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Beatrice Rudney

Rosie the Riveter World War II American Homefront Oral History Project

A Collaborative Project of the Regional Oral History Office,
The National Park Service, and the City of Richmond, California

Interviews conducted by
Jess Rigelhaupt
in 2008

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Audiofile 2

Joined the American Nurses’ Association—mixed feelings of the use of weapons after Pearl Harbor—after the war housing was difficult to find—learned of the Holocaust when it was publicized—ethnicity wasn’t as significant in the Bay Area then in New Haven.

Interview #1: 05-15-2008

Begin Audio File rudney_beatrice1_05-15-08.mp3

01-00:00:06

Rigelhaupt: It's May 15, 2008. I'm in Oakland, California, doing an oral history interview for Beatrice Rudney for the Rosie the Riveter oral history project. This is tape one. And if I could ask to begin with your full name the year you were born.

01-00:00:25

Rudney: My full name is Beatrice Claire Spector Rudney, and I was born in 1923.

01-00:00:36

Rigelhaupt: Where were you born?

01-00:00:37

Rudney: I was born in New Haven, Connecticut.

01-00:00:41

Rigelhaupt: Is that where you grew up?

01-00:00:42

Rudney: I went through high school there, yes.

01-00:00:07

Rigelhaupt: Could you describe the neighborhood you lived in, in New Haven?

01-00:00:48

Rudney: We lived in the outskirts of New Haven, more or less. It was the vicinity, one end of New Haven. And it was rustic, and single-family dwellings, and I suppose middle-class, you would say. I went to elementary school very close, junior high was very close. And then my high school was down in town.

01-00:01:27

Rigelhaupt: How big was New Haven at that time?

01-00:01:34

Rudney: I don't know in numbers. Maybe 250,000, a fairly large city.

01-00:01:48

Rigelhaupt: Imagining the early years in your life, say before elementary school, what was a typical day like for your parents?

01-00:02:00

Rudney: My dad was a butcher, and he worked six days a week, long days. My mother was a housewife, and her days were spent in caring for children, caring for the house, cooking, helping relatives.

01-00:02:23

Rigelhaupt: Do you have siblings?

01-00:02:24

Rudney: I have three siblings.

01-00:02:27
Rigelhaupt: And where are you in the order?

01-00:02:29
Rudney: I am the second. I have an older sister, four years older. I have a sister three years younger, and I have a brother fifteen years younger.

01-00:02:43
Rigelhaupt: Did you have extended family living in the area?

01-00:02:47
Rudney: We did. Both my parents had their siblings, so that we had aunts and uncles and grandparents and cousins.

01-00:02:58
Rigelhaupt: It sounds as though your family was established in New Haven. Had your family been living in the area for a long time?

01-00:03:07
Rudney: Both my parents came from the Ukraine, probably in their early teenage years. And because there was family in New Haven, that's what drew them there, so they did live there for many years.

01-00:03:27
Rigelhaupt: Did you parents talk about what brought them to the US?

01-00:03:31
Rudney: The difficulties in Russia at that time. There was a large influx of people from that part of Europe in those years, about 1910, 1914.

01-00:03:53
Rigelhaupt: Did they describe to you what it was like when they first came, first got to the US?

01-00:04:00
Rudney: It was probably difficult. My dad's first experience was with a baseball game, and he was so smitten that he was on a minor league for many years. And my mother worked in a garment factory in New Haven until she was married. And they were relatively happy, because they had family there. And I think that until the Depression years, things were pretty good for them.

01-00:04:41
Rigelhaupt: Did they meet after they got to the US?

01-00:04:44
Rudney: Yes, they did.

01-00:04:45
Rigelhaupt: Did they talk about how they met?

01-00:04:50

Rudney:

Yes. My dad had come from New York, and he had a room in the house that my mother—her mother had, so he was a roomer in her home.

01-00:05:08

Rigelhaupt:

And what was their courtship like?

01-00:05:11

Rudney:

I don't know a great deal about that. There's one funny story. My mother, I told you, worked for a garment factory, and they would bring garments home to stitch. And he thought that she was very skilled, but all she could do really was sew seams. She was not a tailor or a dressmaker. And I don't know much else about the courtship.

01-00:05:50

Rigelhaupt:

What do you remember about some of your first experiences in elementary school?

01-00:06:00

Rudney:

Well, I was rather shy, and my sister is four years older, and I think that when I was in kindergarten—this is a story that I was told, that the principal slapped my hand, and it enraged my sister, who fought back for me. But that's my only memory, really.

01-00:06:26

Rigelhaupt:

And no memory of what brought the principal's attention to you?

01-00:06:29

Rudney:

I've no idea. I didn't even remember that; it's just a family story.

01-00:06:39

Rigelhaupt:

Did you have a favorite subject in elementary school?

01-00:06:45

Rudney:

Probably English, reading.

01-00:06:56

Rigelhaupt:

And did that continue through middle school and high school?

01-00:06:59

Rudney:

Yes. I liked history, I liked Latin. I like language. And English. Biology. I think I enjoyed school, generally speaking.

01-00:07:26

Rigelhaupt:

You mentioned the Depression. You were about six years old when it started?

01-00:07:33

Rudney:

About that. The big crash was in '29, and so through the thirties, things were very difficult, at least for my family, and I believe many others too.

01-00:07:53

Rigelhaupt:

When you say difficult, could you describe how things changed?

01-00:07:56

Rudney:

Well, my dad and his brother-in-law owned a shop in a little community outside of New Haven, and they lost that shop, so that he had any job that he could get, one after another. And that's what I mean by a difficult time. Jobs were scarce; pay was low. And he tried many, many different things.

01-00:08:29

Rigelhaupt:

Did your family and your extended family pool resources?

01-00:08:34

Rudney:

Not that I knew about. I think sometimes when you're a child, you're not too aware of what goes on at that level. So I don't know. I'm sure they were very supportive of each other, all the family.

01-00:08:55

Rigelhaupt:

I certainly read that there was a sense—I don't want to say optimism—but a sense of a possibility for change after FDR was elected in '32. And you were young at the time, but I'm wondering if that sense of change with the new presidential election trickled down to an elementary school person such as yourself?

01-00:09:25

Rudney:

Well, one thing, we lived in this suburb in quite a nice house, and we did—we had to move, not too far away, but to a lesser costly rental. And actually, I guess those were the only two houses I did live in as I was growing up. And I was not too aware of, I think, what was going on, the many job changes I knew about, and the frugality that everybody practiced, but otherwise, I didn't. I know that there was a lot of enthusiasm about Franklin Roosevelt.

