

OREGON HEALTH & SCIENCE UNIVERSITY

ORAL HISTORY PROGRAM

INTERVIEW

WITH

Carol Howe, C.N.M., D.N.Sc., F.A.C.N.M., D.P.N.A.P.

Interview conducted May 19, 2015

by

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Narrator: Carol Howe
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[Begin Track One.]

Emeis: My name is Cathy Emeis. And I'm interviewing Carol Howe for the OHSU Oral History program. Today is May 19, 2015, and we are in the BICC Building at OHSU. Carol, I wonder if you could start by telling us about your early childhood.

Howe: Well, I was born in Odessa, Texas. And grew up most of the time there. Spent a couple of years actually in Mexico during my first and second grade. But other than that, pretty much grew up in Odessa. And actually, you know, I was going to be a nurse from the very beginning. Because way back then, you were either a nurse or a teacher if you were a woman. And I was kind of sickly. And I spent a lot of time in the doctor's office. And so I decided on nursing. And find it interesting in retrospect that I ended up being both a nurse and a teacher. So I was very compliant with my time, I guess.

There was nothing particularly interesting, frankly, about my childhood, other than having been born in Odessa. I'm an ardent football fan and have carried that with me all those many years since.

I graduated from Permian High School and then I went on to Texas Woman's University for my baccalaureate degree in nursing. And I guess I'm beyond early childhood already, right? I couldn't think about anything interesting to say about my childhood, other than the fact that I decided when I was about four that I wanted to be a nurse.

Emeis: Okay. So you graduated from Texas Women's University?

Howe: Texas Woman's University.

Emeis: Woman, Woman's University. And you have your degree in nursing. And then your first nursing job?

Howe: Was in labor and delivery in Houston, Texas. TWU had two clinical campuses, one in Dallas and one in Houston. And I went to the Houston one. And ended up in labor and delivery because they had a huge flu epidemic during my, I guess it was my junior year. And so they recruited student nurses to come fill, because so many nurses were out sick. And one of my classmates' mother was a labor and delivery nurse at the Methodist Hospital there in the Texas Medical Center. So I ended up on labor and delivery. And saw my first birth and was pretty much hooked at that point. And so after I graduated, I was a labor and delivery nurse.

Emeis: So that would have been what year that you graduated?

Howe: 1971.

Emeis: And this was, you had a bachelor of science in nursing, which was somewhat unusual. Still the preponderance of nurses at that time were not bachelors prepared. And I'm wondering if you could say a little bit about your choice for school and that pathway to nursing.

Howe: Well, I wish I could say that it was well thought out. But it probably wasn't. It was actually probably my mother who decided that I had to have a college education. So if I was going to be a nurse, I was going to get a college education with it. So there were only actually a couple of BSN programs in Texas at the time, TCU being one and Texas Woman's University being the other. So that's where I ended up.

Emeis: So thinking back to 1971, can you maybe comment on what typical duties or the characteristics of a labor and delivery nurse in 1971, and what was just generally the state of birth?

Howe: Well, very interestingly, at that time, Texas didn't have a mandatory licensure law. And so even as a student nurse, I did what now would be considered RN duties, which essentially are fairly much the same as they are now. It was a private hospital, so the nurses did a lot of the labor management until the patient was ready to deliver and then we called the physician. Almost everyone had regional anesthesia, back then typically spinal, but occasionally caudal anesthetic. And the only babies that were born spontaneously were those who delivered before the physician arrived, which was then our fault because we didn't time it right.

So childbirth education was just beginning. We just began to see our first Lamaze patients during that period of time. And mothers and babies were separated for twelve hours. And the baby went to the nursery for the first twelve hours. The mother was not allowed to have any contact with it during that time, unless it was a C-section, in which case it was twenty-four hours.

Breastfeeding, I would have to say, was not encouraged. Husbands were not allowed in the delivery room. The nurse - I have to say, it was one-on-one nursing. So you never had more than one patient at a time, which was a good thing. Everybody had an IV. We didn't have monitors.

Actually, if you go back into the ancient literature, you'll find one article that I wrote under my maiden name which was the case description of the first patient that was put on a fetal monitor at Methodist, which happened to be my patient. And she was immediately taken to section. And she had a big bradycardia, probably because we had her on her back so she could be monitored well. And so I wrote that up and submitted it to the *American Journal of Nursing*.

