

OREGON HEALTH SCIENCES UNIVERSITY HISTORY PROGRAM

ORAL HISTORY PROJECT

INTERVIEW

WITH

Richard Jones, M.D., Ph.D.

Interviews conducted:

December 22, 1997

January 26, 1998

March 2, 1998

March 16, 1998

by

Joan Ash and Linda Weimer

SUMMARY

In these interviews, UOMS alumnus and OHSU Professor Emeritus Dr. Richard T. Jones talks about the medical men in his family, including his father Dr. Lester T. Jones; his medical and further doctoral education in chemistry; his research on hemoglobins; and his career as professor, Chair of Biochemistry, and Acting President of the University.

The first interview concentrates mostly on Dr. Jones' childhood and education. The second interview opens with a lengthy discussion of his work on abnormal hemoglobins, undertaken at both Cal Tech and UOMS. He then moves on to talk about his accession to the chair of the Department of Biochemistry upon the retirement of Dr. E.S. West in 1966. He comments on the administration of the Medical School under Deans Baird and Holman and sheds light on the decision to consolidate the various schools into a single university in the mid-1970s. He talks about President Bluemle's tenure and about changes instituted under his leadership.

When Dr. Bluemle left the University in 1977, a search committee was assembled to nominate a successor. Dr. Jones relates the story of his unexpected appointment as Acting President during this period. He talks about his goals for his presidency and discusses two projects in particular: the siting of the new Veterans and Shriners hospitals on Marquam Hill.

The third interview picks up the discussion of Dr. Jones' term as Acting President, and looks at several topics in-depth: the use of firearms by University security; the history of the Medical Research Foundation and its role in the development of the Primate Center; the construction of the Basic Science Building on the Marquam Hill campus; the history of the presidential residence; Louis Perry and the role of the Board of Higher Education in the early history of the University; and the impact of the Bakke decision on University affirmative action programs.

The fourth and final interview deals with both Jones' presidential years and his years as a faculty member at OHSU. Jones begins by describing Chancellor Roy Lieuallen and discussing his role in the development of the University. He then moves on to a broader discussion of the University's relations with the State Legislature and the way that relationship changed after the consolidation of the schools into one entity. Turning back to the University itself, he talks about the changes in administration of the schools over the course of his tenure, focusing in particular on the rise of committees. He also looks at the history of curriculum development at the Medical School from the 1960s through the 1990s and describes the evolving roles of the basic science departments in the first- and second-year curricula.

After his retirement from teaching in 1995, Dr. Jones became involved with the OHSU Institutional Review Board. The interview concludes with a discussion of the activities of the IRB and examples of recent issues that have come before the Board.

TABLE OF CONTENTS

Biographical Information	1
Dr. Lester T. Jones	2
Early Education	9
Coming to Medical School	10
Medical School Years	15
Hemoglobin Research	19
Research at UOMS	24
Becoming Chair of Biochemistry	26
Administration of UOMS	28
University Consolidation	32
President Bluemle's Administration	33
Becoming Acting President	38
Siting the VA and Shriners Hospitals	42
Guns on Campus	47
Medical Research Foundation and ORPRC	49
Basic Science Building	54
President's Residence	56
Louis Perry and OSSHE	59
Bakke Decision: Women and Minorities	62
Chancellor Roy Lieuallen	68
Relations with the State Legislature	70
Development of University Committees	73
Curricular Changes	78
Institutional Review Board	82
Index	87

Interview with Richard Jones, M.D., Ph.D.
Interviewed by Joan Ash
December 22, 1997 [Interview 1]
Site: BICC 513
Begin Tape 1, Side 1

ASH: It's December 22nd, 1997. This is Joan Ash interviewing Richard Jones. We're in BICC 513.

And the first question I wanted to ask was where you were born and raised.

JONES: Well, I was born and raised in Portland. I was born in Wilcox Hospital, which was next to Good Samaritan Hospital, a separate annex, and raised on Arlington Heights next to the Arboretum. My parents had bought a house there a little bit before I was born, so I grew up in one house up in Arlington Heights, looking out over the city towards Mount Hood.

ASH: And you were not the youngest?

JONES: No, I had two older brothers: Warren, who's about six years older than I, and Wesley, who's three years older than I. And then later on my little sister, who's six years younger than I, was born.

ASH: And I understand that your brother was a medical student before you?

JONES: That's right. My older brother Warren was a medical student. Actually, during the war he was in the V-12 program, both to finish up college—he'd started college before the war started, I guess, and then the war started, and he was drafted or—in that process, anyway, went into the Navy V-12. He went to Topeka, Kansas, to finish off his premed, and then just happened to be matched with this medical school—I'm not just sure how they did it—and came here to medical school with the V-12. And the war came to an end before he graduated, and they had some time off and finished up. He graduated in 1948 and then went back into the Navy for his internship. So yes, he'd preceded me.

Well, as you know, my father had preceded both of us. He was a physician. And I can tell you about that, if you want.

ASH: Yes. Well, first I wanted to ask you about the V-12 program and what that is.

JONES: Again, I'm probably not the best one to tell you about it, but it was a Navy-sponsored program for sending qualified students through medical school. Now, they may have had them in other professional areas; the one I was aware of was medical and dental

school. I remember Dr. Goodman's son, who was a dentist—the brother of Goodman of Goodman & Gilman, the pharmacologists—anyway, a prominent Portland family. They had a son about my brother's age that was in the Dental School and I believe in the V-12 program.

ASH: I see. Now, your father was an ophthalmologist here in Portland?

JONES: Right. His name was Lester Jones, and he was an ophthalmologist in Portland, but had been born in Kentucky. His father was a minister. My father had three brothers and four sisters, most of whom were born in different states because his minister father would get a calling every couple years to a new church—which meant that his contract was being ended in the previous church.

Anyway, they were from the Midwest, came by way of California and into Oregon when my father, I guess, was beginning high school. He went to Beaverton High School and then, because his father—coming back to the minister part—was a Congregational minister, he could send his children free to Pacific University, which at the time was a Congregational-associated college out in Forest Grove.

So my father and two of my uncles, and I guess some of my aunts, went to Pacific University. And during school at Pacific University my father became interested in going into medicine. He and a classmate, Leo Lucas, who was a prominent orthopedist in Portland, were classmates, and apparently in those days if you had some organic chemistry and a bit of science you could apply to medical school. And that's what they did, and they were admitted to medical school here.

ASH: Did they have college degrees?

JONES: As I remember, my father didn't yet have a college degree; and the story I recall was that you didn't have to have a degree in those days. You had to have some course work. But I'm not sure of that.

ASH: Well, I do see that your father was a member of the class of 1921 at our medical school here.

JONES: Yes.

ASH: Was he married during medical school?

JONES: No, he wasn't. He had to earn his way, in fact, from an early age because ministers didn't get much pay, and usually had handed-down clothes, and he was the oldest in the family of children. And so he worked from a pretty early age, during high school, I think, and during college, and he wasn't in a position to marry because he didn't have any money.

And he worked in medical school. He was a diener in the Anatomy Department, and the bodies that were donated were brought to him, and he would embalm them and get them prepared for the anatomy classes.

And on the side—apparently in those days the gold fillings in the teeth were available to whoever prepared the cadavers, and I remember him mentioning that they would acquire the gold from the teeth and melt that down and sell it as kind of part of their compensation for the job.

But anyway, my main point was he worked there. He also, I think, worked in a pool hall—and I mention this kind of as background, but also, first, you could work in those days if you had to help support yourself, and many students did; and second, he couldn't afford to get married because he was just barely making it. I don't think tuition was very much.

He started medical school at the old school down on 23rd and, I think, Lovejoy—or anyway, within a block of Good Samaritan Hospital. And he had, my understanding was, two years down there, his basic science years there. At that time they were building the County Hospital up here on Marquam Hill, and the first part of Mackenzie Hall, the part with the cafeteria, which was the embalming room for the anatomy cadavers—or that part. Of course, the cafeteria's been added out, but it takes in part of the old Mackenzie Hall.

So the last two years he spent up here and graduated with, my understanding is, the second class that graduated from the school up on the Hill.

ASH: And then what happened with him? Did he take an internship?

JONES: He went back to Philadelphia to the Polyclinic in Philadelphia. He took an internship there, and I think had some time at Bellevue Hospital in New York. Then he got a job as a ship's doctor on a freighter going to South America and went down there. And then, after that stint, he came back to Portland.

And his younger sisters and my mother—who had grown up in Nebraska but come out to Oregon to live with some cousins that farmed near Hillsboro, and had started going to Pacific University—my mother and some of my father's sisters became acquainted, and through that association they met and were married soon after he came back from the East.