01-00:10:24

Rigelhaupt:

Did you have any jobs, or were you—

01-00:10:27

Rudney:

I babysat. Primarily that's what I did during junior high and high school.

01-00:10:38

Rigelhaupt:

Just out of curiosity, do you recall what the pay was back then?

01-00:10:42

Rudney:

It may have been twenty-five cents an hour. I'm not certain. It was very little.

01-00:10:51

Rigelhaupt:

As I said, it was just out of curiosity what the rate was. Taking you back to your high school years, did you have a sense of what you wanted to do after high school?

01-00:11:12

Rudney:

I did want to teach. I thought I would like to be a teacher. That was my interest. And I was fairly active in clubs, the paper and journalism and other world affairs during high school. And then when I graduated, things were still economically difficult, and college was out of the question. And my older

sister was a nurse, and I thought that I would try that. That's what led me to nursing.

01-00:11:56

Rigelhaupt: Do you know what led your sister to go into nursing?

01-00:12:01

Rudney: It was something she always wanted, and she was excellent, too. In fact, I was a little reluctant to go in, with her as such a great role model. But I did. She had gone to nursing school in New Haven, at Grace-New Haven Hospital, and she had a post-graduate course at New York Hospital. And when I went to visit her there, I thought, well, it wouldn't be bad to go to a school like this. And I applied, I wasn't—I wasn't eighteen, so I had to wait for a year after high school, and then I was accepted, and went to New York.

01-00:12:49

Rigelhaupt: What was it like, moving to New York from New Haven?

01-00:12:55

Rudney: Actually, my parents, the year I'd graduated from high school, had moved to Middletown, Connecticut. And the year that I waited to get into nursing school, I worked in the state mental hospital as an attendant for a year. So I went from this small town of Middletown to New York, and I was enthusiastic about going, and I like New York.

01-00:13:22

Rigelhaupt: Where did you live?

01-00:13:25

Rudney: I lived in the nurses' residence.

01-00:13:31

Rigelhaupt: I'm trying to picture where the hospital is, and I can't picture it.

01-00:13:35

Rudney: It's on East 68th Street, right by the East River. And that area's called Yorktown, a large German population settled there early, and that was Yorktown.

01-00:13:54

Rigelhaupt: And did you start there in September?

01-00:13:57

Rudney: September of '41.

01-00:14:01

Rigelhaupt: So the end of your first semester is Pearl Harbor.

01-00:14:06

Rudney: Right. The first three months, we just had class work, and we were studying for our final anatomy exam on Sunday, December 7, when we heard the news.

And it was a shattering thing for the hospital, because they were very well-staffed with graduate nurses and physicians, and many of them went with the unit and went into the military. So there was quite a shortage in the hospital. And they were very exciting, hardworking years for all of us.

01-00:14:50

Rigelhaupt:

Was Pearl Harbor—I know it was a surprise, there was a sense of shock that the attack had occurred. But was there a sense, leading up to it, that the US might become involved in a war?

01-00:15:05

Rudney:

Yes. There was a lot of preparation. The staff had been very involved in Red Cross work. Red Cross was recruiting for the possibility. And there was a lot of pre-planning, probably from early 1940. So the hospital was really a hub for some of those activities.

01-00:15:33

Rigelhaupt:

What did that pre-planning entail? Could you describe what you remember about it?

01-00:15:40

Rudney:

Well, you know, I had just come, but from my reading and from talking, I know that Red Cross had an area in the nursing residence where people were doing preparations for wartime. I know that there were nurse recruiters and the government had really geared up to plan for the event of our entering the war.

01-00:16:14

Rigelhaupt:

So how immediately after Pearl Harbor did you begin to see staff and nurses that have been at the hospital begin to join the military?

01-00:16:26

Rudney:

Probably very early in '42. It wasn't very long. I think they probably had had preliminary training sessions, and I don't know if they were Reservists, but they did have some practical things that they were doing. So they left fairly early in '42.

01-00:16:55

Rigelhaupt:

And who filled in for them when they left in '42?

01-00:16:58

Rudney:

There was a shortage of staff, and students worked probably more than they had before, and they had volunteers, a lot of business people came as orderlies—I mean, CEOs of many firms came. That was a very interesting time. And they also hired some non-professional people. And that was a big boom for that movement. Because before that, there would be nurses and physicians and not too many supplementary staff. So that was the start for that.

01-00:17:43

Rigelhaupt: Now how much longer did your schooling go?

01-00:17:47

Rudney: It was a three-year program, so it went until September of '44.

01-00:15:56

Rigelhaupt: Did you have any sense that the curriculum changed because of the war?

01-00:18:05

Rudney: Actually, it was in a time of flux even before that, because it was a school that felt that academic preparation for nursing was very important, and should be a collegiate education. Most programs were three-year diploma hospital-based programs where it was mostly task-oriented, almost an apprentice system. And the leaders—many nurse leaders, including those at New York Hospital, were very interested in making nursing a profession, and having an academic curriculum. And it was in '42 when Cornell University combined with the nursing school, and at that time, students who had two years of college before entry into the nursing school had their degrees from Cornell upon completion, as well as their diploma and RN degree from New York Hospital. So the curriculum was always very important. What we did was work several hours a day, have classes several hours a day, and continue that way. We worked six days a week, and—of course, we didn't get paid, but in 1942, they set up a US Cadet Corps to try to get more student nurses—people interested in entering nursing. And so they paid a monthly stipend, and attracted quite a few people. Because young women were going into other fields during the war, and nursing shortages were serious, the Cadet Corps was started, and it was a great success.

01-00:20:20

Rigelhaupt: Did you have a favorite rotation while you were a student?

01-00:20:24

Rudney: I think pediatrics probably was my favorite, although I didn't go on in that. But that was it.

01-00:20:34

Rigelhaupt: Why pediatrics?

01-00:20:36

Rudney: I don't know. It just was an appealing field for me. I guess I liked the children. But those three years were very wonderful years. I think in a situation like that, you form relationships that are very close and very supportive and very meaningful. And it was a wonderful environment. And exciting things were happening in the hospital, and particularly after the war, so many innovative things had come out of World War II.

01-00:21:17

Rigelhaupt: Innovative things—could you say more about what you saw?

01-00:21:23

Rudney:

Penicillin, for example. [Narrator Comment: Penicillin had a great impact on treating infectious diseases.] And that was very labor-intensive, because when it first came out, only doctors could give it—it had to be mixed by nurses and preparation could take about an hour. And at first, nurses prepared it and doctors gave it, and then after a while nurses did it. And there were a lot of surgeries, a lot of limb surgery that had been learned and perfected during the war. So quite a few things did come out of it. A lot of preventive health ideas became more prevalent, and so it was a very lively, busy time.