Emeis: So you stayed in that position for how long?

Howe: One year.

Emeis: One year. And was there ever any time in that year that you thought maybe I need to be in another area of nursing, or—

Howe: No, not another area of nursing. I knew birth was where I needed to be. What I decided was the sort of, it was the beginning self-realization that I am a bit of a Type A person. And by December, having graduated in June, I was looking around for something else, because I didn't have a goal. I was clocking in, clocking out. Loved my work, I mean, there wasn't anything wrong with the work, but I just wasn't headed anywhere. And I had never been in a place where I wasn't headed toward some goal at that point.

And so I started thinking of going back to graduate school. And I had never heard of midwifery at the time, I mean, other than in the classic sort of granny midwife kind of context.

I started writing around for catalogs from all the schools of nursing in places I thought would be fun to go to school. And one of the things that kind of leapt out at me from those catalogs was that most of those programs, if you looked at them, you would have thought that essentially birth was only a psychosocial experience, and sort of happened from the neck up. Except for Yale's. And Yale's had a nice program of study which included a class on reproductive physiology, which I thought was just really nice. And it had maternal newborn masters at the top with a little asterisk. And the asterisk took you down to the bottom of the page. And it said, "Graduates of the maternal newborn masters are eligible for certification as a nurse-midwife."

And I thought, whoa, what does that mean? And I really honestly thought that it meant that they kind of taught you what to do in case the physician didn't get there in time.

And my college roommate had married and moved to Yonkers, New York. And so I thought well, I'll go visit her and I'll interview at Yale and see what happens. And so I did. And I had the privilege of interviewing with Sharon Rising, who was the interim department chair at the time. And then I also got a tour of the campus with a midwife named Donna LeBlanc, who was just phenomenal.

And by the time I left, I just realized that this was what I was meant to be. And nobody had ever told me.

Emeis: So then you entered the midwifery program?

Howe: In '72.

Emeis: Okay. 1972. And how long was the program?

Howe: Two years.

Emeis: Two years. All right. And during that time as a student nurse-midwife, where did you attend births?

Howe: I attended mostly at Beth Israel in New York. Because at the time, nurse-midwives didn't have privileges at Yale. So I went to a practice on the Lower East Side of New York and caught babies there. And that was like the second semester of my first

year. And then I came back to campus for my second year. And actually there was a series of tragedies in our OB/GYN residency program at the time. Three residents died. And the whole program was just left reeling. And they turned to the nurse-midwives to help them get through and make sure that the patients were taken care of and so on. So all of a sudden, nurse-midwives have privileges at Yale-New Haven Hospital. And so I was able to catch the babies at Yale-New Haven Hospital as well.

Emeis: So you lived in New Haven at that time?

Howe: Mm hmm.

Emeis: So what was it like for a Texas girl to live in New Haven, Connecticut?

Howe: It was an interesting cultural experience. One of the things that I found out is that they wouldn't wait around for me to finish sentences if I didn't start talking faster. So I talked faster. And you know, it was really clearly far more diverse than what I was used to. And that was, I think, a very enlightening part of my life. And it was also, it was just a different experience.

I remember very clearly, we did not have coffee when our visiting professors and guests came to campus. We had "sherry hours" when they came to campus. One of the benefits of a private institution. And it was also my first co-ed dorm experience, which was an interesting change from Texas. So what else was different about Yale? It was cold. It was colder there than anything I had ever experienced. And I began to develop a real appreciation for real Italian food.

Emeis: And it was in this part of your life that you met your husband?

Howe: Yup. He was a medical student. And we both graduated in 1974. And he was also an outsider, if you will. And I don't mean that in a way like we were outcast. But clearly we were different culturally than some of the other people there. He was from Seattle.

Emeis: So you graduate in 1974. Then you prepare to take the certification exam to be a midwife?

Howe: Actually, we took it before graduation, technically. And back then, it was an essay exam. It was eight straight hours of writing, writing, writing, writing. My whole arm felt like it was going to fall off before I finished. But that was when I took it.

Emeis: And so then you left the East Coast?

