

OREGON HEALTH SCIENCES UNIVERSITY HISTORY PROGRAM

ORAL HISTORY PROJECT

INTERVIEW

WITH

Lewis W. Bluemle, Jr.

Interview conducted May 22, 1998

by

Joan S. Ash

SUMMARY

The interview with Lewis W. Bluemle, Jr., M.D. takes place at the Thomas Jefferson University in Philadelphia, Pennsylvania. Dr. Bluemle begins with a description of his childhood in Williamsport, Pennsylvania, including the effect the Great Depression had on his family. He attended Johns Hopkins University in Baltimore, Maryland on a scholarship, and was accepted in the Johns Hopkins Medical School. As an undergraduate, he worked in a laboratory for a research biologist, and experience which Dr. Bluemle says led him into the clinical path of medicine.

Dr. Bluemle comments on being a medical student and on his internship at the University of Pennsylvania (Penn). He joined the Army following his internship and was assigned to a research unit at the Valley Forge General Hospital where he studied hepatitis. Upon completion of military service, he continued on at Penn, first as a resident and then as a faculty member in the chemical section of the Department of Medicine. Following an interest in fluid and electrolyte metabolism, he used grant money from the American Philosophical Society to build a clinically applicable kidney dialyzer. He was responsible for starting the first kidney dialysis program at Penn.

In 1968, Dr. Bluemle switched from research, teaching, and patient care to full-time administration. He explains that he had been director of the clinical research center at Penn. His first institutional presidency was in Syracuse, New York at the Upstate Medical Center, historically part of Syracuse University, but spun off of the State University System of New York at Syracuse. He describes his first experiences dealing with a state legislature and board of higher education. Dr. Bluemle tells how he took a state budget officer into an operating room in order for him to witness firsthand the work of the cardiac surgery department that needed increased funding.

Dr. Bluemle then describes the interview process on the way to becoming the University of Oregon Health Sciences Center's first president. He comments on his early relationship with the local press, and with each of three deans, Bob Stone (Medicine), Carol Lindeman (Nursing), and Lou Terkla (Dentistry). He Shares his thoughts on his management style. The university hospital's loss of accreditation is examined along with the steps that were taken to get it back. The creation of the Advisory Council under Ira Keller's leadership is discussed in connection with its role in strengthening town-gown relationships. Dr. Bluemle next addresses his working relationship with Dean Stone, the role of the Advisory Council and the contributions of Edith Green, and creation of the Faculty Senate. The competition for siting of the Veterans Administration hospital is examined, including the process of gaining community support for building on Marquam Hill. Dr. Bluemle also comments on increased enrollment of women and minority students.

Finally, Dr. Bluemle is asked about his perception of the university at the time he chose to interview and his reasons for leaving after three years to accept a presidency at Thomas Jefferson University.

TABLE OF CONTENTS

Biographical Information	1
Great Depression	2
College Scholarship	2
Medical School	3
Internship	4
Army	4
Residency	4
Faculty Member	5
Research/Artificial Kidney Dialysis	5
Upstate Medical Center President	6
Budget Negotiation	7
Recruitment/Interview Process	10, 23
Move to Portland	11
Press Relationships	12
Transition Period	13
Management Style	15
Hospital Disaccreditation/Accreditation	16
Institutional Goals	18
Town-Gown Relationships	19
Bob Stone	20
Advisory Council/Edith Green	21
Faculty Senate	22
Relationship with OSSHE/Legislature	24
V. A. Hospital Siting	26
Shriners Hospital	28
Investigations	30
Women and Minorities	31
Funding/Spatial Requests	32
Institutional Image/Perception	33
Move to Thomas Jefferson University	34
Index	37

Interview with Lewis William Bluemle, M.D.
Interviewed by Joan S. Ash, Ph.D.
May 22, 1998
Site: Thomas Jefferson University
Begin Tape 1, Side 1

ASH: This is May 22nd, 1998, Joan Ash interviewing Dr. Bluemle at Thomas Jefferson University. I had a very nice tour on the way over here. I saw the building that is named after you.

BLUEMLE: Isn't that nice?

ASH: It is just beautiful. And the painting, I saw the painting.

BLUEMLE: Which is so-so, I think.

ASH: It's very impressive. I know when you were born; could you tell me where you were born and something about your early family life?

BLUEMLE: I was born in Williamsport, Pennsylvania, which is in the middle of the state, and in our family, aside from my parents, was an older sister and a younger brother. Relatively modest family so far as finances was concerned. I finished high school in Williamsport and then went on to college and other institutions.

ASH: Did the Depression have any effect on your early schooling?

BLUEMLE: It did indeed. I remember it quite well because it was a sad time. My father lost a great deal of whatever money we had in the family during the Depression. He had even, unfortunately, borrowed money from my mother and invested that in, I presume, a speculative way. And in the process, he was transformed from a happy man, and we were transformed from a happy family, into a rather depressed family for a number of years, and we weren't always certain whether we could afford more than just soup for lunch or

dinner.

Those were tough years. I remember even using the barter system to buy clothes. My father sold insurance, among other things, and when the clothing store that he provided with insurance for couldn't pay the premium, they offered to provide the premium in clothes. Well, I wasn't very old then, and it was a men's store, and I remember all the way through school the two back pockets on my pants came together; that is, the pants had to be reduced in the waist, so I had basically one giant back pocket most of those years.

I could go on about that time, and it's laughable now, but it was pretty sad back then.

ASH: And yet you still managed to go to college?

BLUEMLE: I did, and I was not planning to go to college. I worked part time for my father. I was sort of a janitor for his modest real estate holdings, which included an apartment building. I liked him, and I liked working for him, and I planned on nothing much more than joining him in his business.

But then one day in high school, the principal, Dr. John McNamara, stopped me in the hall and said, "Bluemle, I want you to apply for a scholarship."

And I said, "Where?" And he said, "To Johns Hopkins," which I really don't think I'd ever heard of. I said, "Do I have to take a test?" He said, "No." I said, "Okay."

The qualifications simply depended on an interview with the president of Johns Hopkins University, which I did, going down in my little Model A car from Williamsport to Baltimore. And I was accepted as one of ten so-called national scholars. That's the only way that I could afford college.

Then of course the war came along, and the program was started by the military to finance medical school education if you would serve so much time in military service, so it was that program that got me through medical school, also at Johns Hopkins.

ASH: Well, tell me what you majored in in college and how you began thinking about medicine.

BLUEMLE: Well, first, I couldn't call it a major, but I was very interested in geology. The more I learned basic science, the more interested I became in chemistry and biology. Finally by my senior year in undergraduate school I only had one semester of political science yet to complete for my graduation. So I spent the bulk of my senior year doing medical research—I should say biological research, studying in the laboratory of a wonderful biologist named Dr. Kendall who was doing some basic research on genetics of one-celled organisms, like paramecia. And that really hooked me; I got fascinated with science, if you will, and, oh, the mysteries of biology, which of course led right into the clinical path of medicine.

ASH: Tell me about the process of applying for medical school. You did have to take a test, didn't you?

