSENWINKEL: Looking back over a forty-year career, what are you most proud of?

WEIBLE: Oh, I think the original preemie nursery.

ROSENWINKEL: Of everything you did—because you've had extensive experience in direct patient care, in administration, in contracts, in staffing—you've done it all.

WEIBLE: Right. Well, and of course that's one of the reasons that I stayed around so long was because it never got boring, and I never didn't want to go to work. I *never* did, and I don't know too many people that can say that [laughs].

The environment here was—well, I always felt I was so fortunate to be able to be

here and be on the staff and see the things I did and work with the children. It was a very satisfying career. Maybe that's one of the reasons it was so hard [laughing] to finally sever the cord.

ROSENWINKEL: Do you have anything else you'd like to add for the record?

WEIBLE: [Pauses] Well, I can't think of anything just offhand. Like I say, the people that I've had the opportunity to work with were so great, and the environment was always good. [Pauses] And of course if you were interested in learning at all, it was a very fertile area for that, too.

ROSENWINKEL: Well, thank you so much for doing this.

WEIBLE: Oh, you're welcome.

[Tape stopped.]

ROSENWINKEL: Betty and Heather were just talking, and Betty had a few more comments that she wanted to add, and one of them is about Christmas with the children in Doernbecher Hospital.

WEIBLE: As I mentioned earlier somewhere, starting in October we'd get calls from different groups in the community and different individuals saying that they were going to collect toys for the children that were in the hospital over Christmas.

For twenty-one years Dr. Babson played Santa Claus on Christmas morning, and at first we had this ratty-looking old Santa Claus suit that he'd come in and put on. And then we'd been working for several days before Christmas and would get the final list of all the kids that were going to have to be in the hospital on Christmas morning. And then he'd come with one or two of his daughters to help him, and he'd make rounds, and we'd have five or six different toys in a paper bag that my mother and my sister used to decorate at Christmas time. They were the big grocery bags, and they'd use Christmas cards and pictures out of the magazines to decorate, and so we'd fix up a couple of those bags for each child that was going to be in the house.

And Dr. Babson would come early in the morning and get his suit on, and then we'd go up on the unit, and we'd go to the preschoolers first usually because some of them were frightened by Santa and didn't want to have him around very much because he's a tall man, and it was a little overwhelming. And then we'd go up to the school age floor, and of course in that age group there were some that didn't really believe what they were seeing, but they weren't about to turn down the gifts [laughs].

And we got lovely things for the kids. We'd have enough stuff to use for birthdays throughout most of the first six months after Christmas each year, and we had a regular toy room where we had the stuff all kept. But he did it for twenty-one years and was very faithful

about it. The staff enjoyed it as much as the kids did, and I'm sure he enjoyed it, too. It was always very special.

After Shirley Thompson left, then I would come and go around with him, and it meant interrupting my Christmas morning, but I never minded because it was kind of like an extended family with all the children, and we'd get to watch their faces. And of course the fact that my mother and sister had fixed the bags to put it in made it special, too.

ROSENWINKEL: Sounds like a very special time.

WEIBLE: Yeah, it was.

ROSENWINKEL: I meant to ask you, are you still involved with Doernbecher at all now?

WEIBLE: I was involved with the Children's Network for a few years after I retired.

ROSENWINKEL: This is the Miracle Network, right?

WEIBLE: The Miracle Network, yeah. But I haven't been involved in any specific thing for the last couple or three years.

ROSENWINKEL: Thank you. Is there anything else you'd like to add?

WEIBLE: No, I think that probably does it [laughter].

[End of Interview]

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