Howe: Yes. My husband matched to his internship here. And so we showed up in Oregon just a few days before July 1st in '74.

Emeis: Did you have a plan for your own career here?

Howe: No. No. I looked around and there was actually only one other certified nurse-midwife in the state, and she was in Eugene. Or at least practicing certified nurse-midwife. And she was in Eugene. So I contacted her. And then I looked around and I didn't see anybody else.

So I called up the School of Nursing here. And I said, "I'm a midwife. Do you know any places that I might call to think about where I could practice?"

And the dean, her name was Jean Boyle, was the first actual dean of the School of Nursing here, called me in and said, "We'll figure out something." And she put me in contact with a perinatologist named Bud Pernoll over in OB/GYN. And then gave me a teaching assignment in the maternity part of the school. And so I taught undergrad students. I had a clinical group of undergrad students that first year.

And then Bud and I worked together to try to figure out a practice site. And what he was able to find was that there was what was then, and probably still is now, a home for unwed mothers that the March of Dimes sponsored. Not March of Dimes, I'm sorry, Salvation Army sponsored a home for unwed mothers over in Northwest Portland. So they developed a contract by which I would go out there and provide the prenatal care out there. And then we brought them in to OHSU for delivery. And then we sent them back out to White Shield, which was the name of the place, for postpartum care.

And it was an interesting time. Because that was sort of right at the time where you didn't have to just go disappear if you got pregnant and you weren't married. But this had been a place for just that. It had its own little clinic area, its own delivery room, and its own little, I think it was a twelve-bed hospital, or ward out there.

And this was also the time when women spent a great deal of time after the delivery, like three to four days after delivery in the hospital. And the Salvation Army wanted these young women to be discharged back out to their little hospital so that they could work with them intensively on mothering skills, essentially. And it took like an act of Congress to get them discharged at twenty-four hours. Which of course is like almost the standard now. But back then, getting them back out at twenty-four hours to the White Shield Home hospital, where they had round-the-clock RN coverage, it was a feat to make that happen.

And then the other thing that evolved from that, which was an interesting part of my early career, was that our labor and delivery area at the time here, which was in the old Multnomah Pavilion kind of thing now, was so horrible. It was beyond belief horrible. It had been part of the old charity hospital that OHSU bought from Multnomah County. And the facilities were almost unhumane, frankly. And we had no place for ante-partum patients that were having complications.

So Bud got this bright idea that they would send them all out to this little twelve-bed hospital out in Northwest Portland. So twins on bedrest, I had a previa on bedrest. I had a patient with TTP out there. I had a psych patient who saw pills floating around in her urine. I mean, I followed some really interesting people out there. And the idea was that I would round on them daily, and that the chief resident would come out and round with me once a week.

And that happened for about three weeks. And then the resident would call and say, "Do I really need to go out there?" So I ended up pretty much taking care of this nice, little group of ante-partum, high-risk patients out there. And when there was a problem, or when it was time for delivery, we ambulated them to the hospital.

Emeis: So I'm curious, just because there are still hospitals in the United States where it's difficult or impossible for nurse-midwives to practice, this was 1975 by then?

Howe: Yeah, it took from '74, essentially September of '74 to July of '75 to get privileges to practice. Mostly because they had never, at least I was told, they had never had a non-physician on medical staff. And so they had to rewrite the bylaws.

Emeis: So it sounds like you really had a champion in this perinatologist.

Howe: I did. Mm hmm.

Emeis: And how do you think you were received by the nurses, by other providers?

Howe: Well, I think generally positively. You know, that's kind of an Oregon thing that people are pretty open minded, and so on. One of the first days I was there, one of the maternity faculty toured me around labor and delivery. So she introduced me to the head nurse. And the head nurse said, "What do you hope to do here?"

And I said, "Well, I'd like to deliver babies."

And the head nurse looked at me and said, "Not here, you won't." But it wasn't in a mean way. It was just, she didn't think that that would ever be able to happen.

The residents, there was only one resident that I had difficulty with. The rest of them were really, really great. And in point of fact, in preparation for my retirement party coming up, I just heard from two of those residents with regard to my retirement that I have kept contact with and worked with for all these years.