01-00:22:31

Rigelhaupt:

Did you see any changes as far as the curriculum, or changes in the hospital, where things became—I don't want to say more organized, but some of the lessons that were learned during the war and such—that their implementation—how were they implemented, I guess, is the question I'm getting at?

01-00:22:59

Rudney:

Well, they were introduced because when you have a medical school, you have that teaching institution as well, and those new ideas came. But—the war was '41, '42, '43, probably a lot of the innovations came after that, towards the end of the war. But of course, life went on in the hospital all through those years. And our curriculum was very academic, and actually, I would say, on a university level, although we were not completely affiliated with the university. We had excellent faculty who had joint appointments with the hospital and the school of nursing.

01-00:24:03

Rigelhaupt:

But it officially became affiliated with Cornell—

01-00:24:04

Rudney:

In 1943.

01-00:24:16

Rigelhaupt:

We will come back to later in the war in just a moment, but going back to the beginning of World War II, a lot of the people I've interviewed were living on the West Coast during—just after the attack on Pearl Harbor at that time, and there was a sense that—

01-00:24:40

Rudney:

Vulnerable.

01-00:24:43

Rigelhaupt:

Yeah, but I'm wondering, was there in a sense in New York that after Pearl Harbor, an attack had happened on US soil, even if it was far away in Hawaii, that the war might come to New York City?

01-00:25:01

Rudney:

There didn't seem to be that kind of fear there that I was aware of being expressed. I think it seemed far enough away from there. But of course, World

War II was—in Europe, and was very advanced then. And so we were near there, and you know all of the newsreels that came out that time, we would see that. But aside from that, we didn't know what was going on, except what we were told. And in the newsreels is where you got most of your information, or the newspapers too.

01-00:25:45

Rigelhaupt:

So as the war picks up in the US after Pearl Harbor enters World War II, what changes did you see in your daily life?

01-00:25:55

Rudney:

Well, we lived in—we weren't actually cloistered, but we lived in the nursing home, in the dormitory, and the hospital was across the street. And our life revolved pretty much around there. I mean, we would work from say seven to nine in the morning, have classes until noon, have classes in the afternoon, go back and work five to seven, so that we could take care of patients those times and assist the staff at other times. And then we had classes and study and library time. We didn't get out very much into the community. And it was six days a week, so we did what we could; we got to theater, we got to concerts when we could. But I think we were not so aware of what was happening in the community outside of our community.

01-00:27:05

Rigelhaupt:

Was there a concerted effort to buy Liberty bonds or support the war effort?

01-00:27:11

Rudney:

There was.

01-00:27:4

Rigelhaupt:

And what did that look like? How did that take place?

01-00:27:19

Rudney:

Well, I think, you know, as students, we didn't have very much money. And when we did, of course, we would buy a bond, because there was a lot of pressure to do that—a lot of desire, really, to do it. And I think because of our situation, we weren't out there in the world as much.

01-00:27:49

Rigelhaupt:

Do you remember any shortages of things?

01-00:27:55

Rudney:

There were—after we finished and we moved out, we had shortages. And we had coupons, we could only buy so much meat, so much sugar, so much gasoline. We were not so affected in the hospital because our meals were prepared there, so we weren't really aware of the kinds of shortages that the hospital kitchen might have had to work with.

01-00:28:25

Rigelhaupt:

Yeah, that's an interesting question of how rationing would have worked in the hospital.

01-00:28:29

Rudney:

Yes, because we were rationed after, when we got out and we were living in an apartment. But I don't—it was never brought to our attention what might have been happening in the hospital in terms of rationing. I haven't read anything about that either. It's probably available somewhere. I have several books, just this past year, a history of the school of nursing—in fact, I have two books about that, but nothing's mentioned about that.

01-00:29:11

Rigelhaupt:

So you finished school in September of—

01-00:29:13

Rudney:

'44.

01-00:29:14

Rigelhaupt:

And what was your first job?

01-00:29:16

Rudney:

My first job—well, there was a lot of pressure for us to join the military, and several of my classmates did, and there was quite a shortage at the hospital. My parents persuaded me not to go into the service, and my first job was assistant head nurse on the neurology service at New York Hospital. And then the next couple of years, I was head nurse on the medical service, until I left in '47. So I stayed on at New York Hospital for three years.

01-00:29:59

Rigelhaupt:

And what are some of your main responsibilities on the medical service?

01-00:30:05

Rudney:

Coordinating all of the staff, doing the assignments. Overview for all of the patients, be sure things were done, getting the orders, working with the physicians, doing the runs, just ordering supplies, just general administration and maintenance of both staff and patients, and the nitty-gritty. And some in-service with students, and—it was a very interesting job.

01-00:30:43

Rigelhaupt:

Could you say more about what made it interesting?

01-00:30:46

Rudney:

All that variety, and working both with staff, with patients, having to make decisions, having to use good judgment. And the rewards of caring for people. Probably one of the highlights of nursing.

01-00:31:12

Rigelhaupt:

Now, in a different position, so your position in neurology, were you doing more patient care and so less working with staff?

01-00:31:23

Rudney:

More patient care and substituting for the head nurse, and aiding her in all of those chores. There was a lot more personal nursing care then, when we didn't have a lot of the drugs we have now. And it was that kind of care that mostly

carried people through. And on the neurology service, there were several people in iron lungs, because there was polio at that time. So there was a lot of physical, hands-on care.

01-00:32:09

Rigelhaupt:

Did you have a sense of—other than surgeries, particularly you said about limbs and things like that, of how patient care was affected by medical knowledge gained during World War II?

01-00:32:29

Rudney:

I think antibiotics were a very big factor, because people with pneumonia who probably would have died recovered, hospital shortages were less—I mean, hospital time, time in the hospital, patient time in the hospital was less than it had been previously. And nurses had more technical things to do than before, with the addition of monitoring and equipment that we hadn't had before.

01-00:33:10

Rigelhaupt:

Could you describe some of the technical aspects that changed, and what sort of equipment you were monitoring?

01-00:33:17

Rudney:

Well, there was new kinds of IV equipment—it was sixty-five years ago, so if I have forgotten some of the equipment and some of those new things, forgive me. [laughter] But there were just many things that happened, for example, that relieved nurses of some of the jobs they did. We had to sharpen all of the needles, wash all of the instruments, scrub them and sterilize them. And they got other people to do that. They had a central supply, finally, that took care of equipment, and relieved nurses of some of those burdens so that there could be more direct patient care. And they had dietary departments that gave more equipment with feeding and with meal preparation, so that a lot of the tasks that nurses had to do were given to others so that nurses had more time to do the actual nursing, bedside care.