BLUEMLE: You know, back then things were not nearly so structured as they are today, and it was sort of the luck of the draw. I applied to two medical schools only: one was Harvard, and the other was Hopkins. Harvard turned me down; Hopkins accepted me. It was that simple.

ASH: And there were no entrance exams, MCAT's or anything like that?

BLUEMLE: Oh, I had to take some kind of a test. I don't even know what they called it back then. Sort of a basic intelligence test, I guess, which I apparently passed. But again, the folks at Hopkins knew me, and I wasn't even invited to Harvard for an interview.

ASH: So once you were in medical school, what led you to your future clinical path?

BLUEMLE: Well, again my aspirations were rather simple. I planned to get my M.D. degree, go back to Williamsport, and practice surgery. That was as far as my aspirations went.

When I finished my course in medical school at Hopkins, I applied to two places to intern. One was at the Williamsport Hospital; the other was the Hospital of the University of Pennsylvania. I never heard from Williamsport, and Penn accepted me. So, the luck of the draw.

Then at Penn, of course, my horizons, my intellectual scope and aspirations broadened to a point where really I was vacillating from one thing to another. By the time I finished my internship, I applied for a surgical residency at Penn, but then I went into the Army after my internship, and I was assigned to a research unit studying hepatitis. We had lots of people coming back from the European theater and from the Asian theater with liver disease.

And I got refascinated with research, which is more medically-oriented than surgically-oriented, so even though I was accepted in surgery I changed that to going back and finishing my residency in medicine and then going into fluid and electrolyte metabolism, which I knew very little about.

ASH: Now, just to backtrack a second, where were you when you were in the Army?

BLUEMLE: I was at Valley Forge General Hospital, which was a virtual paradise with a nine-hole golf course just on the outskirts of Philadelphia.

ASH: This was when you were in the Army?

BLUEMLE: Yes.

ASH: Tough.

BLUEMLE: It was very tough.

ASH: And then for your residency, where did you go?

BLUEMLE: Penn.

ASH: And then what?

BLUEMLE: Well, then I came back to Penn after the Army first as a resident and then as a faculty member, relatively poorly paid. I joined what's called the chemical section of the Department of Medicine to learn about this new field of fluid and electrolyte metabolism, which was very young back then, and got fascinated in that part of medicine, which I had known very little about before. I tend to gravitate toward things I don't know too well. And I simply went from one stage to another in the Department of Medicine.

The artificial kidney was just coming on the scene at that time, and we acquired one of the earlier dialyzers, which wasn't terribly well designed, and I put together the blood pump and other equipment that had to go with it to make a clinically applicable artificial kidney. NIH [National Institutes of Health] was hardly in existence yet, so there was very little research money. I was financed by the American Philosophical Society, of all things. They gave me—what was it?—a little over \$10,000, I think. And we put together a machine that worked. I cannibalized my phonograph to get a little electric motor to run the blood pump. Grants were scarce.

ASH: So you put this thing together with your own hands?

BLUEMLE: Oh, yes.

ASH: And it worked?

BLUEMLE: It worked.

ASH: Did you patent it?

BLUEMLE: Oh, well, I patented along the way three different things, a blood pump and a couple of dialyzer designs. But the first artificial kidney was developed at Johns Hopkins way back in 1914, and used successfully on a rabbit. But it wasn't until after World War II that it became clinically practical.

Anyway, I started the first dialysis program at Penn, married my technician, who was making just a little more money than I was, and we have

been happily married ever since.

I got interested in clinical research to the point where I took over the directorship of the clinical research center at Penn—actually, I designed that, set it up and ran it—and then decided to go into administration, principally because I realized, while I was still having fun in research, teaching and patient care, that in that twilight zone as you're falling asleep, you know, and your mind sort of wanders over one thing and another, it was almost always wandering to personnel management and financing and organization and making a team work well. And I thought, "Well, if I'm doing this unconsciously, maybe that's a signal that I ought to do this more," and I decided to go into administration whole hog.

ASH: At which point?

BLUEMLE: That was 1968. And it just happened at that time that I was on three short lists: one for a chairmanship of medicine at one institution, a deanship at another, and the presidency of another. I was accepted for the presidency, and that's the one that appealed to me most because I wanted to really run the whole thing. I did that because I wasn't entirely content at the University of Pennsylvania with the way the medical school, the hospital and the university were being run from a financial management standpoint.

ASH: You went to Syracuse at that point?

BLUEMLE: Went to Syracuse, then called Upstate Medical Center; it's now the State University of New York Medical Center at Syracuse. Yes.

ASH: And what sort of situation were you faced with there in your first presidency?

BLUEMLE: I thought great opportunity. There were seven department chairs open, and another one became open shortly after I arrived. So there was a great opportunity to bring in people for leadership positions, and I knew a lot of good people. I succeeded, I think, with the help of a good search committee in each case, in recruiting absolutely excellent folks to take that institution into its next phase of growth.

ASH: Was that a multischool institution?

BLUEMLE: It was. Historically, it was part of Syracuse University until they had financial difficulties back—I guess it was in the forties— when they spun off their medical school and related hospital to the State University of New York, which had more resources. But they were cheek by jowl physically, and the president of Syracuse University and the president of the Medical Center, which I was, had a good, cordial relationship, however we were not officially tied to each other.

ASH: Was there a school of nursing?

BLUEMLE: A school of nursing, yes.

ASH: Dentistry?

BLUEMLE: No dentistry. There was a program in graduate studies, but not a school. I was there for, what, six years, and it was a great time.

ASH: Did you have to deal with a State Board of Higher Education and legislature?

BLUEMLE: Yes. It was quite a new experience, having not had to do much of that at the University of Pennsylvania. But it was fascinating to me how you had to deal with them differently than you deal just with internal control people, if you will. Terribly complicated. Basic operational concepts which were foreign to me.

I remember so clearly one situation that I got into, which was really extremely serious. Among the other people that we succeeded in recruiting was a new head of surgery, Dr. Watts Webb, whose specialty was cardiac surgery. We needed cardiac surgery. There was none in that part of the state. If you were sick with cardiac disease that needed surgery, you had to go to Boston or New York or Philadelphia or somewhere else. So it was important not only educationally but for the community that we start cardiac surgery.

Well, it was a two-year budget system, much like in Oregon, and I had the job of estimating, with some help, how much it would cost us over two

years to start up a good program in cardiac surgery. We did the best job we could.

The truth is that once this got the program started, and it got started very quickly after Watts Webb arrived, we used up two years' worth of money in eight months, simply because there were so many patients that came in. They were, if you will, backlogged. And I thought, "Well, this is a real success story." So as we were running out of money I had to hop down to Albany and tell the budget officials that I needed more money to keep this operation going, and it was thriving.

They said, "We can't hold you harmless."

I said, "What do you mean?"

They said, "Well, the rule is you've got to live within your budget, and if you're in trouble, we can't hold you trouble-free. That's your problem; that's not our problem."

I said, "Look, we not only used two years' worth of budget money in eight months, we generated much more than that in revenues that went to your coffers over eight months."

They said, "That has nothing to do with the case. Revenues have nothing to do with expenses."