ASH: And he went into practice as soon as he came back?

JONES: Yeah, he joined a group, and was essentially in general medicine, or what probably people would call family medicine today. One didn't need more than just an internship to get licensed and to start practicing. And he was in a group on the East Side, and I don't recall the name of the group, but it was like the Portland Clinic and some other kinds of group practices. It was out on Sandy Boulevard.

Their first home was over kind of in the Rose City area, where my older two brothers were born and started growing up. And then they built this house on Arlington Heights, which was way out in the boonies at the time; it was one of the earlier homes built on Fairview Boulevard, next to what became the Arboretum.

But anyway, so he practiced medicine, and it was during the Depression, before and during the Depression. He used to tell stories about caring for people that couldn't pay, and they would, when they could, give him a chicken or something they might have grown or in some other way to try to compensate.

ASH: And what hospital did he admit patients to?

JONES: Well, I don't know at that time where he admitted to, but most of the time he was on the staff at the Good Samaritan Hospital, also the Physician and Surgeons' Hospital, and it may be that that's where they admitted in those days. I don't know that he was ever on the staff of Emanuel or not.

But as I was going to say, he did essentially general medicine for—well, it must have been on the order of seven, eight years or so. And then the group he worked with decided they needed some specialists—I think they had some surgeons and so on, although in those days the general physician did surgery, like appendectomies, delivery of babies, and did a variety of surgical procedures, gall bladders and set bones and so on—but they needed somebody in eye, ear, nose and throat; they didn't have a specialist.

So they decided that he ought to go to Vienna to study eye, ear, nose and throat. And so he and my mother went to Vienna. They left my older two brothers with my grandparents—my mother's parents who had come out from Nebraska—to take care of them, for somewhere between six months and a year, that's how long it took to specialize in those days. And that was in 1928, I believe.

And you know, being an inquisitive kid after I got old enough to do a little arithmetic and heard about the birds and the bees, I computed back from my birth date, and I think I'm kind of Viennese because I think I was conceived in Vienna. I never really asked my parents, but I think I'm right.

In any event, he came back with his diploma and training in eye, ear, nose and throat and became an eye, ear, nose and throat specialist. And that's kind of what I—well, obviously I didn't know anything about before that time, but in growing up I remember that that was what he was doing. And when we'd have runny noses, we'd go to his office and get treated.

He used to go off before we would have breakfast in the morning to the hospital, to do his rounds and do his surgery, and then he would come home in the evening. Mother would wait our dinner meal to have it with him—and he'd smell of ether. I thought, you know, all fathers smelled of ether, because that was among my first memories of my father, of having

this strange odor. And he said, well, it was ether, and he'd sometimes bring some home, and I became interested in chemistry and learned about ether.

But in any event, in those days the anesthetic for—well, tonsillectomies especially, and he did a lot of those, being an eye, ear, nose and throat surgeon—was open drop ether on a mask. And so the whole room, and particularly the surgeon who was operating in this person's mouth, was inhaling almost as much ether; and it's fat soluble, so the rest of the day they'd be blowing off the ether.

ASH: So he would get home pretty late at night?

JONES: Well, it seemed like it to us, 7:00 or 8:00.

ASH: And yet your oldest brother decided to pursue medicine?

JONES: Well, that's kind of another story. Yeah, my father expected that his sons, my older two brothers and I, would go into medicine, just kind of from the very early days.

In addition to being an eye, ear, nose and throat specialist and practicing full time, he on the side taught anatomy at the dental school. In fact, that was one of the reasons for coming back to Portland after his being on the East Coast. He had gotten an offer, I think, from the dean of the dental school that was over on the East Side, near where the old Sears store was, to teach anatomy.

He had taken a master's degree in anatomy when he was in medical school and helped teach anatomy as a student teacher. They needed an anatomy teacher for the dental school, so he taught anatomy. When he came back to Portland he took up teaching anatomy on the side at the dental school, and taught until he was called into the active Navy in December 1941.

I mention it because at home around the dinner table, he was either talking to us about some of his clinical cases, problems—never identifying the person but, you know, going into some detail—or about teaching anatomy and the memory game that he had that he would use to teach his students, or try to teach them, on how to memorize things or remember things.

Many of the dentists—most of them are retired or dead by now—I would encounter as an adult who had gone to that school made the connection about my father and how he would impress them with being able to remember all sorts of things. He had a little way of association. And he'd come in the first day and would have them introduce themselves, and the next time they came in, he'd be able to recognize each one by name. And then he would ask each one to give him a name or an object or something like that and a number, and he'd associate the number with whatever they'd tell him, and then the next time they met, he would just rattle off by number each of those things. And that was his way of kind of pointing out that it was easy to memorize all of these anatomical structures. If he could do it, they could. But you know, that's a little on the side.

But anyway, because of his interest in anatomy—and during World War II, he really focused his attention more and more on ophthalmology, and then after the war only on ophthalmology, giving up the ear, nose and throat part and becoming just a specialist in ophthalmology and continuing to teach, not at the Dental School, but through the Medical School to residents in ophthalmology.

He became an expert on the anatomy of the extra-orbital area around the eye, and in fact discovered, or described, some previously undescribed muscles. He became an expert in the tear duct and tear sac system—not only the anatomy, but then applying that to corrective surgery for tearing problems, either congenital or trauma, causing a blockage of the tear duct system that drains tears from your eyes into your nose. And he developed a glass tube to put in the place of the tear duct if he couldn't repair it surgically, and that tube was used all over the world; it's called the Jones tube. And the muscle that he described is called by some the Jones muscle. But he named it in a very proper way, using the correct Latin term for the origins and insertions; it's part of the *orbicularis oculi*. And he developed surgical approaches to ptosis, or drooping eyelids that, again, are used throughout the world. He published his results in eye journals and books.

ASH: This was from when he was here on the Hill?

JONES: He wasn't on the Hill after graduating from the Medical School. Interesting sort of thing, he was in private practice, and it's part of the town/gown history because although he was in eye, ear, nose and throat, when Dr. Swan came, the story is—that was related to me from my father, and therefore probably not entirely accurately—was that Dr. Swan didn't think the ophthalmologists around here really deserved having faculty appointments. So in any event, my father's appointment in ophthalmology as a volunteer faculty member, along with everybody else's—or most of the people who were volunteer faculty—their appointments were not renewed.

He did have an appointment, though, in otolaryngology, and that continued until he died, and he became a clinical professor of otolaryngology—I mean, during the whole time that Swan was here he was already doing just ophthalmology, but he wasn't formally associated with the department.

And I think there was a certain amount of rivalry, not just in the clinical area; and ophthalmology was one of the hotbeds of tension between the practicing physician in town and the ophthalmology department on the Hill, because Dr. Swan and Dr. Christensen had private practices off the Hill because they weren't allowed to do surgery on the Hill. So that was part of the tension, anyway.

But my father took a great deal of pride in publishing on surgical anatomy and being recognized and going throughout the country, being invited to lecture, to set up anatomy demonstrations in New York and Philadelphia and Baltimore, and gaining this reputation for surgical approaches to the tear duct and eyelid surgery and so on.

There is a clinic in the Casey Eye Institute in his name, the Lester Jones Oculoplastic Clinic, and in fact what we think is a chair: there's still some debate as to whether it's a professorship or a chair; but over one-and-a-half million dollars has been raised, and a research chair has been established in Lester Jones' name.

ASH: Is that primarily because patients were so grateful for his work that they gave funding?

JONES: Certainly some patients did. It was really family, and his partner, Dr. Wobig, John Wobig, who is in the Ophthalmology Department. And Dr. Fraunfelder is the Chair who came in and had admired my father's work, had taken some of these ophthalmology-anatomy courses and so on, and I think saw the potential of trying to get some of the private practicing physicians—kind of the critics of Dr. Swan and ophthalmology up here, to try to bring them into the fold; and my father was one of the critics, but also one that had been nationally recognized for his work. And Fritz admired his work. And I was here on the faculty; I happened to be Acting President at the time that they recruited Fraunfelder, and we struck it off.

So anyway, we kind of got together on the idea of trying to raise some money, partly for the Casey, to set up this clinic, which Fritz wanted to name for my father; and then somehow through inventive financing Fritz was going to then, once the building was built, through using bequests and so on, transfer the money over into a fund for the chair in my father's name.

My father left my brother and sister and me some property, and I turned over my share to this project. And a grateful patient had made a major contribution: actually, the Swindells of Willamette Industries. I had grown up with Bill Swindells and his younger brother George—and this may be telling you more about penguins than you want to know, but—George, the younger brother, had been in an auto accident during college and had a trauma to his tear duct. And for years he had been going around with a handkerchief blotting up his tears because he didn't have a patent duct. And the Swindells were a prominent, well-to-do family. Their father was president of Willamette Industries.