01-00:34:47

Rigelhaupt:

In thinking backwards to these changes during the war, do any stand out in your mind as particularly beneficial for patient care? Or some that at the time, were there changes you were wondering why they were implemented.

01-00:35:09

Rudney:

I would say that they were beneficial, and people came back with new ideas and new approaches, and there was probably more emphasis on prevention, on teaching, the role of the nurse in teaching people to take care of themselves. I think a lot of that began at that time.

01-00:35:48

Rigelhaupt:

Do you remember if there were any people who, maybe who were older who'd been involved in nursing for a longer period of time, that thought some of these changes weren't so beneficial?

01-00:36:06

Rudney:

I think there were a lot of—there was rigidity in some people, even today you probably know people who don't change easily. And that certainly happened there. Things were to be done the way they were always done. And that—of course, could create conflicts.

01-00:36:28

Rigelhaupt:

Did you ever encounter any of those conflicts in your workplace?

01-00:36:32

Rudney:

If I did, I guess I've worked them out and I don't recall them. And I'm certain that I did, and probably especially as a student.

01-00:36:45

Rigelhaupt:

I mean, it sounds as though this was an exciting time to be entering nursing, to be a student, that there was a lot of cutting-edge patient care being developed.

01-00:36:56

Rudney:

It's true. And after that, even more so, you know, all of the technical things with electronic equipment that they have now. But that was quite a major shift at that time, from the laying on of hands to using more electronic and other kinds of equipment, and to just learning more about physiology and anatomy, things that were known but in the military, they were doing more daring things, and learned a great deal from that.

01-00:37:43

Rigelhaupt:

When you say in the military, they were doing more daring things, how were you learning about what the military was doing?

01-00:37:53

Rudney:

Well, primarily when, you know, word would come back so that the medical staff would implement some of the changes that were going on.

01-00:38:04

Rigelhaupt:

The medical staff—were these physicians who had been in the service?

01-00:38:10

Rudney:

After—probably after '46, there was. But in the first year or two, the ones who were there were the ones who had remained and not gone into the service. And then there were medical students also. As I recall, there weren't many returning physicians in those years. But education went on, and life went on, and work went on, and patients went on, and it was just that perhaps at a more rapid pace. Less staff, modifications of things that change, which was probably very good in the long run.

01-00:39:12

Rigelhaupt:

Do you think some of the shortages of staff, in some respects, gave nurses and doctors, health care providers, license to be more—to experiment more? And I don't mean experiment necessarily with patients, but when you're put in a

position where you can't do things exactly the same way you were doing it, you have to try new things.

01-00:39:44

Rudney:

So modification of things, and also, as I told you, bringing others in to do things that they were able to do. And so it enlarged the capacity, and divided the work maybe more equitably.

01-00:40:07

Rigelhaupt:

Did you get a sense that this was a time period in which medicine, both for nursing and physicians, was becoming more specialized?

01-00:40:23

Rudney:

Well, being in that particular situation where it was specialized—I mean, there was a psychiatric unit, there was a lying-in hospital for ob-gyn, there was a pediatric area, there was a contagious disease unit. There were surgical—and it was shortly after that too that we started recovery room, because earlier, people would go from their bed to the operating room back to the bed, and require that constant monitoring of a staff that had all of these other people to take care of too. So recovery room was another innovation that occurred shortly after that. But there was—and neurology service, urology service, so there were a lot of specialties. I think maybe they became a little more refined after. But in a university setting, you tend to see that more than you would in a community hospital.

01-00:41:37

Rigelhaupt:

Well, that gets to my next question, then. You mentioned that you also worked as a nurse in Virginia and New Mexico. I guess working your way westward, so to say.

01-00:41:54

Rudney:

It was different. First New Mexico, and that was a community hospital; it was a Catholic-owned hospital. And it was quite different. I mean, I worked on a medical/surgical ward, and care of patients was the same. But at a university hospital, you have physicians available all of the time, medical students, residents, physicians-in-chief, so there's that team there all the time. In a community hospital, it's usually just the nurses. Doctors come in on their rounds in the morning, or if there's a question you call. So there's that very different milieu in the community hospital than the university setting. And then as I told you, when I went on to Newport News, Virginia, it was another situation that was very untenable, to have the separation of races, both staff and patients. I was just there for about three months, so it was a short experience.

01-00:43:14

Rigelhaupt:

And you were in New Mexico in 1947?

01-00:43:22

Rudney:

Yes.

- 01-00:43:25
Rigelhaupt: And then about '47, '48—
- 01-00:43:26
Rudney: About '48.
- 01-00:43:27
Rigelhaupt: In Virginia. Did you get a sense in those community hospitals that they had implemented some of the ideas and procedures that you had seen developed at New York Hospital during World War II, or were they still doing things differently?
- 01-00:43:50
Rudney: I think in the medical community, things get spread pretty rapidly. So many of those things were used particularly in New Mexico. I don't have such a good recollection of Virginia. But it was patient-based care, and I think most of those innovations were implemented.
- 01-00:44:18
Rigelhaupt: When you say patient-based care, what do you mean?
- 01-00:44:21
Rudney: Well, I mean, at least from a nursing point of view, your emphasis was on treating the patient. And so you gave the care that you had learned to give.
- 01-00:44:44
Rigelhaupt: And you arrived in the Bay Area in 1948?
- 01-00:44:47
Rudney: Yes.
- 01-00:44:49
Rigelhaupt: And was your first job at—
- 01-00:44:53
Rudney: Kaiser. I worked in the outpatient department. And I worked in various clinics there, and then I was head nurse of the medical clinic for a period of time.
- 01-00:45:16
Rigelhaupt: What did you think of Kaiser when you first started working there?
- 01-00:45:18
Rudney: I was very impressed with Kaiser. They were quite conservative, because at that time, they had to be. I think probably they still are, but they were refused admittance to the Alameda/Contra Costa Medical Association, and considered to be a socialized form of medicine. And so it was an isolated group, you didn't really know the medical community outside of Kaiser very well when you worked at Kaiser. And I found that the quality of care was very good. And I liked the emphasis that they had on education and prevention. It was a very good staff, so I was pleased with it.