I said, "Well, I can't go back to Syracuse until I get a different answer." So I stayed there that night.

The next morning I went back and said the same thing, lost the argument again. Went back to Syracuse, didn't really tell anybody, but I thought, "What can I do to convince these budget people that this is not just a matter of state rules and regulations, this is lives we're talking about, teams we've assembled." And I thought, "They don't know what I'm talking about when I say 'cardiac surgery.'"

So I invited this one budget officer up and decided I would take him over to the operating room and show him what it is. Well, I did, and he came, and we did go over to the operating room. We got there just as Watts Webb was finishing up a case, and they were wheeling the patient out of the room. I thought, “Oh, we’ll have to wait for another opportunity, or we missed our chance.”

We were in the process of taking off our gowns and getting out of the operating room when there was a hubbub, and an 18-year-old woman was wheeled in in an emergency situation. She was pale as death. She had been in a head-on collision on the throughway, and she had ruptured her thoracic aorta. She was in shock. Well, the team gathered round, and we saw a dramatic emergency procedure, and the truth is they saved her life.

We went out to dinner that night with the budget officer. After cocktails I asked him, “Do you think we should have operated on her, because we really didn’t have the money to do it?”

Now when I had paid him a visit about two weeks earlier down in Albany, there was a picture of Cher Bono on his desk. When I went down the second time, Cher Bono’s picture was replaced with Watts Webb, whose photograph had come out in the color section of the Sunday paper.

ASH: You got your money?

BLUEMLE: We got our money, but it was also an educational process. That’s when I learned you can’t just be angry at the bureaucrats. You really have to get in their shoes and try to figure out what do they know and what don’t they know.

Well, that’s a long answer to your question.

ASH: I think it’s really relevant for later in Oregon.

BLUEMLE: Yeah, it was good boot training for any other state-operated institution.

ASH: Then what made you think about leaving Syracuse?

BLUEMLE: You know, I have often asked myself that question because we loved Syracuse and its great winters. We all became skiers. Bought a snowmobile with a trailer, a sleigh, behind it, and my wife Dee and I, her mother, Gram, and our four kids would get in that thing, and we could literally go by that conveyance from our house to the nearest ski slope without taking a car.

But I think what stimulated me to leave Syracuse was that the positions at Upstate were filled, the place was humming; it was really doing well. I don't mean to say there were no more problems with money or anything else, but they really didn't need me. It was going quite well. We had a good dean in place—good deans, I should say.

And I thought, “Gee, maybe I need some more challenge.” And I thought also that it would be great to have all of the family live in the West for some part of their life and see what it's like out there. So we moved.

ASH: Tell me about the recruitment. You've already told me about the video interview, but if you could reiterate some of that.

BLUEMLE: Well, my contact there was principally the Chancellor of the state university system, Roy Lieuallen, who was a very attractive leader and understanding administrator if I've ever seen one.

ASH: I hope to interview him.

BLUEMLE: I hope you do, too, because he's a great guy. I liked him very much. I thought he would be supportive. I thought what he was trying to accomplish by bringing me out, or somebody out, made sense.

Basically, as I understood his position it was that he didn't feel that the head of the system should have reporting to him separate deans—School of Nursing, School of Dentistry, School of Medicine, including hospital administration, directly or indirectly. He didn't have a medical background, and he was very busy with all the other campuses. The magnitude of the load,

the administrative burden on the Chancellor's Office, from the medical center was probably equal to all the rest—well, maybe not, but it was complicated. And he very logically thought, "Well, this place should be consolidated so far as campus leadership is concerned, and there should be one person reporting to the state system, namely the president."

I was also favorably influenced by Ira Keller. He was an industrialist who had a great affection for the medical center. He lived not far away from Marquam Hill. He had already volunteered generously, and I guess substantially, to the support of the institution before I got there. Ira made it very clear to me, as did his wife Loretta, that they would help in any way they could if I had difficulties, which were sure to occur.

It was a fairly smooth process. There was not a long delay. I don't know how many other candidates there were, except I think they interviewed us, maybe all of us, on the same day because I remember sitting in a waiting room not knowing who these other guys were, and thinking, "Gee, that's not the way I would do it," but then on the other hand maybe it was the way to do it—fair play and equal treatment, if you will.

I met the faculty. I was very impressed with Dave Bristow, who I'm sorry to hear is not with us anymore. It was obvious to me that he was a quality kind of chairman that you could depend on to run a good show in medicine, and the department of medicine is critically important. I was impressed with a number of the basic scientists who also sat on the search committee, and altogether I liked the community. My family liked the idea of moving West, and ultimately we all fell in love with the West Coast.

ASH: I'm glad you were skiers when you came. It helps you get□

BLUEMLE: Yes, but there was always the eastern side of the Cascade Mountains where you could find sunshine. And we've been back many times to Black Butte Ranch and Sun River.

ASH When you moved out to Portland, I understand there was a house that□

BLUEMLE: Mr. and Mrs. Miller's.

ASH: Yes. You ended up renting a house, however?

BLUEMLE: We did. That was a touchy situation. There was no house, of course, for a previous president because there was no such person before me, and I liked the idea of the Miller family generously offering their house to the University as a gift, and I thought the house was an okay house.

My wife, who's a much more critical judge of houses, thought it was an okay house but not a great house, and she was used to a great house, which we had outside Syracuse. Houses mean a great deal more to her, and I guess to most women, than they do to me, and maybe to most men. But after the University accepted the Miller's generous gift, she became adamant that we were not going to move into that house. And since I lived with her, I decided that maybe the best thing for me to do would be to change my mind about that house.

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

BLUEMLE: We ended up with a wonderful house on Elm Street, which we have been back to visit, as a matter of fact, and we were happy to see that it's still in great shape.

ASH: Now, when you first came to the University, of course, everyone was very excited to have its first president, and there was this article in *The Oregonian* about the kind of change that you saw necessary at this new institution. I wanted to ask you about your relations with the press when you were president.

BLUEMLE: I tried to develop those relationships in a constructive way—partly, again, because of my baptism in Syracuse, where—you know, these were times when it was fair game to criticize any administrator or bureaucrat pretty harshly, and there were some rather critical cartoons of me in Syracuse that bothered my children because their schoolmates saw these cartoons, too, and it was touchy situation.

But I thought the press in Oregon was fair, cordial. In fact, there was one relatively senior representative of *The Oregonian* who later joined our—it was either the Advisory Council or it was the State Board of Higher Education. I forget his name at the moment.

But anyway, you said everybody was excited about my coming out; “excited” is one adjective. I would say that a fair number of people were also worried, because “□ here was another unknown layer of administration coming in between me and the Chancellor.” I think there was anxiety in general about what sort of change did I have in mind and how would I go about trying to introduce it. Would I take anybody’s counsel, or would I think I had all the answers and just initiate a whole bunch of maybe very difficult transitions?

I was aware of that because, again, back in Syracuse there were many transformations we had to go through within the leadership, and I learned, sometimes the hard way, but mostly constructively. And I tried very hard to use whatever charm, diplomacy, understanding that God gave me to retain not just the best people but to get them to really sign on to the new chapter in the life of that institution.