Anyway, George finally went back East to New York to see a specialist there about what could he do with this tearing, and in the process they found out that he was from Portland, and so the doctors examining him back there in New York said that, "The world's best specialist on this problem is in Portland, and you ought to make an appointment and go see him."

And George asked, "Well, what's his name?" And they said, "Lester Jones." He said, "Well, I know him," you know.

So anyway, George came out here, and my father did surgery, put in one of these glass tubes and corrected his tearing problem. So there's an example of a grateful patient, and the Swindells made a major contribution to this fund.

And then, as I was going to say, John Wobig, who was my father's partner, and who subsequently joined the department, directed a certain fraction of his income into this fund.

And then the glassblower, Gunther Weiss—who used to be up here and then went off the Hill and has his own large glass company—I got him and my father together when my father was trying to find out some sort of material to use for these tubes. He tried plastic, which wouldn't work, and he realized that glass, which can be wetted, would work.

And so anyway, the two of them got together—this was years ago. And Gunther blew some very small pyrex tubes for my father, and these were successful. And so Gunther made up these kits, and they would sell them all over the world.

Well, so Gunther thought so much of my father—my father had made a loan to him early on, when he was starting his business, and he was grateful. So a certain percent of what he gets off of these glass tubes that he sells goes into that fund.

So a lot of people have been involved in it.

ASH: Well, backing up, then, to when you were born, you were born into a family with two older brothers, and you were destined to become a physician?

JONES: Well, yeah. Again, you're going to have to stop me because I can tell you more than you may want to know.

My oldest brother, Warren, was interested in science and medicine, but as I say, we were kind of expected to go into medicine. And his way of handling not becoming an ophthalmologist, which of course is what we were supposed to do, was to go into psychiatry, and I say it kind of jokingly.

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

JONES: As I was saying, my father was fairly much in charge. Some people would say in current terms that he was kind of controlling, and so my older brother really didn't want to be an ophthalmologist, but it was more in rebellion, I think. But he was very interested in psychiatry and had had time in the Navy for his internship and some time after that, and although he did surgery and other things, he decided he wanted to go into psychiatry.

Our mother also had a—well, what they called involuntional melancholy. It may probably be a bipolar sort of problem, manic depressive. But anyway, she had major problems and finally committed suicide when I was in college. So undoubtedly this had an impact on my brother Warren, as it did me, for becoming interested in then going into psychiatry.

Our brother between us, Wesley, died in an auto accident when I was in high school. He was the free spirit in the family and was most rebellious and was disowned a couple times, but then re-owned. Anyway, that had an effect on my brother Warren, I think, but especially our mother. It added to her depression when he died.

So anyway, he went to medical school here—my oldest brother, Warren, as we mentioned—and is still a practicing psychiatrist in Pasadena, California, trained in psychoanalysis. But he's into a group practice in which he involves a number of psychologists, some social workers, I think; and they do a lot of work for upper management people in companies in Southern California that kind of get burned out or stressed out. They have a six-month work-over, and he does the psychiatric evaluation and sets up essentially the therapy program that then the psychologists work with the individual on, and really has a very high success rate in helping to rehabilitate these people. He's kind of given up in terms of classic psychoanalysis and long sessions on a few patients for years.

ASH: So tell us what your thinking was in high school about your future?

JONES: Well, we had an uncle, my father's youngest brother, who was a chemist, and I was interested in science early on. I had problems reading and spelling and, as I tell people, flunked out of Ainsworth at the third grade and went to Gabel Country Day School for a while, and then was out because I thought I was always sick, but was really struggling with trying to learn how to read.

I did very well in mathematics and science and finally got back into school at Sylan, where I met Bill Swindells and some others; and then went to Lincoln and on the side had a chemistry laboratory in my basement. And I admired this uncle and would go out and visit him at Pacific University, where he was on the faculty in chemistry.

And as I say, I did well in science in high school and in math; and when it got time to think about college, I heard from one of my cousins about Linus Pauling, who was at Cal Tech and who had known the family. My uncle Arthur Jones, who was a physician here in Portland, was about Linus' age, and they knew one another as little children. Anyway, I'd applied to Cal Tech and MIT and Stanford, and as I like to tell my Stanford friends, I got admitted to all three of them. MIT was too big and too far away, Cal Tech was about the right size.

Some of my friends were going to Stanford, but the acceptance letter from Stanford said that people with my score had about a one in three chance of graduating from Stanford, that it was kind of a high risk, that I, you know, might not make it. I mean, there was a lot on verbal, and it was not my strength. Whereas Cal Tech didn't make any qualification, so I decided I'd be better off going to Cal Tech than to Stanford, and that's what I did; and I think I was better off.

I met Linus Pauling there and became one of his admirers, and so started majoring in chemistry there—but I was interested in biology. Of course, my father wanted me to be a physician, and so I also took all the biology I could.

But during my second year in qualitative analysis, analytical analysis, the professor decided about half way through that I was doing well enough with the unknowns that he offered me an opportunity to do some research and opt out of the rest of that course. I had to take the lecture part and all the exams, but I didn't have to do all the laboratory work. So instead I put in about twice as much time in a research lab on a project he gave me that resulted in two papers by the time I left Cal Tech.

ASH: Now, was this at the undergraduate or graduate level?

JONES: Undergraduate.

ASH: At the undergraduate level you produced two papers?

JONES: Right, from that research. So I became interested in doing research, and it was during that time that my mother was having more and more difficulty, and so my father and I made an agreement that if I could get into medical school at the end of my third year at Cal Tech, then I'd come to medical school, live at home and kind of be supportive of her. But if I couldn't get into medical school, then I could finish my fourth year, which really is what I wanted to do, and get a bachelor's degree from Cal Tech.

Well, I came home for Christmas junior year and had my interview. In those days, the whole committee interviewed you in one of the conference rooms that used to be near the Dean's Office (now the President's Office), at a big, long table. This may be the table, in fact. Kind of looks like it. Big wooden table with Dr. West in the middle, Chairman of Biochemistry, and Dr. Trainer and —oh, there must have been six or more. And they bring each candidate in, so I came in to one chair, opposite all these people.

And in those days you could smoke during an interview, and they had an ashtray on a stand right next to this. I think it was an obstacle course to see how adroit you were. Anyway, I kicked the darn thing over, barely caught it before it crashed on the floor, and finally sat down.

That is one of two things I remember of the interview. The other was that they were talking about something, like professors had written a letter, and one said, "Well, I see you have a letter from Dr. Beadle." "Isn't he a well-known entomologist?" I was very serious in those days. And I said, "He's a well-known biochemical geneticist, discovered the one gene/one enzyme—or coined the one gene/one enzyme hypothesis." (He later received the Nobel Prize for his work.)

And I think it was Joe Trainer that was trying to, you know, be a little humorous.

Anyway, the result was that Carolyn Pommarane, who was the Registrar, called me the next day to say that I'd been admitted. So it was all decided that I'd come to medical school.

And then my mother committed suicide a couple of months later, and there was a quandary. I was in school and I really wanted to finish my fourth year, but my father was pretty broken up, and so I came up to medical school after my third year at Caltech and started in the class of 1952. Probably the best thing that happened to me in the long run, but—

ASH: Not the plan you had?

JONES: Not the plan I had. And I had to take some extra courses—you had to have a bachelor's degree before you graduated from medical school. You didn't have to have it to enter, but you had to have it in order to receive your M.D. degree. And I had to get a couple extra courses; plus the science courses I had in the first year of medical school were used for meeting the requirements of the bachelor's degree, but Cal Tech doesn't give a bachelor's degree if you aren't there the fourth year, so I had to get it by transfer of credits to the University of Oregon.

And again, one of the little things that bothered some of my friends that went to the University of Oregon that I had gone to high school with, who knew my limitations, was that I graduated head of the class in the University of Oregon the year I got my bachelor's. Now, I'd never been on campus, one, and number two, they'd taken my grade point average from Cal Tech and added a whole point—well, it was about a 3.8 or so to start with, so it was clearly the highest they'd ever had at Oregon because they boosted it up. And these friends of mine who were—not scholars, but they knew that I wasn't capable of graduating that well, but nevertheless, I was listed head of the class. So I'd never been there, didn't really deserve it, and wasn't there for graduation. And whenever my U of O friends try to put me down, I usually tell them about graduation at the head of the class. So my bachelor's is from the University of Oregon.