Emeis: So is there anything else you want to say about your first stint at OHSU before you move on to your next degree?

Howe: Well, it was an interesting time. My husband was incredibly tolerant of the fact that for the first, well the first year it took to get privileges. For the next two years, I was on call 24-7, pretty much, with the exception of one week during that time. And delivered probably six to eight babies a month during that period of time.

The first baby that I caught, I remember distinctly, was actually before I got privileges. I was up on the unit with some undergraduate students. And that was back when you took patients from the labor room to the delivery room for the birth. And so my students were taking care of this one patient. And she was ready to deliver, so they took her back to the delivery room. And remember I said that the facilities were really horrible. Well, there were two delivery rooms. And then in the middle was scrub room with a window so that you could scrub and look into the delivery room at the same time. In addition, each room had a viewing area for people to watch the birth, like medical students and so on and so forth. So there was a little row of seats that sat up above so that you could look down on the woman giving birth.

So they took the patient into the delivery room. And I was helping my students get on all their garb, because back then everybody wore caps and masks and everything like that. And then we got rid of that, and then we went back to it. But the nurses were

moving the patient from the stretcher to the delivery table. And as they put their hands under her hips, one of the nurses looked and said, “The head’s out!”

And I was standing right there with my students. And I looked up and I could see the intern, who was scrubbing like that, and his eyes were about that big. So I mean, I just reached out and delivered the baby. I mean, what else could you do?

So the baby got born and everything was fine. And later on, a little bit later, I walk down the hall to the post-partum unit. And the word had spread. “I heard you delivered a baby! I heard you delivered a baby!”

And I was like, “Well, yeah. I mean, the head was out. What else can you do?” That was my first catch.

Emeis: Without an episiotomy?

Howe: Without an episiotomy. Without gloves, frankly.

Emeis: So maybe take us up to the, your decision to leave OHSU for the University of California, San Francisco.

Howe: Well, that was actually not my decision. My husband decided to do an internal medicine residency and so we moved to San Francisco for that. And probably as a little interlude there was the year before I left, Carol Lindeman had come as dean of the School of Nursing. And her plans clearly included graduate education in nursing, both more Master’s programs as well as a PhD program. And she really encouraged me to think about doctoral education. And we were thinking about having a family. And I got to thinking that probably school was more compatible with pregnancy and a new baby than being on call, which somehow midwifery seems to require that.

So I applied to the doctoral program at UCSF and was accepted. And so we moved down there. And Dick did his internship, I mean, residency. And I did my doctoral degree. Then we came back.

Emeis: Talk a little bit about your doctoral program and some of the changes that have occurred in doctoral education in nursing.

Howe: Well, UCSF was kind of an interesting program. They wanted to start a doctorate. So they went through the whole approval process and submitted it as a PhD program. And the person who was the equivalent of our president, they call them chancellor down there, said, “Nursing cannot have a PhD. You’re a profession. You should have a professional doctorate.”

So they went back and they took the same curriculum and resubmitted it as a DNSc, and it got approved. So it was a research-focused degree, primarily. And it was also very loose. It was not a really terribly proscribed curriculum. But it did have pretty rigorous benchmarks in there.

And I had a very interesting group of classmates, a good number of whom came up to OHSU at the same time I did, or the year before. Carol Lindeman, again, recruited heavily from UCSF. And I think for a while we were sort of known as UCSF North,

because that was where she recruited to get most of the graduate programs off of the ground. But some of our long-term faculty were classmates of mine.

Emeis: So the decision to come back to OHSU?

Howe: We loved Portland. Carol [Lindeman] wanted to recruit me back. My husband wanted to practice in the Northwest. And it just seemed like a logical place to move back to.

Emeis: So this, what year are we at now?

Howe: 1980.

Emeis: 1980. So it looks like from here on out, maybe you could kind of walk us through two paths. Your career at OHSU, version two. Take two. And please don't forget to kind of talk about your family life at the same time, and what it was like to have a career at OHSU and have family and balance midwifery and education.

Howe: Okay. Well, when I was recruited back, it was specifically with the charge to start a midwifery education program. And, but I would have to say that in the interim, in the three years that I was gone, there had been some significant changes with regard to midwifery at OHSU generally. Leon Speroff had been recruited to be chair of OB/GYN actually just before I left. And he was married to a nurse-midwife.