- 01-00:46:22
Rigelhaupt: And where was the Kaiser you were working at?
- 01-00:46:24
Rudney: It was Oakland.
- 01-00:46:30
Rigelhaupt: But not the same building as it stands.
- 01-00:46:33
Rudney: They didn't have the high-rise then. They had the low, where—well, there's still—where lab is, and x-ray, if you're familiar with Kaiser, that low building at the [corner of MacArthur and Howe St.]—and they had the Fabiola building at the—and that was where they started. I think they bought that Fabiola building, that had been a hospital there at Broadway and MacArthur. And then they built this low building that had three units, medical and surgical, and they had pediatrics and obstetrics in that Fabiola building at the corner. And then they had some clinics in the basement of that flat building.
- 01-00:47:28
Rigelhaupt: What have you heard about how Kaiser got started in the shipyards as you started working there?
- 01-00:47:34
Rudney: Well, I read about it, and I talked to people about it, and I had met Dr. Garfield a few times, and many of the medical staff had been involved from the beginning, so I had learned a lot from them. And also, the director who hired me, Dorothea Daniels, was a very interesting, dynamic woman, and she told me quite a bit about it, probably, at the time of my hiring.
- 901-00:38:18
Rigelhaupt: Do you remember any descriptions of it starting in conversations?
- 01-00:48:28
Rudney: I don't know if I read about it or heard about it. I mean, I do know the history of it, and how it came to me, I'm not certain whether someone told me, whether I learned it right then, whether I asked about it, whether I read about it. But I was quite aware of it. And I think some of the staff who were there, nursing staff and others, had worked in the Richmond facility, or—I guess it was Richmond where the shipyard was, and where that original building had been. I guess there are pictures of it in that book. But I was very impressed with the quality of care that Kaiser provided.
- 01-00:49:24
Rigelhaupt: Did you have a sense that there were any growing pains, so to say, as Kaiser became a larger healthcare provider than its beginnings of focusing on the workers in the shipyards?

01-00:49:39

Rudney:

Well, of course, then it was open to the community. And their membership grew and grew, primarily because many employers opted for Kaiser for their employees. So there was quite a large patient population by that time. And it grew. And I worked, I guess, for a full year, and then part-time. And then I left during the Korean War, in '50, '52. I came back in '52 and worked part time, and I went back to school at UC San Francisco for a Bachelor's and a Master's, and then I worked on an epilepsy project at UC San Francisco, and then I was on the faculty of Kaiser School of Nursing from '69 until it closed in '76. And then I was assistant coordinator of home health at Kaiser Oakland until I retired. So I saw Kaiser from those different aspects.

01-00:51:12

Rigelhaupt:

Did you ever hear any discussions or observe the implementation of things learned by Kaiser doctors or nurses and other healthcare providers in the shipyards, that they tried to translate into serving as broad of a public as possible?

01-00:51:37

Rudney:

No. Several of the staff were the original people who had come from there, and I'm sure that there was a lot of adapting that they had to do for a larger population. But I wasn't aware of any real difficulty in that, because I wasn't in the administration, and if there was difficulty, it would have been in that area more than in the patient care area.

01-00:53:12

Rigelhaupt:

Do you know of any part of the curriculum in the nursing school involved ideas that were about patient care, about medicine, that were learned during the years Kaiser Health Care was getting up and running in the shipyards?

01-00:52:34

Rudney:

I don't know about that, but I do know that there was a lot of emphasis on preventive care, and it was incorporated into the curriculum, patient teaching and patient responsibility, and whether that was related to the Kaiser model, whether it was going on at all of the nursing schools, I don't know.

01-00:53:02

Rigelhaupt:

Was that emphasis on prevention, was that ahead of the curve, compared to other healthcare providers?

01-00:53:14

Rudney:

Well, I think Kaiser as a healthcare provider had a large thrust in that area. They had a very interesting library that was devoted to that. They had a staff person, one of the physicians who was involved in that, and then they had a lot of research started at that time, to look at what they were doing and what the effects were. And Morris Collen M.D., who started the multi-phasic screening, made a big impact on that.

01-00:54:05

Rigelhaupt:

Why do you think there was such an emphasis on preventative care at Kaiser?

01-00:54:11

Rudney:

Probably economic, for one thing. If you keep people healthy, then you don't have the cost of illness. And I think that's proved to be so, that if you have a healthy population, you don't have as much cost at the secondary and tertiary level.

01-00:54:42

Rigelhaupt:

While that makes sense as an abstract idea, do you gather that Kaiser as a healthcare provider, and the doctors and the nurses and the staff, having seen firsthand what preventative, the emphasis on preventative care, could do for people in say the shipyards, helped to reinforce that this was going to be a major part of Kaiser Health Care going forward?

01-00:55:13

Rudney:

I think personally, it just happened. I don't even know that it was planned. I think that it came out of that endeavor, and whether someone sat down and said, you know, "If we do prevention,"—they may have discussed it. But I think it evolved that way. Why it did, I'm not certain. Maybe the population they had, maybe the situation they had, maybe the captive group they had. And maybe an economic factor. Because when they started, they had a very young, relatively healthy population, so costs were down. Now, as people get older and sicker, cost for administering healthcare goes way up. So I think it was just part of what they were doing, and then they had an a-ha moment. That's my own thought about it.

01-00:56:27

Rigelhaupt:

So the emphasis on prevention was more intuitive in the early years, than—

01-00:56:33

Rudney:

Probably so.

01-00:56:33

Rigelhaupt:

Than it being a planned idea or policy.

01-00:56:40

Rudney:

That's my feeling. But I wasn't in the inner group, so I don't know. But as an onlooker, and reading and thinking about it, and seeing it through the years, I think it happened, and then it was grasped upon as a very good idea, which it is.

01-00:57:03

Rigelhaupt:

I just need to pause to change tapes—

01-00:57:04

Rudney:

Mm-hmm.

01-00:57:05

[End Audio File 1]

Begin Audio File 2 rudney_beatrice2_05-15-08.mp3

02-00:00:06

Rigelhaupt: I'm on tape number two with Beatrice Rudney. And as I was changing tapes, you were talking a little bit about—

02-00:00:18

Rudney: I was talking about the bonding of a group of people that had responsibility of work for lives, and mostly young people who were in nursing. And it was a time of stress, because there were shortages. And we lost many of the graduate staff who would have been mentors. We did have many mentors and many good faculty and many good staff nurses too. But we had more responsibility, and we worked very hard, and I think that created a close bond among people of that particular group. And I was also saying that I was pleased when Kaiser admitted to their nursing program older students who had backgrounds of either other work or families or some more maturity, to be in a profession that requires a lot of decision-making and responsibility for the lives of others. That's what I was saying, without the tape.

02-00:01:43

Rigelhaupt: Do you think that as a young student just out of nursing school during the war years, you had more responsibility for patient care than nurses coming out of nursing school in, let's say, 1955 or 1935?