And we can talk about going to school here if you want. But I finished—took a master's degree in physiology because I was still interested in research. In those days, the NIH supported a medical scientist training program, but it was an M.D./Master's rather than an M.D./PhD. And though I was really interested in chemistry, frankly, the biochemists seemed a little bit aloof, or not all that receptive, and—it wasn't Dr. West, but it was—I don't know, just the feeling. Whereas the physiologists were more receptive, and I thought Bill Youmans, who was Chair when I took the first term, was great; Brookhart was on the faculty, and things started making sense in biology through physiology. And so although Youmans left at the end of my first year and Brookhart became Chair, the second year Brookhart put out the notice about this Master's/M.D. program supported by the NIH. They had a stipend, and specifically invited me and a couple others in the class to come in and talk to him.

And so I wound up taking a master's, and it was very valuable. I got four papers out of that experience by the time I graduated. And I think—you know, somewhere more than eighty percent of us that got masters' degrees went into academic medicine from that experience in physiology and in biochemistry, or some pharmacology. But people like George Porter had his master's in pharmacology. Miles Edwards had a master's around the time I did, in physiology, as did Duane Denney. Paul Blachly, who's no longer living, went into psychiatry.

So it had a major impact, I think, on maybe our selection of people that were more interested in research and teaching and academics, who then actually went into academics; but in any event there was a pretty high correlation between those of us here going either into academics here or elsewhere.

ASH: During your medical school, how many years did that take, to get the M.D. and the master's?

JONES: Just five years. Took an extra year.

ASH: And was that tacked on, or was the research part integrated into the other four years?

JONES: It was very much integrated in the last two years of medical school, taking three years. We had our first year entirely before even entering the program. It was at the end of the second year that you entered the program and that you really started working on your graduate studies or thesis during the summer after your second year. And then during all the subsequent summers—and in those days, because of the way the curriculum was handled, you could take one of your clerkships for a term and then be off and do your research and then come back in. You could make a checkerboard sort of schedule, and as I used to tell people, you had three full summers, and then three academic years in which you could be almost half time those three years in the laboratory. And there weren't many courses you had to take. You really didn't have to take any extra non-medical courses, other than statistics, because you had them in your medical curriculum. So that time was really devoted to laboratory training; and in doing the research; and writing a thesis and defending the thesis.

So I think it was a very significant sort of master's, and part way towards a Ph.D., certainly, training-wise: you got that sort of training. And so it was a good experience.

And by the time I graduated from medical school, I was really in a quandary. I liked research very much, but I liked the clinical activities, and it was very rewarding personally to interact with patients and have their trust and maybe be able to do something; the personal rewards are tremendous.

So I went off to an internship wanting a general rotating internship, preferably on the East Coast, where I could have a choice of either going into further research training and go

that route, or into clinical medicine. And I chose the Hospital of the University of Pennsylvania because it had a general rotating internship. Special discipline-oriented internships were starting to develop on the East Coast at that time, so in New York and in Boston they were either in medicine or surgery, but in Philadelphia they were still general.

But I had also chosen that partly because the Johnson Foundation was at the University of Pennsylvania. That was kind of a physiology-biochemistry, or physiological chemistry center, with Dr. Britton Chance; and I'd interviewed there and could have done a Ph.D. there or at MIT, but I finally went back to Cal Tech to do my Ph.D. And it wasn't because I didn't want to do clinical medicine, but I didn't feel I could do both and do them well. I could do one or the other. And it's partly—to get back to only having had three years at Cal Tech—I decided I really wanted to get a degree from Cal Tech. And everybody knows that a graduate degree from Cal Tech is like the fourth year of undergraduate there; so it took me four years to finish off what I could have done if I'd just stayed there for my senior year.

And again, I had this dilemma of whether it was biology or chemistry—I knew George Beadle, and he was Chair of the Division of Biology, and I knew Linus Pauling, and I finally opted for chemistry and got into more of a biochemical laboratory.

Again, I'm probably telling you more about penguins than you want to know. It was an exciting time.

ASH: I think you had some major decisions to make along the way, and it's interesting to see how those decisions were made.

What I neglected to ask you when we were talking about your father was about the motorcycle incident. We talked about that, but not on tape.

JONES: Sure.

ASH: And we have some time, so before we go further, maybe we can back up and talk about when your father was here.

JONES: Well, as I mentioned, he started while the school was down near Good Samaritan, while the then County Hospital and Mackenzie Hall were being built up here, and the last two years of his training were up here.

One of the people who was very important to the School and my father was Mr. Gaines, who was in charge of the physical plant and had a machine shop—you know, in those days they'd just repair everything around. My father was this diener on the side in Anatomy, taking care of the cadavers and that sort of thing. He had a motorcycle that he'd get around on because he couldn't afford a car. He and Gaines used to play tricks on one another. As I remember it being told to me, one day my father parked his motorcycle where Gaines didn't think it should be parked, and so in retaliation Mr. Gaines got out his welding machine and got a little metal petcock that's used on a gas outlet, and welded it somewhere on my father's

motorcycle. This was one of the major events in an ongoing series of doing things to each other that was an ongoing activity, and lasted into, I think, the time that Gaines retired around here. They were good friends but were playing tricks on one another. I believe S.W. Gaines is named after Mr. Gaines.

Another person he knew early on that the family knew was Bertha Hallam of the Library, and they go way back. I don't know that my father was one of her "boys," because they were more the same age. I think she knew my father's sisters. But then his next younger brother, Arthur Jones, came to medical school—I think two or three years after my father—but he was up here on the Hill the entire time.

ASH: So you knew Bertha Hallam as well?

JONES: Yes, I did, as a student. But my earliest memories of the school—well, when I was in grade school, I think, before World War II, my father brought me up here along with Lewis Jordan, who was my father's partner. My father was eye, ear, nose and throat, and Lewis Jordan was ear, nose and throat. My father was training him in things that he had more experience in, and one of them was doing laryngoscopy. In those days the laryngoscope was kind of a brass tube, and it was solid, for sure, and that was used to pass down into the trachea and into the large bronchi to use to make biopsies, but mainly to remove foreign bodies.

And so anyway, this occasion on a Sunday he came up, and he knew the animal care diener—and I forget his name now, gruff old guy—but anyway, they had known each other. And the diener had a dog for him in the surgery. This was up on the top floor, the fifth floor of Mackenzie Hall, which doesn't really have any windows, and that used to be where the animals were kept; and there was a surgery off to one side, where now the new AHEC offices are. And so the diener had the dog there, running around. And so my father and his partner got the dog, anesthetized him with ether, put him on the table. And then my father put the bronchoscope down and put foreign bodies various places in the dog's trachea, under anesthetic, and would have his partner, Lewis Jordan, pass the scope and get them out.

And I remember, you know, running around in all this ether, watching them do this, and I'm sure getting in their way and wanting to go home or something like that. But that was my first memory. That was before the Administration Building or the Library had been built, and so it was early on.

And then my later memories were when my brother was in V-12, just starting at the Medical School, and my father was in the Navy at Bremerton, but he'd be down on weekends. And so since he had taught anatomy at the Dental School for years, he knew his general anatomy backwards and forwards; and they'd come up here, along with my brother's partner Gordon Myers, who is a physician, on Sundays, and they would do some dissections. My father would quiz them about the dissections they were doing, and they'd bring me along.

ASH: You were a high school student at that point?

JONES: At that time I was a high school student, yes.

ASH: We really do need to talk about your medical school days in greater length. Let's see how we're doing. It looks like we probably have about another four minutes or so.

Basically I wanted to ask you to paint a picture of what the school was like in the days you were here.

JONES: The University Hospital was built just as I was leaving. I started in 1952, so there was the Multnomah County Hospital, which was the main facility, with indigent patients. There was the start of a full-time faculty. Most of the full-time faculty were in the basic sciences: Dr. Harry Sears in Microbiology, Dr. Edward West in Biochemistry, Dr. William Youmans in Physiology, Dr. A.A. Pearson and Dr. Olof Larsell in Anatomy, Dr. Warren Hunter in Pathology. And Dr. Howard Lewis was Chairman of Medicine, I guess, full time. Dr. Kenneth Swan was Chairman of Ophthalmology full-time. Maybe Dr. William Livingston was full-time in Surgery.

A lot of the teaching was done by volunteer faculty and residents, of course. The basic science was taught by full-time faculty, but the clinical sciences, as they say, were by residents and interns, mainly residents, some fellows, a few young faculty people, and some of the senior faculty. But the clerkships were attended by the volunteer faculty in the Multnomah County Hospital or over at the old VA—in some Quonset huts and in some old brick buildings—and the staff over there, some of them full-time, some of them part-time.

ASH: And you were at that point allowed to live off campus, weren't you? You did not have to live in the hospital?