Since you’ve been looking at old articles, it was—what?—a year, I guess, after I was there that we had a sort of an annual session, “How are we doing,” an accountability session where we met with the faculty and said, “Here’s what we’re doing.” No, it was two years later. The first one I did myself. The second one, two years later, we split it up—me, Ira Keller, who was chairman of the Advisory Council, Dean Stone, Dean Lindeman of the School of Nursing□

ASH: Terkla?

BLUEMLE: And Lou Terkla. Lou was very candid at that session and always, and he made it clear that he wasn’t at all sure that this transformation in the organization was a good idea. He ran a good show, and it was doing very well. His alumni liked him, they were supportive financially and otherwise, great faculty, good relationship with them. And everybody was a little skeptical: Why do we have to have this guy Bluemle? And he said that

rather directly, but then he said that he realized that they didn't have any choice because they weren't asked to vote on this, and I was a reality, and they would have to make the best of it. And then he went on to say that they did make the best of it, and he thought I made the best of it, too. He thought that I was a good addition.

Well, I think everybody had that mind-set. Some people didn't speak as candidly about it, but they were very wary. My job was ultimately to discriminate, if you will, I'm using that in the best sense of the term, between the people who wanted to and could become part of the next chapter and those who either wouldn't or couldn't. And of course when you're dealing with a basically tenured system, that's not exactly easy; it's not like industry.

I did not think that the administrative heads that I found on Marquam Hill were probably inclined, aside from Lou, or able to take the institution to its next phase. Dean [Charles] Holman had made it clear before I even came on that he was preparing to retire. Dean [Jean] Boyle in the School of Nursing, for the same reason; they had reached retirement age. And both of them, I think, had done a marvelous job during their time, and if you look at their progress reports, they're probably more impressive than mine. They were certainly there longer than I.

But it took, I would say, the better part of a year before there was a general feeling that was somewhat similar to Lou Terkla's, namely, that I was a plus rather than a minus.

ASH: Well, of course, it must have taken a year to get Dean Stone recruited and on board and Dean Lindeman?

BLUEMLE: That's right. Dean Lindeman a little after Dean Stone, but we were moving fairly quickly then.

Now, Carol Lindeman was a breath of fresh air. Charming, graceful, intelligent, enthusiastic leader who just fit into that job so beautifully, and not only established great relationships with her faculty, but took the broad view of connecting well with the community, which for her was the entire state, and logically so because it was a great source of nursing manpower.

ASH: She said in her interview that I should ask you about your management style, and that you gave her a long leash, which is why she was able to go out around the state, that you opened doors for her, and you would say, “When you’re in such-and-such a part of the state, why don’t you go to see so-and-so and get their opinion?” And she has very good feelings about that period.

BLUEMLE: Well, I could tell as soon as she hit the ground running that she knew what she was doing, she knew what the goals were, she knew my goals for the institution. I knew her goals and supported them, and I knew that she could talk about them much better than I.

I did give her a long leash, which is exactly what she needed because she had a long and broad agenda. And that was the kind of person that I wanted to bring on. She fit the bill perfectly and did a great deal of good, I think, during her time there.

ASH: And tell me about your management style.

BLUEMLE: Well, you know, it’s like saying, “What kind of a husband are you?” Do you ever know, objectively?

I like to think that my style is what you would call consensus building. I feel very strongly that no one person at a complex institution like that one is bright enough or able enough to really run the whole show in the sense of decision making—because there’s not enough intelligence in one person, there’s not enough background.

So you’ve got to build a team of people who know what they’re responsible for, hopefully a little bit better, maybe a lot better, than the person who’s in charge of integrating the whole thing. And that’s what we looked for. Lou was already that. I mean, he knew what he was doing, and he ran a great operation, not just in his judgment or mine, but in the judgment of the whole country, the dental academic community.

We had problems, I thought, in hospital administration. That was critically important; even though it’s not an academic unit of the institution,

economically it is the most complicated. And there I thought we had systemic problems, owing to rather—I'll say complacent leadership, maybe circumstances too, over decades.

ASH: I understand you almost lost your accreditation, the hospital did?

BLUEMLE: We did lose our accreditation three weeks after I arrived, and some people may have blamed me for that, but I swear, I had nothing to do with it.

ASH: Three weeks wasn't long enough for that.

BLUEMLE: Yeah. We received a letter from the accrediting board in Chicago, not that we were on probation but that we were dis-accredited. Now, that's the worst outcome. I had never heard of that circumstance before. So I hot-footed it to Chicago, almost one of the first things I did, and tried to get an understanding of why this—it wasn't a slap on the wrist, it was a broken arm. You know, you can't qualify for reimbursement if you're not accredited. This was serious stuff.

It was apparent to me that the accrediting team had been really disappointed not just with the failure of the hospital to correct certain inadequacies which they had identified, oh, three or four years earlier, but that they hadn't been shown the proper respect. They didn't use those words, but it became very apparent that they felt slighted.

Trying to get to the bottom of this, which was difficult, I learned that some of our people just didn't show up for meetings when the team came on their site visit. They were not shown the usual courtesies, which you have to show such people; they're doing a tough job, and they deserve to be treated politely.

Well, I figured the only thing we could do is to make an all-out effort to really pull the troops together, tell them this was not a casual problem, this was a serious thing, and everybody better pitch in because they had a lot riding on it, like the institution did. And with Don Kassebaum's help, principally, and Dean Holman's, we did spruce up, put together some necessary initiatives that

were long delayed, had them come out again and got our accreditation back. But that was a tough time.

ASH: So you went to Chicago to talk to them?

BLUEMLE: Yes.

ASH: And did you get some sort of □

BLUEMLE: I didn't get any commitment out of them at all. They didn't know me. You know, I was brand new, they didn't know whether I was interested in their problems or □

ASH: But they didn't take the accreditation away?

BLUEMLE: They put us on temporary disaccreditation, but that meant kind of a questionable qualification for reimbursement. Now, the machinery kept moving so far as reimbursement was concerned, but it was always with the understanding that maybe we would go out of business if we didn't get accredited—not maybe, we would. This was, I think, their way of sending a wake up call: “You guys better pay attention.”

Now, I noticed the first several weekends that I was in my new job that our parking lot was kind of empty from Friday noon on for the rest of the weekend. I had never seen that at the institutions I'd worked at back East. I'm talking about the faculty parking lots. And of course the patient parking lots as well because the faculty were taking care of the patients. And that bothered me. That didn't have anything directly to do with accreditation, but it had to do with commitment, and I thought that was a sign that they were a little too laid back, and maybe life was too easy, and maybe they needed a little stimulation to perk up. Well, the question was how does a new guy do that?

ASH: How?

BLUEMLE: First, you don't do it alone. In fact, if the president gets too directly involved with the faculty, then the dean's role is being usurped. We had to get leadership at the dean's level, and we had to get stronger leadership

in hospital administration. Dean Stone provided that for the school of medicine, and Don Kassebaum provided that for hospital administration.

ASH: Then you got your accreditation back because of the site visit?