02-00:02:05

Rudney: I think so. The situation required it, and the configuration of the staffing that was there at that time. It probably gave the students more responsibility than they had had in the past, when they were more cared-for and led slowly through the process. I think they were very important years for many. And difficult years for many too by that token.

02-00:02:56

Rigelhaupt: Do you think there were things you learned about the profession of nursing in those years immediately after nursing school that you applied throughout your career?

02-00:03:11

Rudney: I believe so, and probably throughout my life; I think they were life-learning things. I think respect, and observation, and caring. I think that definitely carried on. And we had a great deal of pride also in our school and our classmates.

02-00:03:55

Rigelhaupt: When you were at New York Hospital and a nursing student, were the nurses unionized?

02-00:04:02

Rudney: No. In fact, I have—I don't know if I can put my hands on it, but what the pay was. And that was for a forty-eight hour week. And after the war, when they were experiencing shortages, they reduced the workweek to forty-four hours

to attract more people. And there was a slight pay raise from seventy-five dollars to eighty-five dollars monthly, but the pay was miniscule and the hours were long. And often they were divided shifts, like seven to one, and then you come back from five to seven. Or seven to eleven and one to five. And then of course there was the evening shift and the long night shift too. So hours were long and pay was little. Those are large changes that have occurred through the years.

02-00:05:15

Rigelhaupt: Do you—I assume at some point, while you were working at Kaiser, the nurses became unionized.

02-00:05:26

Rudney: Well, they joined the ANA, the California Nurses' Association, part of the American Nurses' Association, which then became unionized here in Oakland. But I was an exempt employee all those years, so I was not affected by union membership. And before I left, I retired in '83, it was not an issue in those years. There was some union activity among CNA at that time, but it did not affect us in the—

02-00:06:21

Rigelhaupt: I've read that there were a huge wave of strikes across lots of industries in 1946, a lot of general strikes.

02-00:06:33

Rudney: Oh, there were, in the waterfront industry, but I don't know of any in the nursing industry.

02-00:06:38

Rigelhaupt: No, I wasn't so much asking—I was just going to ask what you remember about them, and if you can remember the coverage about them in 1946.

02-00:06:47

Rudney: Well, I told you we were cloistered in one sense, that we lived in the dorm and that we worked forty-eight hours a week. And we weren't involved with any striking groups in the hospital that I was aware of, all the time that I was there. And what happened out on the streets, I don't know, except reading about waterfront strikes. So I wasn't too familiar with that, or affected by it particularly, directly at least. I'm sure we're all affected by it indirectly when there are strikes.

02-00:7:38

Rigelhaupt: Well, you mentioned that a lot of your learning about what was going on in the war came from newsreels. I assume newspapers were also a bigger source of information at that time period. Is that true that the newspaper was a more important source of information than today with television and the internet?

02-00:08:00

Rudney: Definitely. And the movies, with those—I don't know if you've recently seen some of the World War II programs that show these newsreels that were

presumably at the front in bringing back visions of that. So that was primarily our source. And it wasn't until after that people came back with the stories, but during the war, aside from that, we weren't too aware. Also did not know that we had prisoners of war in this country. I think maybe we lived in a little box, going about our daily jobs.

02-00:08:53

Rigelhaupt:

I was going to ask, thinking back to learning about the events of World War II as they were unfolding, if you could try and say what it was like to learn about war without television, compared to the experiences of seeing images of war broadcast every night during the Vietnam War, the current war—what was it like learning about war without television?

02-00:09:29

Rudney:

I think we were just not so aware of what was going on beyond our daily jobs to do. We knew that it was affected, and of course when we knew people who lost someone in the war, that had an impact. But we didn't have that impact until Vietnam, and even Korea didn't have very much of that. But it wasn't until Vietnam that I think we all got so aware and so angry and so—also, I think we thought that World War II was a good war, and we thought we should be there, we should be fighting. So it wasn't the resistance that we're seeing now. And that certainly is embedded by all the viewings we see on TV and the media, other media.

02-00:10:35

Rigelhaupt:

Were you at all involved with any religious organizations during World War II?

02-00:10:40

Rudney:

No, I wasn't. And I don't know how involved they were, religious organizations, in war issues. I'm sure the Quakers had their own feelings about it, but I don't know—trying to think of any of my classmates who were in religious groups. I just cannot remember a lot of—there was sadness when there were casualties that you heard about, but there was not the uproar and the dissension that we rightly had, probably, in Vietnam and today.

02-00:11:30

Rigelhaupt:

Yeah, I was just curious if people became more involved with churches or synagogues at times of war than others, and the kind of role they played—?

02-00:11:42

Rudney:

At least not in that group that I was with. I was not aware of that at all. I think radio was a big thing.

02-00:11:52

Rigelhaupt:

Yeah, can you say more about radio?

02-00:11:54

Rudney:

Well, that was our source of entertainment, and Franklin Roosevelt kept in touch with us, always, everybody listening to his—what did he call his radio

programs [Fireside Chats]—and Eleanor Roosevelt was a big influence on many women, a very positive influence. So radio was our communication mode. And humor, and entertainment, as well as news. It was a different world, when you think about it. No computers, no TV.

02-00:12:46

Rigelhaupt:

How do you remember hearing about the internment of Japanese and Japanese-Americans.

02-00:12:50

Rudney:

I heard it from my husband after the war. And then I heard it from other sources after the war, too, that many Germans who had been held in the northern part of our country had returned after the war and become farmers, maybe you met some in Michigan or the Minnesota area. And then it was through my husband that I learned that there were many from the African Corps that were Italians and Germans who were in the southern United States in internment camps. But we knew nothing about it at the time. I think—we knew nothing about a lot that was going on until after the war, and hearing and then reading, and all of the books written about the war.

02-00:13:49

Rigelhaupt:

Was there a sense of surprise that these things were taking place as you learned about them after the war?

02-00:13:56

Rudney:

I think so. I think there was a great deal we didn't know. Some of our classmates who had gone into military service after we finished, and came back with stories—I mean, we were really not so aware of what was going on. At least, we didn't know in-depth and day by day, as you do now. And there weren't the visuals that we have now.

02-00:14:42

Rigelhaupt:

How do you remember hearing about the end of World War II?

02-00:14:47

Rudney:

Well, of course there was a huge celebration in Times Square, and all of New York was in a marvelous uproar when that happened. And so we knew about it. But whether it was radio or boys and women coming home—we were very well aware of that. But like it's only since then that I've learned more about the Battle of the Bulge and all of the incidents that occurred.