JONES: No, not as a medical student. There were a few medical students who had jobs as kind of externs that lived in the hospital, but they were just a few, and it was a way of helping to subsidize their expenses.

ASH: So you were living at home throughout?

JONES: I was living at home because we lived close enough. Some other students lived in apartments around here. I wasn't married until after my second year. A few students were married.

There were six women admitted to our medical class of about a hundred, and we finished with only one of them graduating. It was pretty hard for women to get in, because during the interview they were often asked why they would want to go into medicine instead of staying home and having babies, and why they would want to take up space that a man could have and become a practicing physician when they would probably just get married.

Really. I mean, the sort of thing that if it were said today, they'd probably lock you up, and probably with good reason. But anyway, that was the attitude, and that was the way it was.

And you know, we were aware of it, and I think we were trying to be as supportive as possible, but if you were one of even six women—but soon it was down to about one of four—you didn't have much choice other than being a partner to some guy in anatomy or in the labs and so on, and you know, the guys had a choice of all sorts of personalities to pair up with. And of course nowadays, when it's almost fifty percent women, women have much more choice as to whether they want to work with a guy or a woman, and then some choice as to, you know, the personality and whether they get along or not.

ASH: Why do you think five out of six dropped out?

JONES: Well, one I think was there because of her father, who was a prominent surgeon in Portland. I guess about the second or third week, I remember the Chairman of Surgery was presenting a patient to us—we used to have a patient presented and then the physician in charge would ask what we thought was going on. Well, this very attractive, tall young lady—you know, wore really nice clothes—was invited down by the Chair of Surgery to examine the patient. And after she examined the patient, he asked her something, and...

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

ASH: It is December 22nd, 1997, and this is tape two of my interview with Dick Jones. And we were talking about...

JONES: Well, we were talking about this incident with "Uncle Bill."

Uncle Bill was the Chairman of Surgery, William Livingston, and he was presenting this patient. And our student colleague—whose last name was Gamble, and whose father was a very prominent surgeon in town—responded by saying, "Well, Uncle Bill, I think this is such-and-such," and the class groaned. And "Uncle Bill" kind of turned beet red. And it was soon thereafter that—and we'd had a test or two, I think, in the course that she did not do well in—she decided to drop out of medical school.

You know, at the time, being straight out of college, and most of us were probably still kind of sophomoric in our behavior, and it wasn't easy, but I don't think she was really cut out for it. I don't know what ever happened to her.

ASH: And what about the others?

JONES: Well, the others—I don't remember that much, but within the first year I believe they all dropped out. I don't know, and it's my bias, but I think probably more from adjusting to medical school than having the academic horsepower. I think they had done well in college and were bright, but there was a certain amount of stress, anyway, you know: we had to study a lot, and there were several guys that dropped out, too. But the one that I

remember, June Durig, finally married one of our classmates [Peter Wright], and they were in practice together and recently retired in California.

ASH: This was the one who graduated?

JONES: Yes. And she almost became the mascot of the class, you know. But she held her own. But it was certainly a different time. The school was still oriented towards men, and there were some fraternities, one on campus, where some students lived, but one off campus, and then the one I belonged to, the Nu Sigma Nu, was just more a social group without a house. But they were kind of like men's fraternities in those days, a certain amount of drinking, and it was where you kind of let down your hair—but it was male-oriented, is my point.

ASH: But you must have also had a social life in addition to that, in which you met your future wife?

JONES: Well, yes, she was in medical technology, the allied health program. She'd gone to Oregon State with the idea of coming and doing her fourth year up here and getting her degree in medical technology—in those days, from Oregon State, but on the basis of the fourth year courses and laboratory experience up here.

Now, we had met in Sunday School, years before, and I'd never had the courage to date her because I had gone to Lincoln High School, which is on the West Side of the river, and she had gone to Grant High School, which was kind of the ultimate in those days, of a school to come from. I think she was May Queen, you know, or runner up at her school for Rose Festival Princess from Grant. And as I say, I knew her in Sunday School during high school, but...

So we met again up here, and one thing led to another, and we were married in the summer immediately after my second year.

ASH: So was it difficult for the rest of the four years you had here, being a married student?

JONES: Well, another three years after that.

ASH: Or was that fairly par for the course in those days?

JONES: Yeah. In those days maybe a third of the class was married—at least a third by the time they finished medical school, and so there were a group of us. Some had been married coming in, but several married during the first summer and that second summer. And of course we interacted a lot. We were renting an apartment up here. She worked as a medical technologist until she developed acute rheumatic fever, which was kind of unusual for somebody that age, and was hospitalized for quite a while in the County Hospital. In those days, there was kind of a long convalescence. And so if it weren't for family—we

didn't take out loans, but her family was—not well-to-do, but you know, upper middle income. Her father was comptroller for Consolidated Supply Co., a plumbing wholesale company, and my father was helping to support me.

And then I was in this M.D./Master's program, and that paid a certain amount. And so we were able to afford an apartment and living expenses without her working. And I think her hospital didn't cost much, anyway; and I don't know if it was through student health coverage or whether it was not having any income, being in the County Hospital. But you know, it would be quite different today.

But anyway, we had our first child in medical school. My wife, Marilyn, went back and started working. But it was a time if you had family that helped support you—and many of us did, not everybody—some took loans; but it's not like today where, gosh, it seems to me almost all of the students, in order to make it, are taking out loans. The M.D./Master's program covered my tuition after the second year.

ASH: For medical school?

JONES: For medical school, all the tuition. And there was a stipend—I forget right now, but you know, at the time it seemed like quite a bit. Maybe it covered the rent.

ASH: Well, we're going to stop for today.

[End Tape 2, Side 1]

Interview with Richard Jones, M.D., Ph.D.
Interviewed by Joan Ash
January 26, 1998 [Interview 2]
Begin Tape 3, Side 1

ASH: It's January 26th, 1998, and this is Joan Ash interviewing Dick Jones for the second time.

The first question I wanted to ask you today is: What made you come to OHSU?

JONES: Well, of course, I had gone to medical school here, as you know, and after my internship I decided I wanted to go into research and had gone back to Cal Tech to do a Ph.D. Well, the area of research for my thesis at Cal Tech had to do with the structure of hemoglobin, and in particular abnormal human hemoglobins; specifically sickle cell hemoglobins and some so-called minor components we were looking at.

Well, that's background for why did I come here. My wife and I used to take vacations up here during the summer for a few weeks during my graduate work in Pasadena at Cal Tech. And I would visit the Medical School, some former professors and so on. One in particular was Bob Koler, who was working in the Division of Experimental Medicine with Dr. Osgood and with Dr. Rigas. And they had discovered a new, previously unreported abnormal hemoglobin, which—in those days you named them by letters of the alphabet, and somebody had found Hemoglobin G, and theirs was next, and so they called it Hemoglobin H.

But it was a very interesting hemoglobin found in a Chinese family that had a kind of an anemia called thalassemia, and they had this abnormal hemoglobin. So in talking to Dr. Koler about it on one of our visits, I mentioned that we had several methods that were new, at that time cutting-edge, if you will, ways of identifying substitutions in the hemoglobin molecule, and I suggested that we might collaborate on it, or could I get a sample, something like that, and he was quite interested.

So I went back to Cal Tech, and he sent down a sample of blood from one of the patients, and we isolated this Hemoglobin H from the sample and applied our methods to it.

ASH: Who is "we"?

JONES: Oh, Dr. Walter Schroeder, who was my Ph.D. advisor in chemistry at Cal Tech, and I. He was working on the structure of normal hemoglobin, Hemoglobin A, and he was the first to describe the fact that hemoglobin had two different kinds of polypeptide chains, a so-called alpha chain and a beta chain. In fact, Dr. Schroeder had used those designations to indicate the two kinds of chains and that there were four chains total, two

alphas and two betas. And he'd done that maybe three years before I started my graduate work.

So my project was to look at some of these abnormal hemoglobins, and I was just kind of applying what now is routine in our lab—although it was not going on in any more than three or four labs throughout the world—to this Hemoglobin H to identify which chain would be abnormal. We assumed it would have both alpha and beta chains like all the other abnormal hemoglobins that had been studied up to that point.

So the first thing I did was to look at the two kinds of end terminals—amino terminal ends—and I could only find one kind. I could only find those for the beta chain; I couldn't find any for the alpha chain.

And then we did a so-called fingerprint, where we break it up into little pieces with an enzyme, and you can separate those pieces and look at the pattern, and all I could find was half of the normal peptides of Hemoglobin A, and they were all beta chains. I couldn't find any alpha chains.