So when I came back, there were actually four nurse-midwives practicing here in the department of OB/GYN, so that gave us the basis of a practice in which we could educate students.

So I started. Fortunately Mary Ann Curry, who was a women's healthcare nurse practitioner, had graduated the year ahead of me and had come to OHSU. So she had started the basis of a women's healthcare nurse practitioner program. And she and I then worked together to develop a curriculum and go through the pre-accreditation process for midwifery and just get things started.

So we admitted our first class of women's healthcare nurse practitioners in 1980, and nurse-midwives in 1981. And the practice continued for a while in OB/GYN before it transitioned over into the School of Nursing. Still remained fairly small, for the most part, but grew gradually until probably, that's a good question, probably the mid '90s, mid to late '90s. And then the practice really began to take off. And the education program, you know, like I said, we admitted our first students in 1981.

Emeis: Can you recall the number of midwifery programs in the United States?

Howe: I think there were eighteen.

Emeis: Eighteen. And how many in the western part of the United States, do you think?

Howe: Well, there was Utah then. And, hmm, I think UCSF was there. And UCLA was there.

Emeis: And the number of students in the first cohort that you admitted?

Howe: Three.

Emeis: Three midwifery students. Okay. So, what kind of preparation did you have to be a program director?

Howe: None. Absolutely none.

Emeis: What was that like?

Howe: Well, I had a lot of help. You know, Barbara Gaines was there. And she was my academic guru. So she really guided me through learning anything at all about graduate nursing education. The other thing is, there was the beginning of a program directors' group that met annually. And it was really a support group more than anything else. It had evolved over time into a group called DOME, Directors of Midwifery Education. But back then it was just a support group, really. And it was to help new program directors kind of navigate the issues of accreditation and how did one deal with administration and what kinds of student issues were you having problems with.

My very first program directors group was in October of 1980. And my daughter had just been born. No, it was '81. It was '81. My daughter had just been born in May. And so I flew to Washington, D.C., for my first program directors' meeting. And Braniff lost my luggage, which had all my diapers in it, at the time. Speaking of balancing family and everything like that. And I had no clothes. So I had only the sweatshirt that I had on and my jeans.

And the next morning, I got to my hotel at, like, eleven o'clock at night. So the next morning I got up early and bought a toothbrush and some diapers. And then I headed over to the group. And I walked into the room and there were all of these very august foremothers of midwifery that were in the room, including Elizabeth Sharp, who was just the most proper and immaculate and perfectly dressed person that ever existed in the whole world.

And I walked up to this circle of women and I said, "Is this the midwifery meeting?"

And Elizabeth looked at me and said, "The directors."

And I said, "That's me." And sat down. And she still talks about that. And bringing that baby to the directors' group.

Emeis: Well, maybe you could just pace through your tenure as director of the nurse-midwifery program and some of the other positions of leadership that you've held within the School of Nursing.

Howe: Well, I was director for many, many years. And that was always an education. I think the one lesson that I finally learned is that you don't get everything fixed and then coast. It's always something. There's always a new challenge or an old challenge that's resurrected itself somehow. And that was a huge learning thing for me. I thought I was

just going to work really hard for some number of years, get it all under control, and then it would be easy. And although it's been fun, it has never been easy. And there have always been challenges. And it required really a lot of juggling to exist on the academic side, to be trying to develop on the practice side. Midwifery was and is still the major practice that exists within the School of Nursing. So there have never been the, in the school, the internal resources to support practice. I mean, not because people didn't want them, but just simply because there was no practice, organized practice presence in the school other than midwifery.

And so over the years, the class size grew, but it's never been huge. Mostly because we've always had to work really hard for clinical placements in the area. We developed, we developed a really robust practice and a really strong educational program. And so you know, my last focus has been working on developing the research piece to advance the science of midwifery. So I think we're just about there. And so that feels really good.

I went into some more responsibilities in School of Nursing administration. Actually because the structure initially was that there was a director of Advance Practice Nursing. And then you had your specialty directors underneath. And the director of all the advance practice nursing specialties left. And there really wasn't anybody else to step in. So I told the dean at the time that I would step in on an interim basis for a year. And then after a few months I noticed that there was no active recruitment going on to fill the position. So I ended up there.