02-00:15:28

Rigelhaupt:

Well, how do you remember hearing about the atomic bombs being used in Hiroshima and Nagasaki?

02-00:15:44

Rudney:

Well, I'm trying to remember, because I was probably—I was still in New York at that time. I'm trying to remember when I heard and how I heard about it, because I was seeing Stan, and he was in New York at that time, and he

was supposed to be in the invasion of Japan. And he left in August, and—when did they drop the bomb?

02-00:16:50

Rigelhaupt: August of '45.

02-00:16:51

Rudney: Just before he left, I think they did. I'm trying to remember, I should have a good memory of it. And therefore he was kept at San Francisco to clear out the port, and did not go over. Many of them went over for the occupation army, but they were going—assigned for the invasion. So it was just about that time, and I cannot remember how I heard it. And the impact had to be enormous, but I don't remember.

02-00:17:31

Rigelhaupt: Well, I bet for you personally, if it brought the end of the war, someone you were seeing was not going to be part of the invasion, it had to—

02-00:17:40

Rudney: Well, and of course there were mixed feelings about it. You know, after the fact, sometimes you don't remember what you knew at the time, and what you know since, and all of the reading that you've done about Los Alamos and all of the preparation and the opera about Oppenheimer and the atomic bomb. So you get a little mixed up in your head about what you knew when you knew it.

02-00:18:08

Rigelhaupt: But if you tried to place yourself in getting the news, just in the sense of, what did it mean that the US had used this new weapon?

02-00:18:18

Rudney: Well, I'm sure that we must have been very elated that the war was basically over. And probably we were deflated to know that that was the means, and what had happened as a result of it. I think they're still arguing about that today. But I cannot remember that exact moment when we heard—I don't.

02-00:18:58

Rigelhaupt: Do you remember the news coverage about the firebombing of Tokyo or Dresden, Germany?

02-00:19:06

Rudney: No. Only what we would have seen in those newsreels or heard on the radio. But I don't have—I have mostly after-the-fact recollections of those events.

02-00:19:24

Rigelhaupt: Well, part of the reason I ask is that nearly the same numbers of people died in those attacks in Germany and Japan as died after the atomic bombs were dropped in Hiroshima and Nagasaki. And I'm just trying to get it—

02-00:19:38

Rudney: How people rationalize those two events?

02-00:19:43

Rigelhaupt:

Or just the coverage—was learning about it different, because—either from newspapers, because new weapons had been used?

02-00:19:52

Rudney:

And what seemed to be a moral issue, whereas it's all a moral issue, but sometimes you put more emphasis on the tool of destruction, like the atomic bomb, than you would on other things that create as much destruction. Maybe not as much, but it destroyed people. I think maybe it was the big impact on the large civilian population. But I cannot pinpoint that exact reaction at that moment.

02-00:20:33

Rigelhaupt:

But you do have a sense that—

02-00:20:35

Rudney:

That there was an uproar, and both the joy and the question.

02-00:20:43

Rigelhaupt:

Then after seeing the coverage of Hiroshima and Nagasaki, it raised more questions for people. The use of those weapons was markedly different than the use of other weapons.

02-00:20:57

Rudney:

Probably the magnification of the impact, because certainly bombing and bullets do terrible destruction too. But I think probably the whole idea of an atomic bomb that can be so massively destructive. But I still don't remember that initial moment when I learned it.

02-00:21:33

Rigelhaupt:

So you moved—did you initially settle in Oakland in 1948?

02-00:21:41

Rudney:

Well, we came out here—first we went to New Mexico, Albuquerque. And then back—Stan went back for a four-month course in the military, he was a Reservist, in Virginia. And then we came out here. And since then, we have been here. In fact, we've been in this house for fifty-eight years. We came out here in '48, and I guess we started building in '50, and we finished it in '51. And we were back in Virginia while most of it was being built, because he was recalled in the Korean conflict, because he was in a reserve unit. So we have been here in the same house, and our three children grew up here.

02-00:22:42

Rigelhaupt:

How did you pick this part of Oakland?

02-00:22:45

Rudney:

Well, we lived near Oakland High. We had a little apartment. And Stan was going back to school at Berkeley, so we knew we would be here three or four years. And there was quite a shortage of housing, and so we just started

looking around, and we met a young architect, and we found a lot, and he was able to build it for what we could manage. And that's how it happened.

02-00:23:23

Rigelhaupt: How did you choose the style that you did?

02-00:23:24

Rudney: We had this wonderful architect. And coming from New England, it was not the kind of a house that would have been in our heads. But his house was very much like this, and his ideas were so vital and so practical, and so it was primarily his ideas with some of our input. But it was quite an innovation in the neighborhood at that time of mostly glass and radiant heat [Narrator Comment: Radiant heat is a method of heating a house via hot water through copper pipes under the floors.] and concrete floors and a flat roof, redwood siding.

02-00:24:05

Rigelhaupt: What was the architect's name?

02-00:24:07

Rudney: His name was Fred Dyer-Bennet. He was in Walnut Creek, and he died many years ago. And then when Stan was called back in Korea, and that was unexpected, as we had started building this house. And Stan was planning to do much of the work with a carpenter, but Fred took it over with the carpenter and completed it while we were back there.

02-00:24:38

Rigelhaupt: It's interesting, you say radiant heat, cement floors—now, I may be mistaken, but as more and more buildings get talked about as being green, in some respect, this space is very energy-efficient—

02-00:24:57

Rudney: And green. We used resawn lumber, and plate glass that came off of—used glass that came off of ships, and plywood that most people don't use for interior—he was an amazing person.

02-00:25:15

Rigelhaupt: I think that was—some of those ideas came from trying to build during the war when materials were short.

02-00:25:22

Rudney: Partially that. And he had been a carpenter and a builder and then an architect. He did a lot of schools. And he just—he just thought, "Why should you build a 1940 in 1950?" Or a 1920 or a 1900 house in 1950. And we liked his ideas. So we've been very pleased.

02-00:25:57

Rigelhaupt: What other changes do you remember about Oakland and the East Bay in the year immediately after World War II? There were lots of new people in the area, you said there were housing shortages—

02-00:26:13

Rudney:

Yes, when we came out here, it was after the war, and it was very difficult to find housing, or rentals. And I'm trying to think about the job situation then. Being a nurse has good points, because you can usually find a job. And Stan had had waterfront experience, so he was able to get a job as a Longshoreman while he was going to school. But I don't know what the job situation was at that time. After the war, there were a lot of things that had to be done. A lot of housing had to be built, so there was a lot of housing that went on after that. But then in subsequent years, a lot of different populations came into Oakland, a lot of Asian groups, more European groups. And in this neighborhood, there were only a few houses also. So that's been a change.