And then we had a way of taking the hemoglobin and dissociating it into individual chains and re-associating; and we would do that with, say, Hemoglobin S that contains normal alphas and abnormal S, we could make that Hemoglobin S radioactive. So I did this so-called hybridization, separating it into separate chains and re-associating them into hemoglobins. And lo and behold, you put in Hemoglobin H and Hemoglobin S, two abnormal hemoglobins, and you got out of it Hemoglobin A, the normal Hemoglobin A, and a little bit of S and a little bit of H, and then another hybrid hemoglobin.

And from this, to make a long story short, we concluded that Hemoglobin H had only beta chains, and they were normal beta chains, they were not altered in any way. In fact, what H was was the lack of alpha chains. Well, that was quite new. Nobody had ever thought that that could be. And we wrote a little note in the *Journal of the American Chemical Society*. Well, that's not where most biological, biochemical or medical things go.

But in it we predicted that the thalassemia problem was really a problem of making enough alpha chains and that there were leftover beta chains. And from that a lot of insight was developed about the genetics of hemoglobin and the biochemistry of association of complementary parts, subunits; and we subsequently wrote a more lengthy paper after I got here. But that was the association; and Dr. Rigas was one of the co-discoverers of H, along with Dr. Osgood and Dr. Koler.

And at that time the Primate Center was being developed by Dr. Pickering and Dr. West, and Dr. Rigas in Experimental Medicine was a chemist, and he was given an offer to join the Primate Center group, and he decided to do that because it was a wonderful opportunity and he was going to have a large laboratory, and so he was going to move from the Medical School, from the Division of Experimental Medicine, out to the Primate Center, just as I was looking for a job.

Dr. Osgood wanted somebody to replace Dr. Rigas that had some protein chemistry background, genetics, and I guess in my case it was kind of a plus because I had an M.D. degree, and so Dr. Osgood offered me a job as an assistant professor in the Division of Experimental Medicine. And although I'd pursued other job opportunities—one at the University of Utah with Dr. Max Wintrobe and one at Michigan with the Genetics Department there, and one at University of Washington in the Genetics Department there—the most interesting offer was here, and also it meant coming back home. My wife was from Portland, as was I. So we came here to Portland in 1961.

Because of my Ph.D. in chemistry, although it was, I guess one would say, more biochemistry, Dr. West gave me a joint, courtesy appointment in the Biochemistry Department; but I was housed and paid through the Division of Experimental Medicine.

ASH: So this was your first position after getting your Ph.D.?

JONES: That's right.

ASH: And what was your dissertation on?

JONES: Well, it was on the minor components of sickle cell hemoglobin, although there was a section on Hemoglobin H, also. That was essentially it, although I was into a variety of things in the laboratory and co-authored some other work that didn't go into my thesis *per se*.

One of them was demonstrating that the alpha chain of fetal hemoglobin, the kind of hemoglobin present in newborns, is identical chemically and genetically to the alpha chain of adult hemoglobin. Again, now that's—you know, "So what?" But at the time, there were these two different kinds of hemoglobin, one in the adult and one in the fetus, and they have quite different properties. And to be able to demonstrate that half of the molecule is identical in these two different hemoglobins was something that was of interest and publishable, and you'd get grant support.

And so there were a number of things I was involved in. In fact, I ran Dr. Schroeder's laboratory while he was on sabbatical leave while I was still a graduate student, and that's another story.

One of my first post-doctorals I had as a graduate student, was this fellow by the name of Emil Zuckerkandl, and his grandfather was a very famous Viennese anatomist, who discovered the organ of Zuckerkandl, but that again is another story. But Emil came over from France, where he was, to work with Dr. Pauling. Few people really worked with Dr. Pauling; they were farmed off to other people. So Dr. Pauling suggested that Dr. Zuckerkandl look at the hemoglobins from different animals, using this fingerprint method that I'd been using in the laboratory, to see if he could show some relatedness between the patterns and the degree of evolutionary relation. And so I taught Dr. Zuckerkandl how to do

this fingerprinting, and I'd gone to the slaughterhouse and the zoo to get blood samples from—well, in the case of the zoo from live animals, gorillas and chimpanzees and monkeys, and the slaughterhouse, leftover blood from slaughtered animals.

Well, anyway, Zuckerkandl did this, and I helped him, and so there's a paper by Zuckerkandl, Jones and Pauling on examining the structure of hemoglobin as a way of showing relatedness between animals, and ultimately Zuckerkandl published a lot in this general area and we were able to essentially develop ways of looking at that evolutionary clock by the sequence differences between the hemoglobin molecule that many others then copied and advanced.

So—again, that was getting off the track, but a lot of things developed in that laboratory, and I brought techniques up here and continued working on abnormal hemoglobins. Dr. Schroeder was more interested in looking at some animal hemoglobins with Zuckerkandl, who stayed on there, and at the structure of normal hemoglobins, and less at abnormal hemoglobins. So we established a center up here. I say “we:” Bob Koler and I in particular. As a hematologist, Bob would either see patients with peculiar anemias or peculiar blood problems, or he'd have them referred to him. And he would then pass these on into the laboratory, and—I don't know, we must have discovered together a half dozen, anyway, new hemoglobins. We then worked on, by referral from other places, another dozen or so together, and then I had a lot of samples just referred in, blood samples; and we must have characterized and published more than fifty abnormal hemoglobins over the time the lab was going.

And a number of these were very interesting, like Hemoglobin H. Some of them gave insight into the genetics, or into the physiology. A very interesting one was one from a patient from Yakima, Washington, that Dr. Osgood had: Mr. Johnson, who had an erythrocytosis, more red cells than normal. Rather than anemia, he had an erythrocytosis. About, oh, 20, 30 percent more red cells than the normal individual. And he had a very red face and looked very healthy, and was healthy.

Well, Dr. Osgood was a world expert on polycythemia; it's a kind of malignancy of the red cells. It's not as severe or as rapidly progressing as some leukemias, but in the long run they develop a leukemia, but it starts in the red cells and then goes into the white cells. And so he was treating Mr. Johnson, this person from Yakima, as an atypical polycythemia person, and in those days he used P-32, radioactive phosphorus, in doses to diminish the output of red cells from the bone marrow and kind of titrate the number of red cells down to a normal level. That's what he did for polycythemia, and so that's what he did for Mr. Johnson.

Well, that was going on for two, three, four years, I think, and one day Mr. Johnson brought in his daughter, who on a routine exam up in Yakima had been found to have an erythrocytosis. Well, right away, when Dr. Koler heard about it—and I think Dr. Osgood, too, said that, well, you know, there must be something genetic here. And Dr. Koler said, “Well, you're right. Let's look for an abnormal hemoglobin.”

And sure enough, they found one using some fairly simple laboratory tests that were special in that not every lab was running them, but they were simple to do. And there was an abnormal hemoglobin, so he transferred it to my lab. We found an amino acid substitution in the beta chain, one that had never been described, and because it was a new hemoglobin. We got to name it. By that time we'd run out of the alphabet, so investigators were naming hemoglobins for geographic locations, and so that became known as Hemoglobin Yakima.

Well, then the question is, did the abnormal hemoglobin have anything to do with the erythrocytosis? Unknown to us, another group in Baltimore at Johns Hopkins was looking at a patient that had an erythrocytosis and an abnormal hemoglobin that they called Hemoglobin Chesapeake, and it had a different amino acid substitution. And although they published first, we did the work independently, and it was a collaboration between Dr. Metcalfe, in the Department of Medicine, who had two people working with him—I think a junior faculty person of about my stage, Dr. Miles Edwards, who was in the Department of Medicine in pulmonary disease, and a young fellow, Dr. Miles Novy, who was doing a fellowship. Miles Novy is in the Department of OB-GYN and at the Primate Center now as a senior professor.

But in any event, those two were working in the lab, so that we did a variety of tests, one to see whether maybe the red cells in Mr. Johnson and his daughter lived longer than normal red cells. That might explain why you have more of them; if they live, say, half again as long and the same number are produced, then you would have a higher steady state.

Well, it turned out they had a normal red cell lifespan of 120 days. So that wasn't the explanation for the abnormally high red cell count.

Another possibility was that somehow the abnormal hemoglobin had abnormal binding property; and Miles Novy and Miles Edwards and Dr. Metcalfe were studying the oxygen binding properties of blood. They looked at this, and sure enough—the blood containing Hemoglobin Yakima picks up oxygen more strongly and easily in the lung; and that's fine, except it won't give it up in the tissue. So in the tissue it's as if there isn't enough oxygen getting to the cells, and the kidneys in particular respond by producing a hormone, erythropoietin, that goes into the bone marrow and makes the bone marrow turn out more red cells. So in fact they were producing more red cells than normal individuals, increasing their total circulating red cell mass, in order to carry more oxygen, so that enough could be released from these abnormal hemoglobin molecules that were holding oxygen a little tighter than normal.