And then we got a new dean. And he asked me to be the associate dean for practice in the school because he wanted to develop more robust practices within the school. And I would have to say that I was not particularly effective at that. It's just been a tough nut to crack to get the school integrated into the overall health system here. And also then he left fairly shortly after he arrived. I think he was here three years.

And then we had an interim dean. And she asked me to stay on because she needed some stability with her administrators there until the new dean came. So there I was. And then the new dean came. And then when it was time for me to retire, I realized I needed to step down and just concentrate my last year on midwifery.

Emeis: So as you assumed these other responsibilities in the school, you're continuing to teach midwifery the entire time?

Howe: Oh, yeah.

Emeis: And practice?

Howe: And practice.

Emeis: And how did you find all of those missions, and trying to do all of them, to be?

Howe: Well, it was a challenge. Once again, I had great family support. Even all those years when I was raising my kids, they were always very flexible and supportive. And my husband, he didn't "help" with parenting. He truly co-parented. And so I could give what I needed to give. He continued to support that even after my kids grew up and did

their thing. But it was a stretch. I have to say my true love, up until EPIC, was practice. But I really, I developed a real sense of loving teaching. That grew over time.

Emeis: I imagine then you were asked to step into leadership positions outside of the School of Nursing as well.

Howe: Mm hmm.

Emeis: Can you maybe speak to some of those opportunities?

Howe: Yeah. Well, you know, as an active member of the university community, I got involved in various things. So I was in the Faculty Senate. And I was actually president of the Faculty Senate for a couple of years. And that was fun, because it gave me the opportunity to meet people outside of the School of Nursing. Up to that time, I had been probably mostly known through OB/GYN and through the School of Nursing. And the faculty senate really allowed me to get with colleagues from all over. From the graduate programs, dentistry, medicine, and so on.

And then as the whole practice, health system side has developed in response to a lot of the regulatory kinds of expectations and so on, I started serving on various other committees. So when the faculty practice plan was formed, there was a position on the faculty practice plan board, actually for the dean of the School of Nursing or designee. But I've been that designee all these years. So I've been on the Faculty Practice Plan Board for probably fifteen, I can't even remember when it was formed, but probably fifteen years or more. And then sat on the Medical Staff Credentials Committee, and the OB/GYN Quality Executive Committee. And there for a while, mostly while I was actively involved in the senate, I was on a number of search committees for various positions. The Center for Women's Health director and OB/GYN chair and some other administrative kinds of search committees.

And then, of course we're all obligated to our profession. So I actually in the mid-80s – boy, that's a long time – was on the Board of Directors for the American College of Nurse-Midwives. I was their Region 6 representative. Then from '94 to 2000, I think, I was president of our national certification organization. And now I chair the Disciplinary Committee for that same organization. So I've just tried to keep my hand in the professional side of my work. So...

Emeis: So maybe you can then reflect on some of the changes, changes that you've seen through the years in nursing education, changes in midwifery, the profession as well as midwifery education, and then just changes at OHSU in general.

Howe: Well, nursing education, well, we've seen a proliferation of programs in midwifery. At one time, we had a high of fifty. I think we're down to about forty now, midwifery programs, across the country. For nursing education generally, there's been an increasing emphasis on graduate education and the development of not only advanced practice nursing programs, but PhD programs. And now the doctorate of nursing practice is really taking off. So that's been kind of a fun thing to be involved with. And you know, so and then other things that are sort of more nitty gritty. The increasing use of

simulation. And then the same problems that have existed for the entire time, not the least of which is finding qualified faculty and finding good clinical sites for the students. The rest of education isn't that hard. But boy, that part is really difficult. And continues to plague all of our programs, I think.

In terms of OHSU, I feel like I have been around for a lot of what has happened with OHSU. Just within the like the first couple of weeks that I was here, that was the time when OHSU separated from the University of Oregon and became its own stand-alone campus. And we got our first president.