BLUEMLE: Yes, the site visit was—I don't know how long after my trip to Chicago that site visit occurred, but it was quite a while because we had to shape up. We had to really correct those deficiencies; there were about thirty of them, as I recall. Some of them were not much more than making minutes of meetings available—some minutes hadn't even been written, or getting state approval of certain plans that had been sent down to Salem but were still at the bottom of the file. But it was a tough time, and you know, the alternative would have been catastrophic.

ASH: What were some of your other goals, what was part of your vision when you came to Oregon? You were hit with this pretty early on, so looking at the clinical side of it, you were dealing with the hospital, and I know Don Kassebaum became vice president for that area. But what were some of your other goals?

BLUEMLE: One of my goals that was connected with everything else that had to do with building a solid base, foundation, for the future of that institution, was to foster more cordial and stronger relationships between the medical center and the community, particularly at the professional level: town-gown connections, but also at the level of the public.

The Advisory Council that we put together under Ira Keller's leadership played a very significant role in moving us toward that goal. The selection of people was terribly important to begin with because we wanted the most respected citizens of the Portland area, and we got them. I didn't know them, but Ira did, and Roy Lieuallen did. And Ira was the kind of guy that you just wouldn't say no to. Very persuasive, and he had contributed so much to that community and urban development and so forth that a lot of people owed him.

I wish I could say that the town-gown relationship came together as quickly as I wanted it to. I don't think it came together as well as I wanted it to even by the time I left. And that was very disturbing to me.

Shortly after I arrived, I started having meetings that would last half a day or a whole day with individual departments, and in the clinical departments I sensed, at least at some levels, a reluctance to consider better town-gown relationships as a valid objective of an academic center. There was almost a standoffishness, suggesting that Marquam Hill was an ivory tower

One chairman, who I will not identify, but he was the chairman of a critically important clinical department, simply refused to assist in the effort to strengthen ties with the community, even though they included referral relationships, where patient volume is hanging in the balance. I even put together some dinners at our house to try to get the town-gown people together, and they didn't come off well. So I went to this one department chairman and said, "So-and-so, why don't you want to do this?"

He said, "Because they're no damn good." I think he meant that the town doctors weren't good surgeons. But some of them *were* good surgeons.

ASH: He probably trained them.

BLUEMLE: He had trained them, and they were taking care of the citizens of Portland, and doing it very well. They were good.

Well, this chairman had tenure, just like everybody else did, and I could not change that. That was a department which wasn't much better when I left than when I came.

Don Kassebaum, incidentally, was appointed because of all of the input that I got from him about hospital operations, how much they needed help. The most thoughtful letters that arrived on my desk came from him, as a cardiologist. He'd say, "Here's what's wrong with the operation." And I thought, "Okay, Don," after about six months of these letters, "you know all the questions. You take the responsibility for addressing them. I think you know the right answers, too."

He took the job with pleasure and also hit the ground running. He didn't have the charm of Carol Lindeman, but he had the stamina and conviction, and

he did barrel ahead with some very good initiatives. Like doing patient surveys: Were you well taken care of? Did people treat you nicely? And we got a more objective look at ourselves.

ASH: Tell me about Bob Stone, another member of your team.

BLUEMLE: Bob Stone had been dean at New Mexico, and then he became Director of National Institutes of Health during the Nixon Administration, and was actually fired from his job during the Watergate mess. The two were not connected, of course, but the Nixon Administration was coming apart. So we were fortunate to find him available at that particular time, and he was the strongest of the candidates that we were looking at.

Bob very quickly, I think, assessed the medical school needs, very diplomatically went about the same job that I was trying to do but on a different level, encouraging people to do their best and trying to create the circumstances under which they could.

We both knew that resources were scarce. We both knew the difficulties of getting more support from the State. I had the job of carrying the banner there, but he chipped in, and with a professional background because he was used to dealing with NIH budgets, which were far more complicated than the Marquam Hill budgets.

I think it was Bob's idea, as I remember, to start offering free blood pressure tests for the legislators during their sessions. This probably had more to do with improvement in our budget than anything I did.

Bob, however, was used to being the head man, and he had difficulty with me, and I with him. I had weekly meetings of the three deans and the head of the hospital, and I had separate meetings with each of them each week, as well—which of course you have to have if you're really going to operate on consensus. Bob was not enthusiastic about those meetings at all and really contributed very little to them.

ASH: To which ones? One-on-one, or the deans?

BLUEMLE: The one-on-one's we did pretty well together because the agenda focused only on the Medical School. But he didn't like the groups sessions. He wasn't that interested in the Nursing School or the Dental School operation, and showed it, unfortunately. This was not only apparent to me, it was apparent to others, and they had trouble with it. We all tried to deal with it as sensitively as we could, but ultimately it, I think, inhibited the contribution that he had the capability of making for helping the entire institution. It may account in part for why he did not succeed me.

ASH: Well, let me go back to the Advisory Council because that was something that you started, and another person whose name has been mentioned numerous times is Edith Green, who was on the Advisory Council. Could you tell me a little bit about her?

BLUEMLE: Well, this was in her sunset years. She of course had had a distinguished career in Congress. Charming lady, who not only agreed to serve on the Advisory Council and give it great distinction in the process, but took a real interest in fulfilling that responsibility, learning about the institution, coming to visit. She even opened her home for dinners where she would bring some of her influential friends outside the institution to meet with us and, you know, just showed us that warm friendship and hospitality which was so important to me personally and our family, but also to the whole business of bonding, which is what I was trying to promote.

She took us into her bedroom, I remember, to show us her quilt, which consisted of patches from academic hoods, honorary degrees that she had received. She had something like about fifty-eight of them, and she didn't know what to do with them, so she had them cut up and made into a quilt. She was so honored for good reason all around the country, and she was just a giant of hospitality and help.

ASH: Beyond the Advisory Council, another group that you started that lives on today is the Faculty Senate.

BLUEMLE: Yes. It seems to me if you are going to operate as a coordinated body, you have to coordinate more than administrative officers. Administration alone can't do the job that has to be done.

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

ASH: This is a continuation of Joan Ash's interview with Dr. Bluemle on May 22nd, 1998. We were talking about the troops.

BLUEMLE: If you don't bring the troops in in some capacity which they feel and which actually gives them a voice that has to be heard, then you're not going to get their full cooperation. They know that, and you know that.

It's not enough for any administrator, including the president, just to have a good relationship with the chairmen. The troops—and I was a troop, everybody who goes up the academic ladder was a private at some time in the academic system—and you just know you want and deserve some recognition, not individually, necessarily, but as a body. And the president can't design the structure of that or how it's going to operate and what total authorities it has; that has to be a negotiating process. You have to say, "Look, I think we need this; now, let's create a committee to plan what this Senate does, but let's make that a faculty committee. Let's ask them to them dope it out."

If I can fast forward for just a moment, when I left Portland and came back to Philadelphia as president of Jefferson, one of the things I wanted to do was get rid of the tenure system. That's very hard to do. We did it. But we did it by encouraging the faculty to take the responsibility to do it, and to do it in a matter that was satisfactory to them. But we did it.