Well, we published a couple months later than the people from Hopkins, but we had done a more thorough job in Metcalfe's lab.

I'm bringing it up partly because it's very interesting to me, but there was a lot of collaboration going on in those days. There was research going on in those days—that was in the sixties—here, a lot of research. There's a long history of research; it isn't just in the

last ten or twenty years since the Vollum was established.

People knew one another, and collaborations were going on. Collaborations go on now, too—in contrast to some institutions, where collaborations are hard to do, or people are almost in competition with one another. And here, there's genuine interest and excitement about something new that maybe somebody else could look at and contribute a different approach, and that was certainly the case between Jim Metcalfe and Bob Koler.

ASH: And close collaboration between the clinical side and the research side?

JONES: That's right. Now, a lot of that was going on in Experimental Medicine. That was kind of the model because, except for Dr. Rigas, maybe all of the others in that Division were practicing physicians. I had an M.D., but I wasn't seeing patients. And a lot of Osgood's work was really at a basic level: tissue culture. He was the first person, I understand, to develop a method for culturing bone marrow. It had been very difficult to culture, and he worked it out. And I believe Marion Krippaehne was working in his laboratory and was involved in that study, using, I believe, an idea that Osgood had to make a smear of bone marrow on a slide, and then put that slide in a jar containing the culture medium, but put it in at a slant, and then set it on a shelf in an incubator at the right temperature and not disturb it. Now, there's air above the liquid level, and there is in fact a gradient of oxygen—this is well known physically—from diffusion of oxygen through an undisturbed solution, and the bone marrow cells would grow at a certain level on that slant, where the oxygen tension was just right. They wouldn't grow below it, and they wouldn't grow above it. And from this they worked out that a certain oxygen concentration was quite important in order to get bone marrow to grow.

So here's a clinical lab, somebody working on leukemia, as one thing, but involving basic techniques and developing some new basic techniques.

In fact, Rigas came back because his deal at the Primate Center with Dr. Pickering didn't work out. Apparently, Pickering promised him more than he could give him, and there were stories of problems between some people and Pickering at the Primate Center in its early development. Anyway, he came back, and so Dr. Rigas and I shared the laboratory that he'd originally designed, but then he was going to go to the Primate Center—and I inherited it, but we finally jointly shared it, which at the time created some tension, but fortunately we got through that.

ASH: You were an Assistant Professor at this time?

JONES: Right.

ASH: And how was your research funded?

JONES: It was funded by what we would call a program project now, partly through the National Institute of Health, and partly through the Atomic Energy Commission—

because they were putting money in particularly for studies that Osgood was doing that related to use of radioactive isotopes in treatment, like P-32 in controlled studies on patients with leukemia, chronic lymphocytic leukemia and polycythemia.

Well, my point was there was a lot of basic work going on, as well as clinical work. And I think, although I was closest to Experimental Medicine, that it was developing or going on over in other areas: the Department of Medicine, certainly, with Dr. Metcalfe, who had come in also in 1961, I think as a professor. He was a senior person; he'd come from Boston.

But the main point is a lot of research was going on for the size of the institution. It wasn't just teaching medical students. There was a developing, full-time faculty that were involved in research and teaching, and with limited clinical activities in the County Hospital and the State Hospital. They didn't have private patients on the Hill at that time, when I came in. During the sixties there was a transition over to being able to have private patients on the Hill.

Well, maybe you can get me going in another direction.

ASH: Well, I'm getting a picture of you as an assistant professor working terribly hard in the lab on some very exciting projects; you were grant funded. You were teaching, I'm sure?

JONES: Well, only to graduate students in biochemistry. I had this joint appointment or courtesy appointment, non-paying, out of Biochemistry, and in those days the full-time faculty taught the medical students. Dr. West, Dr. Todd, his longtime associate, and Dr. Mason had come in the early fifties, and Dr. Van Bruggen—they taught the medical students. I volunteered and helped out in the laboratory. They used to have fairly long labs in biochemistry, and so I volunteered to do that, but the lectures were done by the full-time biochemistry professors.

There was a small graduate student Ph.D. program, and I started a course in protein chemistry; they didn't have one at that time, a special course. But I was mainly doing research.

I came just as they were building the research building, and in fact the lab I started in was in Mackenzie Hall, specifically in the basement of Mackenzie Hall behind the bookstore, across the hall from the incinerator. I was in there about a year, I think, while they were finishing the research building and getting those labs fixed up, and then moved up into those new labs.

So primarily research, some teaching. I was promoted to Associate Professor—I'd have to look at my CV—but sometime around 1965 or '6, something like that. We can check it out if it's important. But doing research, basic research on hemoglobins.

And then I guess, for me, the next change in opportunity was in 1966. Dr. West retired as Chairman of Biochemistry after, I think, about 28 years of being chairman. He had been working kind of part time at the Primate Center in the mid-sixties, being the Associate Director. Dr. Pickering was the Director of it, but Dr. West was the Associate Director and had a laboratory doing research out there. He built a house out near the grounds next to the Primate Center.

Well, he finally reached, I think, 65; it was generally the case that at 65 the chairs stepped down and were expected to do so. I don't think there was any hard and fast rule that they had to, but... So he was stepping down and going out to the Primate Center full time, and Dr. Todd became Acting Chair. He didn't want to be the permanent Chair.

And again, in those days the Dean would generally decide who ought to be a chair of a department. They didn't have search committees and all that sort of thing. Dean Baird would talk to a few people and figure it out. And apparently Dean Baird heard about somebody, a Dr. Brown from, I think, University of St. Louis in St. Louis, Missouri, and invited him out and was ready to appoint him. And there was a general revolution among some of the faculty, particularly Dr. Mason and Dr. Van Bruggen, but some others in other departments, saying that, well, you know, a major department like this you have to have a search committee of faculty who will then advertise nationally and have an open search for this; even though the Dean would finally appoint the new Chair, it needed to be done in a way that would involve the faculty.

So as far as I know this was the first search committee at the Medical School, and it was for the Department of Biochemistry to replace Dr. West. And my perception was that the problem was that both Dr. Mason and Dr. Van Bruggen wanted to be chair, and their personalities were rather different, and they really were competing, even before Dr. West announced his retirement. And they were candidates...

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

JONES: From my point of view, Dr. Van Bruggen and Dr. Mason eliminated themselves by getting so critical of one another, and they turned the search committee off. The committee felt that, you know, if the two were having such trouble with each other, how could either run a department? They were both excellent teachers and researchers and valuable members of the faculty, but if the committee took one or the other, there would be a major division and one might leave, or there would be continuous problems. So they were really looking for somebody from the outside.

And a couple of my friends were advancing rapidly—Bob Hill, in fact, was one that they looked at. He had moved from Utah with Emil Smith, who was a well-known protein chemist to Duke, where Dr. Handler was, also an eminent person in biochemistry. Bob Hill was coming along very rapidly, and so they tried to recruit him; and he said that, well, no, he had everything going for him at Duke, but why didn't they look at me because we were contemporaries, and that they ought to consider me. And a couple other people—most of

whom I knew from a study section I was on at the NIH, the Biochemistry Training Committee; and also I was on the National Board of Medical Examiners, Biochemistry Committee. They seemed to pick on some of the people from those two committees to come as candidates, and at least of three of them said, “Well, why don’t you look at Jones because, although he’s young, he has all the credentials?”

So anyway, I became a candidate, and finally I was selected by the committee. And when this happened, you know, I was kind of overwhelmed by it, then went in to see Dr. Baird. He called me in to his office and I sat in one of his red leather chairs in front of his desk, and he told me that he was going to appoint me, and I said, “Well, that’s wonderful, but there is a bit of a problem in that there are these two senior professors,” who had taught me in medical school and who would be very disappointed; would he please speak to them and let them know ahead of time, because it wouldn’t be fair for them to hear it when the announcement was made or in the paper or something like that, in deference to them.

And he said, “Oh, yeah; don’t worry about that at all.” And also Dr. Todd, the Acting Chair, he said, oh, yeah, he’d take care of it, not to worry. And at the next meeting of the Executive Faculty—made up of the chairs of all the departments and a couple of assistant deans, that was the advisory group to the Dean, which preceded the Faculty Council, the so-called Executive Committee—he would be announcing it the next week, and I should stand by to come in after the announcement and join the members of the Executive Faculty.