And a funny story I remember about that was the physician that had chaired the search committee for finding a new president came to talk to the School of Nursing faculty to tell us about the search and who they had selected and so on and so forth. He did a little spiel about it. And then he opened it up for questions. And there were a couple of questions. And I being too dumb to realize I probably should keep my mouth shut raised my hand and I said, "Well, can you tell me what characteristics you are looking for in a new president?"

And this guy said, "You mean what kind of man are we looking for?"

So I said, "Or woman." And the whole School of Nursing broke out in applause. And this poor guy just almost disintegrated in front of us. Because he immediately realized what he had said. And I don't think he ever regained his composure after that. So that was kind of my start.

And then I was here through when we became a public corporation. And actually, I think that may have been right around the time I was president of the Faculty Senate. So I was actively involved in that discussion. I was actively involved in the initial work of the Faculty Practice Plan. Initially when I first came, all of our practices were housed in not just the medical school, but the individual departments within the medical school. So each department had its own practice plan and its own, like, retirement plan and so on and so forth. So pulling all of those practice plans together into one practice group was a huge undertaking. So there was a lot of work around that. And then initially it was separate from OHSU. It was, what do they call it, 4013, 501(c), something like that. At any rate... And then it got integrated back into the medical school. And I had to fight really hard to keep a nursing presence on the faculty practice plan board of directors. And we managed to do that. So, and that's been, I think, really critical.

Emeis: How about some of the changes in healthcare over the years that you've been a provider?

Howe: Oh, there haven't been any. No. Oh, I wouldn't even know where to start. Well for one thing, we deliver in birth rooms now. Like that first birth that I was describing, we went from the labor room to the delivery room. And we had the delivery table with the places for your legs and straps and all of that kind of stuff. It's interesting how practicalities overtake policy. And what happened was, they had to remodel the delivery rooms. And we didn't have anywhere to take women to have their babies. So all of a sudden it became okay for us to deliver them in the labor room.

And then after years and years and years of fighting on behalf of various OB/GYN chairs, we finally got our really nice, new facility, which actually isn't that new anymore. But we got a much nicer facility with birth rooms. And we didn't have to gown

and glove and have episiotomies on everybody. And but then when HIV came, then we had to gown and glove again, which was unfortunate.

Obviously the biggest change was we had this really robust midwifery practice there. And I think that it helped change the culture of birth. We still have a really high-risk program. But you know, none of our docs cut episiotomies anymore. Unless they're necessary, right? So things like that have changed. I've lived through the increase and now, hopefully, decrease in the C-section rate over time.

Emeis: Managed care.

Howe: Managed care. That was an interesting time.

Emeis: The electronic health record.

Howe: I didn't live through that, unfortunately. But yes, the introduction of the electronic medical record. You know, all of those kinds of things.

Emeis: And midwifery's involvement with response to the Affordable Care Act?

Howe: I'm not quite sure that our response has been any different than anybody else's. I think, actually, where midwifery came close to actually making a major mistake was our, we didn't, as an institution, nationally, recognize the potential impact of managed care. And I think we were caught a little bit off guard by what that really meant. But then that's kind of gone by the wayside now.

I think the Affordable Care Act, the potential is there to have midwifery rise to its fullest potential. But I haven't seen that happen yet. There are still barriers. I like to say that here in Oregon, we live in midwife heaven because physicians, nurses, patients, everybody has been really receptive to what nurse-midwives can do and the care that they can provide. But that's not true nationally, necessarily. There are many places in which there are unnecessary restrictions and barriers to practice, both economic and political and the whole thing.

Emeis: So as we wind down, I'm wondering if you have any other thoughts that are kind of milling around that we haven't really explored, or that you haven't had a chance to reflect on.

Howe: No, it's just been a great journey.

Emeis: So your feelings about where midwifery is and how it's positioned right now, as you begin to slowly exit your professional career?

Howe: Oh, I feel really good about it. I feel good about the education program. I feel good about our practice. And I'm very optimistic nationally that others will have the opportunity to live in midwife heaven as well.

Emeis: Export Oregon.

Howe: You know, it has, I have to say that I've been recognized for a lot of stuff. And it wasn't me. I mean, truly, I mean, if you look at our faculty and what they have managed to accomplish, I think it's made me look really good. And I'm grateful.

Emeis: Well, thank you.

[End Interview.]