I think I had the same feeling when I went to Oregon, that this faculty that generally leaves at noon on Friday has to be brought into a central role in decision making and strategic planning. You know, you need a voice.

Now, faculty never speak with one voice. It's like the State of Israel or the United States. But they need a voice, and they got a voice, and I'm delighted to hear that it's still functioning.

ASH: Oh, not only is it still functioning, but as I go over the history with other interviewees, there are a number who have said that the Faculty Senate was given much more responsibility than they ever expected from you,

so they felt that that was a very, very positive move. And yes, it lives on in the same capacity.

BLUEMLE: Good. I'm glad to hear it.

ASH: When you became president, the Primate Center had been part of the school of medicine, and then it was shifted over to the University. There was the relationship with the School of Medicine, then there was the relationship with the University. I wonder if you recall anything about that relationship.

BLUEMLE: Not a great deal. Wasn't it Dr. Montagna who was running that?

ASH: Yes.

BLUEMLE: A great operation that served a very useful purpose, and there were not many primate centers like that around the country, as I recall.

I also think Ira Keller was on their board. He may have introduced me to them. But I honestly did not spend very much time either out there or with that relationship because apparently it was something that didn't bubble up on a high level of priority in terms of problem solving. I don't recall a serious problem.

ASH: Now, we skipped over the video interview when you were recruited. How did that come about?

BLUEMLE: Well, my recollection was that when I entered the chamber where I was going to be met and asked a number of questions, instead of the usual large group of people, faculty, deans, chancellor, maybe state system representatives, there was Lieuallen and maybe a couple other people, but not a big group, and I was told that I was going to be filmed and that this would be their way of sharing the interview with other people that wanted to see it.

And I thought, "Fine," I mean, I can talk in front of a camera as well as—in fact, it might have been a little better because I could make eye-to-eye

contact with Roy Lieuallen and talk with him just like I'm talking with you, which is a very comfortable setting.

I don't remember what he asked me, but I would guess it was all things that I could answer well, because he wanted me to come.

ASH: Well, maybe when we're recruited elsewhere we should ask for video interviews. It sounds like the outcome was very positive.

We need to talk both about the State Board of Higher Education and about the legislature. Bob Peterson told me some interesting stories about going down to Salem on very short notice, and I thought I would ask you what your favorite stories are about the legislature.

BLUEMLE: Well, one of them is a formal reprimand that they gave me in writing for almost illegal conduct. I was called by the Chancellor, who said in a rather grave voice that he had just received a missive from some part of the state legislature that I had broken the law.

And I said, "Well, what did I do?" over the telephone.

He said, "You speculated in gold with state money."

I said, "Oh? Tell me about it."

It turned out that Lou Terkla, who had to have a store of gold to do the dental work, had pretty sound intuition that the price of gold was going to go up significantly and that he'd better buy two years' worth of gold rather than one year's worth, but he was only supposed to buy one year's worth in one year.

I called Lou, and I said, "What the hell are you doing?" And he explained all this to me and said he wanted to save money. He knew he would have trouble getting an increase in his budget, and so he decided to lay some away. And that's exactly what happened: The price of gold went up significantly.

But I would guess that letter of reprimand is still in the file, in my jacket.

ASH: How did you get out of that one?

BLUEMLE: Well, I wasn't taken to trial. No criminal charges were filed. But fundamentally I found those trips to Salem—oh, sort of burdensome.

You know, one of the things we absolutely had to do, and I guess Bob Peterson talked about this, was to beef up our systems for financial management, particularly billing for clinical services, which were antiquated. And Bob can tell you more of the details than I can, but we made a conscious effort to make a comprehensive upgrade in our computer system.

My recollection is that it had to be reviewed by fourteen separate agencies, in the Chancellor's Office, in the legislative office, in the executive office, in the State Board of Higher Education—you know, it just went on and on. And each of them took their time in doing the review. Well, this was one of the highest priority things that was recognized, with Bob's help, when I came on board. The problem wasn't solved when I left in 1977. It was still being worked on, and money was being lost.

Now, that's frustrating, but I had learned how to conserve my anger energy in New York, and I lamented this, but I didn't let that distract me from all the other things that had to be done, because there was nothing I could do to accelerate the approval process. It worked on its own timetable, and it wasn't considered any more important than, oh, some piece of legislation that affected growing grass or the timber industry or a number of other pursuits in the state.

ASH: Did you have to run down to Albany as often as you had to run down to Salem?

BLUEMLE: More often, I would say. Partly because I had better assistants in Oregon to do that, and I perhaps learned to rely on them more. In New York I felt I was the only one who could really speak authoritatively for the institution. In Oregon I realized there were others that knew actually more

about some specific part of the budget or what-have-you than I could, and I relied on Bob and his colleague, Don Kassebaum and his crew, a great deal more, and Bob Stone, to some degree. Lou Terkla was a master at this, anyway.

But you see, those guys had all had to do that before I got there; that is, the three deans and Mike Baird, who was head of the hospital. So that team was a little more experienced.

ASH: But then Bob Stone was brand new, and Carol Lindeman was new?

BLUEMLE: Yeah, but Bob had a style that fitted in very well. He could bring a chuckle to almost any bureaucrat or legislator's conversation, no matter how difficult the issue.

ASH: Are there any legislators you remember whom I should interview?

BLUEMLE: Oh, I think Vera Katz. She's still around, isn't she?

ASH: Oh, yes.

BLUEMLE: Wasn't she Mayor?

ASH: She is Mayor. She was on ways and means?

BLUEMLE: Yeah. She was tough. Thorough. There was one, Ted Halleck, who lived on the Hill. I'm not even sure he's still around. But a number of these people got involved in the arguments about the V.A. [Veterans Administration] Hospital siting, which was an interesting chapter.

ASH: That's something I need to ask you about because I asked Bob Peterson, and he wasn't really intimately involved in that.

BLUEMLE: I was.

ASH: You were, and since it all came out well in the end, after a lot of—I guess Dick Jones inherited the controversy there, but you were the one who really started the negotiations?

BLUEMLE: Yes. And I raised the flag and carried the banner and rallied the troops.

That was a strange political struggle. Emanuel Hospital wanted it, and Emanuel Hospital was very adept in building its political case, more adept than I was, or than we were generally on Marquam Hill—first off because we felt the natural choice of the V.A. would be to locate the new hospital right on the Hill, for obvious reasons. The relationship, the mutual dependency between the University Medical Center and the V.A. Hospital had expressed itself in so many ways with so many patients, and it's the natural way everywhere else in the country.

But Emanuel had put together a pretty strong case with political support. What was his name?

ASH: Neil Goldschmidt?

BLUEMLE: Yeah. He was in favor of it, I'm sure with his own reasons, and there was a tobacco-chewing congressman. What was his name? He used to talk with his feet up on his desk. I don't remember. But he was sort of rough cut and didn't have any logic in his particular case, but he was adamantly in support of the Emanuel site. There were other arguments that were a bit stronger, I think, built on job development, community concerns and so forth.