02-00:27:40

Rigelhaupt:

What—how many of these lots were built when you were building here?

02-00:27:44

Rudney:

I think there were probably six or seven houses in this block on both sides. And none down there below us, and so our children had tree forts and just wilderness here, which was very nice. And yet houses that have gone up are not obtrusive, and they seem to fit in pretty well.

02-00:28:17

Rigelhaupt:

When you say there was a lot—there were only six or seven houses, did the homeowners own—

02-00:28:25

Rudney:

Not necessarily. We just had this one lot which is just a fifty-foot lot. And the lots on either side of us were just empty lots.

02-00:28:41

Rigelhaupt:

But they don't even divide it up as—

02-00:28:43

Rudney:

They'd been divided up. I think in the twenties, this area had been developed and divided up.

02-00:28:52

Rigelhaupt:

Were there many houses built about the same time you built yours in this two-block radius?

02-00:29:01

Rudney:

There were. Very different style.

02-00:29:11

Rigelhaupt:

How do you remember learning about the Holocaust?

02-00:29:26

Rudney:

I'm trying to remember my first recollection. It's like the other things I told you about, you learn so much afterwards, and you meet people who were involved, and who knew people who were involved, and read books by people. But when I first learned of it, I'm not certain. I don't think I was aware

that boats were sent back when we didn't accept some of those victims here when they came over. I didn't know a lot of those things until after the fact. And I don't remember what my first awareness was of the Holocaust tragedy. I don't remember.

02-00:30:32

Rigelhaupt: Well, I imagine that there had to have been some sense of—

02-00:30:38

Rudney: Outrage.

02-00:30:42

Rigelhaupt: Or disbelief—

02-00:30:43

Rudney: Disbelief also.

02-00:30:43

Rigelhaupt: That this had actually happened.

02-00:30:46

Rudney: But I'm trying to remember when we learned about it, it wasn't until our troops went in and opened up these camps that we became aware of it. And it was disbelief and outrage, it's true. But just that moment when I learned it, I can't recall. I probably learned it when it was publicized at that time. I didn't have any inkling before that; I didn't know of people who had escaped and gone to South America or Canada or wherever they had been able to go. I knew after the fact of many people who had gone to England and came here, and had gone to Central and South America and came here. But I don't recall that moment when I first learned of it.

02-00:31:55

Rigelhaupt: And thinking back on that time period, with questions of ethnicity, that—ethnicity, from my understanding, mattered a lot more in American life than if you were German or Irish or Italian—it was much more marked as a part of American life. And I'm wondering if you could talk about what you remember about that and how that shaped experiences in the hospital, or life in New York.

02-00:32:30

Rudney: Well, my family's Jewish, and of course there was always some sense of anti-Semitism growing up. New Haven, wherever you were. And there were definite areas of Italian, and New Haven is Irish, as well of course as New York and other places. And I think they tended to be separated more than the integration that there is now. And in nursing school and medical school, for example, there were quotas on at least the number of Jews that were admitted. I don't know about other ethnic groups in medical schools or nursing schools. I mean, it was never spoken about, but I think there was an implicit idea about limiting admission. However, I found that the hospital setting was very democratic in that respect, at least from my point of view, it was. I never felt

very much bias against anyone, and I suppose you did hear comments often, sometimes derogatory comments, about various groups. Maybe there was more of it, or maybe it was more open in those days.

02-00:34:16

Rigelhaupt: And was that—did you see similar things and have similar experiences once you arrived in the Bay Area?

02-00:34:290

Rudney: Not so much, come to think of it. There weren't these definite groups. And later, and I don't know what has happened later with Asians, different Asian groups. There may be some biases, but not that I'm involved in or that I'm too aware of. And I notice that in employment, you see a very good cross-section in Oakland of every racial and ethnic group. So of course there's bias and prejudice still, but I think you were right in asking that question, because I think in the forties, there was much more division, racial and ethnic division. The Irish had their place, the Italians, the Jews, the blacks. And so I think some—many of those biases have eased and passed.

02-00:35:39

Rigelhaupt: So ethnicity, in some respects, wasn't as significant in social life in the Bay Area as it was in New Haven and New York.

02-00:35:50

Rudney: I don't believe so, no. I didn't feel it at all here, or observe it too much.

02-00:35:57

Rigelhaupt: You didn't have a sense when you got here that there was an Italian part of Oakland or an Irish part of Oakland.

02-00:36:03

Rudney: No. Even though there is a Chinatown, of course. And there is West and East Oakland, so there is still some division. But more—it's much more integrated. And it may be in the East now, too.

02-00:36:27

Rigelhaupt: What years did you children—when did your first—did your children go to Oakland schools?

02-00:36:35

Rudney: They did. All three went to Joaquin Miller, Montera, and Skyline, since we've lived here all that time.

02-00:36:43

Rigelhaupt: And what years did the first one start school and the last one leave?

02-00:36:50

Rudney: Well, the first was born in '49, and he graduated from high school when I graduated from UC San Francisco in '67. And my next son graduated in '68

from high school, and my youngest in '75. So he's fifty, and my oldest sons will be fifty-nine, and fifty-seven.

02-00:37:26

Rigelhaupt: So your oldest son was one of the first students at Skyline, it hadn't been open that long.

02-00:37:33

Rudney: It was probably the third year, something like that. Because he probably went in—that was three years then, so he probably went in about '65 or '64. I don't know when it was opened; I don't remember. But it was a few years before that.

02-00:38:20

Rigelhaupt: Well, those are largely my questions. And the way I like to end this, I wanted to ask you, is there anything I should have asked that I didn't? Or anything you'd like to add?

02-00:38:42

Rudney: I'd like to enrich your knowledge a little bit more if my memory were a little bit better about some of those details that you asked about that I could not remember. And I think not, I really had a wonderfully rewarding experience in nursing in the Bay Area, and with Kaiser and also with UC San Francisco, that was an especially wonderful experience, because in the year that I went there, the World Health Organization had sent a lot of their nurses from all over the world to get their Bachelor's and Master's, so I met some very wonderful people there. And usually it is people that make an experience the way it is. And I met wonderful people at Kaiser also, that's been a very good experience. And as a patient or as a member, it's also been a very positive experience for me. And it's nice that this history is being accumulated and gathered and saved. So that's all I have to say. Nice to meet you.

02-00:40:23

Rigelhaupt: Thank you very much. We'll stop there.

02-00:40:27

[End of Interview]