But I rallied the troops, this time being the veteran troops, the guys who still wore the puttees that they wore in World War I and got dressed up with their little khaki hats and so forth, and we went around to the community meetings and stated our case. They would speak from a different angle than I would, but together I thought we did a pretty good job. It was not easy.

I tried to enlist at least an understanding, if not support, from Senators Packwood and Mark Hatfield, and they would have none of it. They wouldn't meet with me. I finally did get an appointment with Mark Hatfield, and I sat in

his waiting room for an hour and a half, never got in, and so I left. I don't know why to this day.

Max Cleland, on the other hand, who was head of the V.A. system in Washington—the veteran who lost both legs; he's still around—was strongly supportive of Marquam Hill, and we recruited him, and he joined us on some of these public hearings.

Now, of course, as you pointed out, it wasn't solved until after I left, but I think we at least established the beginning of a good understanding in certain segments of the community of the value of keeping the two institutions together.

ASH: And the Shriners Hospital, was that being negotiated when you were there?

BLUEMLE: Yes. In that little patch of land which is right to the right of the driveway coming up. Yes.

My fading memory of that is that at least by the time I left that hadn't developed into the kind of working relationship that I hoped would have developed. There was a corridor connecting that institution with the next adjacent building, but there was a door in the middle of that corridor, and it was almost always locked. It may have changed since I left.

ASH: Somewhat. Not completely.

I had a note that Edith Green had some influence with Hatfield. Do you recall that?

BLUEMLE: Oh, I would think she would, just generically because, you know, they were together in the Senate for so long. But I don't recollect that.

ASH: That she helped with the V.A.?

BLUEMLE: Oh, well, that she helped with Hatfield. You know, my recollection of Hatfield's role in this was nonhelpful. Now, maybe he helped after I left. I just don't know that.

ASH: I don't either. He's helped with a lot of other things, however.

BLUEMLE: Yes, he helped with the financing of that major new addition for research. I forget what you call it?

ASH: The Vollum Building [Vollum Institute for Advanced Biomedical Research] was Vollum funds. We have a new Hatfield Building now.

BLUEMLE: Well, it's probably that one.

ASH: He helped with the BICC [Biomedical Information Communication Center] building.

BLUEMLE: Well, I didn't mean to say disparaging things about him. I guess the circumstances at the time that I was trying to connect with him just weren't right.

ASH: It sounds like he had no role in the V.A., and it was probably because his role didn't come into play until he was chairman of the Senate Appropriations Committee.

Next thing I wanted to ask you about was there was an investigation by the Office of Civil Rights because apparently they investigated an institution every time the institution got a big grant, and the neurology department got this big grant. Does that ring a bell with you? Dick Jones said that he inherited this.

BLUEMLE: I've had so many such investigations. You know, I've been president of three different institutions, and they all kind of—I think at every one of them, and it probably was in Oregon where they came around—did Bob tell you of a pencil throwing incident?

ASH: No.

BLUEMLE: Well, I think it was in Oregon that—yeah, I was trying to get an initiative started that would build better relationships with the female faculty, because there was kind of a hide-bound traditional segregation, if you will, in that regard. We didn't have that many female faculty members. And in discussing this one time with somebody who wasn't a faculty member but was a female in some administrative position, she said something that just didn't make any sense to me and that was antithetical to what I was trying to do. I had a regular pencil in my hand at the time, and I threw it down on the desk, and it broke, and a piece went flying over and hit her in the face. And that triggered an investigation—it did, believe it or not—of discrimination.

Anyway, the committee came around and asked all the traditional questions, statistics about how many people do you have doing this, that and the other thing, and there was an African-American heading the committee, and he raised the question of, "In you cafeteria do you have segregated dining rooms for administration and faculty and students and so forth," and I said, "No, we don't. It's all together, but some people just brown bag it," and so forth. And we went on for the rest of the morning, and finally it came time for lunch. And the question came up, "Where should we go to lunch?" And I said, "We have these choices," and I named a couple restaurants, and then I said, "On the other hand, if you'd like to see for yourself how we do it in our cafeteria, we're not planned for this yet, but why don't we just go down there?"

And the chairman of the committee said, "I want to go where there's the best food," which is where we went.

ASH: We still have no faculty club on campus.

BLUEMLE: Well, that's a tough terrain to build any addition.

ASH: I was going to ask you about women and minorities just in general because that's a topic that we're covering with everyone. If you remember any□

BLUEMLE: Yes, I do. It was a big thing in New York, and there was no trouble in getting very qualified minority students. It was a different situation in Oregon, where the minority population was quite small compared to New York, and it became apparent to me that if we really wanted to recruit qualified black students, which was the major pressure point of the day, we would have to admit more students who came from outside the state.

Well, given the tuition breaks provided by the state, it was a question of whether you want to extend that financial support to nonstate people, and that was settled on a political level in favor of not opening up the school to students from other states.

The School of Nursing got around the question by admitting men, even white men, and they were counted as minority. Did you ever know we claimed a minority dean, Lou Terkla, as an American Indian? He is, one-eighth, and that did it.

ASH: I didn't know that.

BLUEMLE: But you know, I don't think we ever—we did have some black students, as I remember, in dentistry, and there was some real question about their qualifications and troubles. Did anybody talk about that?

ASH: No.

BLUEMLE: I don't even remember the details. Is Lou still around?

ASH: He's around, but I haven't interviewed him yet, but I will put that question on my list.

BLUEMLE: He would remember.

ASH: Another thing I wanted to ask you about, that I should have asked before, was that when you came there was no separate funding given to you to set up your office or separate funding for a School of Nursing administration.

BLUEMLE: Well, my recollection is that we put in some special requests. I think our Council may have helped with some of that, but we did get a special appropriation. I'm not sure that these things were included in it, but it went beyond the traditional eight percent increase which was current back then.

My office wasn't high on my list of concerns. It was quite an adequate office, and I didn't need much more than I had. Did somebody raise that as a problem or□?

ASH: Well, I guess there was some—because you needed staffing and the School of Nursing needed staffing, staffing had to be taken from elsewhere.

BLUEMLE: I don't recall it. I know that Elaine Dykes became my administrative assistant and did a marvelous job. And she's working with Les AuCoin now, isn't she?

ASH: I don't know.

BLUEMLE: Isn't he running the foundation?

ASH: Not any longer. He left about—probably nine months ago. So I don't know what he's doing now.

BLUEMLE: Incidentally, he was a great supporter of the V.A. Hospital staying on Marquam Hill and went to bat for us.

ASH: Thank you for telling me that. We probably should interview him also.

BLUEMLE: Yeah. And if you do, tell him he left the bayside door open on our seashore house in Avalon. He wanted to have a staff meeting in our house on the seashore and I just sent him the key and said, "Go on over; it's a great place to have a quiet weekend." But it was wintertime, and he forgot to close the bayside door, and the plumbing froze up, and the pipes broke. I never told him that.

ASH: Also going back to when you first heard about the opening in Oregon, what was your perception of the institution at that time? What was the national perception?

BLUEMLE: Well, I didn't really know. You know, Oregon was not high profile—I'm not talking about the state, I'm talking about the institution. And maybe that's just in the eyes of an East Coaster—you know, I had been at three different Eastern institutions: Hopkins, Penn, and Syracuse. And I really didn't know much about Oregon.

So I met with an old buddy of mine, Belding Scribner, who was a professor of medicine at the University of Washington in Seattle.

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

BLUEMLE: I forget where it was we got together, but it was for dinner, he and his wife and my wife and I. It was at a Trader Vic's somewhere, and we started drinking fairly early, and so we were talking rather freely. And he said, "What do you want to go to Oregon for?"

And I said, "Well, I think I'm not needed much anymore in Syracuse, and I'd like to be useful again somewhere. And I've never lived in that part of the world."

He said, "They're backward."

I said, "What do you mean?"

He said, "Well, you know, they're not really progressive like the University of Washington." And of course Washington was, and they had done very well financially with their state legislature and they were a lot richer, with Boeing and so forth.

Well, I thought, "All right, that's one man's opinion, looking down from the north." But I understood what he meant. I wouldn't have called it

backward, but I would have said kind of complacent with sort of a laid-back attitude, and not a lot of gung ho team spirit.

But I thought, “Well, okay. I went to Syracuse because I thought they needed me,” and I could do what they needed, which was to bring in good leadership at the department chairman level and at the dean level. And I thought I could help in Oregon by cheerleading, if you will, and helping people pull that place together.

And you know, I don’t really consider my short tenure there terribly much more than plowing the ground. I did plow the ground and say, “We can’t do things like we used to do: (a) because we’re not going to be allowed to, and (b) because it’s not the way to go if you want to survive in this increasingly competitive world.” Somebody had to say that and keep repeating it and getting other people to join in the chorus and saying, “Okay, well, here’s what you do now that you did differently in the past.” It was tough there because it was hard to get the molasses to flow faster in Salem. Maybe I should have spent more time down there, but I didn’t think that even the time I did spend there changed the viscosity.

ASH: Now, at what point did you start thinking about leaving?

BLUEMLE: I guess I’ll have to be candid and tell you that it was when I realized that probably Bob Stone and I could not work effectively in the same institution. I suppose you could analyze that in retrospect and say, well, why didn’t I ask him to leave? But I thought actually he was doing a good job as dean for the School of Medicine. I don’t think he was as good as he had the capacity to be good for the whole institution.

At about that time I was asked to take a look at the position here at Jefferson. I had had a pretty close relationship with this institution when I was at Penn.

ASH: How?

BLUEMLE: Well, I had about a six-year head start in the artificial kidney business. There was nobody else in town. But then my friend Jim

Clark, who was a nephrologist here and an alumnus of this institution, started dialysis at Jefferson. Jim and I met at national meetings periodically and so forth. I thought he was very good at what he was doing. I tried to recruit him to come to Penn. He wouldn't, didn't, but we worked closely together for a long time.

I invited Jim out to come skiing in Oregon—oh, I guess it was 1976 — and he kind of hinted that maybe things might be developing back here. Anyway, we kept in touch with each other, but whether he put my name in for this job when it became available or not, I don't really know. But he was instrumental in, I suppose, pushing my candidacy.

I really thought that the dynamics between Stone and me were not good for the institution.

ASH: So how did you feel about leaving?

BLUEMLE: I felt that I had not done everything I wanted to do, but on the other hand, I wasn't sure that I was that essential. What needed to be created of institutional significance was a new paradigm for financing. It had to be a change that the legislature would support, a radical change, which would make the institution more dependent upon itself to survive. That's the only way you can build the incentive to do—or encourage people to do the hard work, to generate the resources to make it first class. You can't do it any other way. And I guess that's one of the reasons that Jefferson appealed to me, because it had to rely on itself to generate its resources, and I like that.

ASH: One of the interviewees told me that you had actually, way back then, started thinking about a new paradigm for our institution, which has now spun off as a public corporation, that you were starting to think about that in 1974.

BLUEMLE: Absolutely. Well, it simply made sense. And then I got the full blast of this town-gown problem and realized that, gee, as long as that was the case you could not establish the foundation for referrals, and people had to go through a certain amount of pain before there was enough consensus, but you had to change, you had to depend more on yourself, you had to give up

your old biases. You had to scramble, you had to become competitive, and you had to rely on yourself to win. And that would have taken a lot longer—that is, than three years.

I could, again, continue to plow the ground for many more years in Oregon. I did have an opportunity to express my opinion, and did so frequently. But again, there was a lot of molasses in the system. It didn't flow fast. Not that any other state is different. That's where I was, in Oregon.

ASH: Well, I think that I have pretty much run through my list of questions. I'd like you to think about any questions you'd like to ask me.

BLUEMLE: Well, I would like to say, for the record, that my family, as well as I, had a great time in Oregon. We loved the people. They are different from back here. They are more, I guess, down home, not nearly so reserved or stuffy. There's a certain ease of living out there.

We loved the geography. Fell in love with the high desert country, winter and summer. As I said, we go back every now and then, when we can.

Our youngest daughter ended up going to Pomona College. Our only son ended up going to Golden Gate University Law School in San Francisco. And the friendships we enjoyed along the way out there—both on campus and off—they're very dear to us, and we prize our time in Oregon.

ASH: Well, I'd like to thank you for this interview. It's been rewarding and helpful.

BLUEMLE: I thank you, Joan.

[End of Interview]

INDEX

A

American Philosophical Society, 5
AuCoin, Les, 32

B

Bluemle, Lewis (Bill),
biographical information, 1-2
career, 5, 6
family, 1, 11-12, 36
internship, 4
management style, 15-16
military service, 4
research, 4, 5
residency, 5
Bristow, J. David, 11

D

Depression, Great, 1-2

E

Emanuel Hospital, 27

G

Green, Edith, 21, 28

H

Hatfield, Mark, 28-29
Holman, Charles, 14, 16

J

Johns Hopkins University, 2-3, 5

K

Kassebaum, Donald, 16, 18-19, 26
Keller, Ira, 11, 13, 18, 23

L

Lieuallen, Roy, 10, 18, 24
Lindeman, Carol, 13-15, 26

M

minorities, as students, 31

N

New York State Board of Higher Education, 7-9

O

Oregon Regional Primate Research Center, 23
Oregon State System of Higher Education
(OSSHE), 7, 24-25

P

Peterson, Robert A. (Bob), 24-25, 27

S

Shriners Hospital, 28
Stone, Robert (Bob), 13, 18, 20-21, 26, 34-35
Syracuse University, 7

T

Terkla, Louis G., 13-14, 24-26, 31
Thomas Jefferson University, 1, 22, 34-35

U

university consolidation, 10-11
University Hospital,
temporary disaccreditation, 16-18
University of Oregon Health Sciences Center,
Advisory Council, 18, 21
Faculty Senate, 22-23
media relations, 12-13
recruitment, president, 10-11, 23-24
town-gown relationships, 18-19, 35
University of Pennsylvania, 4, 5, 6
Upstate Medical Center (N.Y.), 6-10, 13

INDEX

V

Veterans Administration Hospital, 26-29, 32

W

Watts, Webb, 7-9

women, as students, 31