So that was fine, except I got this call from Mary Goss, Dean Baird’s secretary, about an hour before the meeting to say, “Now, you be sure to be there,” and yes, I’d be there. I asked her, “Has he said anything to Dr. Mason and Dr. Van Bruggen and Dr. Todd, because they haven’t indicated anything?” And you know, nobody knew what the decision was at that time; only the Dean and me, and my wife, who was sworn to secrecy. I asked her, would she ask him had he talked to them yet, or would he. I waited for a minute or two on hold, and she came back and said, “Well, he hasn’t had a chance to and has asked that you talk to them about it and let them know.”

So here I was an hour before the announcement, and I felt it was pretty important that they hear it before everybody else did. Dr. Todd was at home, so I quickly called him and asked if I could come out and see him. You know, he knew what was coming. A wonderful gentleman. He said, “Well, Dick, I think that’s wonderful, and I’ll certainly be pleased to work with you, and if there’s anything I can do to help, please tell me, at any time.”

And then I raced back here and got in to see John Van Bruggen. He was about ready to go teach a graduate class. I went into his office and told him, and he was really quite surprised, and he said, “Well, that’s interesting.”

And I couldn’t find Mason until a couple minutes before the Executive Faculty was to meet. I saw him in the hall of the research building, and you know, I have great respect for him, but at the time, he was just a giant in science, you know. And so I screwed up my strength and told him what had happened. And he kind of paled and said, “Well, I think it’s a

big mistake.” And he’d been to England a couple times, Cambridge, and he said, “You can count on me being the loyal opposition.”

Well, you know, I was just a 36-year-old, still an Associate Professor, and they promoted me to Professor right away with the appointment. Here was a senior, well-known person in the country—who was very disappointed, I understand, but still it was—you know, that was the reason why, in my opinion, he wasn’t appointed as Chair, because he really didn’t kind of understand how—although there are a lot of people chairing departments like that.

But anyway, it was kind of an interesting thing, and to me, kind of reflected, one, the behaviors of people in academia, and also how Dr. Baird in particular kind of ran things. But he didn’t always follow through on things that others thought were important, that they might have thought was a commitment.

ASH: Was he less interested in the people side of things than in the organizational side?

JONES: He may have been. I don’t think he interacted with people, or the faculty—he did with chairs pretty well and with friends among the faculty, the clinical faculty, but he wasn’t a hands-on person in the personal development of faculty, from my point of view. But again, there was a long distance between us in terms of age and rank and so on.

But you know, it wouldn’t have taken but a few minutes to call on the phone to each one of these people and tell them. I think deans now do that. I think Joe Bloom would; if there were an internal candidate that wasn’t going to get the appointment and they were about to announce an external, I’ll bet you he would call that person and say that, “You know, we really appreciate the fact you stood as a candidate, and I believe you’d do a great job, but we’ve decided on so-and-so from the outside, and just want you to know that we really value your contributions and hope that you’ll support this.” Things weren’t done that way, I think, in those days.

ASH: Was that indicative of your relations with Dean Baird afterwards, too? Because now you were department chair, so you had to relate to the Dean more closely than you would have before?

JONES: Yes. And you know, you have to make appointments to see him, and there were certain things I’d been promised. I felt we had to have some more faculty positions to do the job.

The basic science building was being planned, and so he put me on the committee that Jack Brookhart chaired. Originally we thought that building would be large enough to house all of the basic sciences. As it turned out, because of the money available for it and the cost of building, the site—especially the site there was very expensive for the footing—that an extra three floors had to be cut off, so not all departments could go in. Well, Biochemistry

got to go in there because it had older quarters than others.

But we had certain understandings about increasing resources, and in time he delivered on all of those. There were a number of other people with joint appointments: Jack Fellman, for instance, and Jim Rigas and some others, and they had been on the outside.

And really Mason and Van Bruggen in particular, Todd to a much lesser extent, kind of felt, you know, if you didn't have a primary appointment in the department, you couldn't teach medical students and you weren't really biochemists; you were just these kind of people that Dr. West had given appointments to, but courtesy appointments.

So there was a polarization. Most of the graduate courses were taught by the joint appointment people who weren't paid through the department, didn't have any space through them, and yet they were providing quite a bit of the support of the activity. So part of the understanding with Dr. Baird was that we would convert some of these joint appointments like Fellman's from Neurology over to Biochemistry—retain a courtesy appointment in Neurology where his research interacted with them, but where he wasn't contributing to the welfare of that department, really, the clinical mission of it. And the same with Rigas.

And so I could get in and see him. In those days the Chair would decide when somebody ought to be promoted or whether they deserved having tenure; and you'd go down and meet with the Dean on a one-on-one basis, talk to him about, well, it really seemed like it was time to promote Dr. Fellman from Associate Professor to full Professor, for these reasons, and that he qualified for indefinite tenure because he was really very productive and so on. You know, I'd have some notes written out, but Dean Baird didn't really want anything in writing; he just wanted...

No committee. No departmental committee, no university committee, no academic affairs, no outside references. Because I came in as a junior sort of person, and Mason and Van Bruggen were senior, and Rigas was more senior than I, and Todd was still around for a while, I would always go around individually and talk to each one of them about what they would think of promoting Jack Fellman or some other person; I thought each was ready for promotion, but sought the senior faculty's counsel—to get them to buy in. And if they didn't individually buy in, then I'd wait a bit or find out what needed to be done and usually talk to the individual about, you know, they ought to work in this area and maybe by the next year they'd qualify for a promotion. But the Chair would be the one that would initiate it, and the Dean would confirm it. Some chairs, I think, just did it that way. Others consulted, like I did.

But I was trying to build a group that would interact positively together rather than continuing kind of armed camps that would be critical of one another. But then I guess it was during Baird's time—I'd have to look up dates and so on—the idea of developing a faculty constitution and more kind of democratic involvement of the faculty in the affairs of the school, and one of the kind of key points—well, there were several. One was that there ought to be some elective body to advise the Dean, although many of the faculty thought they ought to run the school, and the Dean ought to administer what they said, kind of like the

legislative and executive branches. But the old Executive Faculty certainly wasn't the way to do it, with chairs having so much power, not only in their departments but also in advising the Dean. So one proposal was an elected body, and the outcome of that is the Faculty Council in the School of Medicine; and the compromise was equal numbers of chairs and other administrators appointed by the Dean, if you will, and people elected by the faculty and representative groups to form this faculty council, which together would meet and advise the Dean on various things.

Another element was to have a committee on committees. The Dean always appointed the committees in the past, search committees, the admission committee, the curriculum committee—each and every committee was appointed by the Dean in the past. Now, that was to continue, but the faculty, through an elected committee on committees, chaired, it was ultimately decided, by the Associate Dean—who would be non-voting, though; he'd chair it but would be non-voting—would recommend to the Dean faculty for various committees, and it was finally up to the Dean whether or not to accept the nominees, or through negotiation to work something out.

And the other was to develop a promotion and tenure system with a school-wide promotion committee, which the committee on committees would recommend membership to the Dean for, to review and recommend on promotions and tenure. So there was a lot of effort to kind of take power and prerogatives away from chairs that existed before the mid-sixties and to shift some of that responsibility to faculty in an effort—although it wasn't written into our constitution—to have departmental committees that would also be involved in recommending promotion and tenure.

Well, that's kind of a long way around. But those are some matters you could go down and meet with Dr. Holman, when he was Dean, go in and talk about raises, talk about the budget, you know, how much raise to give individual members of the department, and—although I would tend to write things up, and I guess still have some of those memos—to give a yearly plan or something like that—more, I think, to help myself, but I'd send a copy to the Dean. I don't know whether Dr. Baird kept them or not, but it was a way of recording and kind of documenting, because otherwise there wasn't anything in writing about the gentlemanly agreements we might have had.

And one of them had to do with space for Dr. Fellman when he switched from Neurology to Biochemistry. Fellman and I understood that a lab that he had that was next to Neurology would continue to be his. Well, one day he came in and Dr. Swank, who was Head of Neurology then, had work men in there taking Fellman's stuff out and starting to renovate it. Well, Fellman was just beside himself, very upset and angry. And I went in to see Swank, and it was kind of one of these things I'm embarrassed about, but almost a shouting match. So I went down to see the Dean about it. Well, it was very difficult to get in to see the Dean because somehow the word had gotten to him. And Mary Goss, his secretary, she was the firewall and wouldn't let me in to see Dean Baird.

And I think I was finally referred off to Dr. Holman, who then was Associate Dean;

but it was really quite an upsetting thing because there was a certain understanding, I thought, and Dean Baird clearly had two different understandings: one with Swank and one with me. And anyway, as a result, I think the Dean did a Solomon decision and split the lab and fixed it up so that Fellman could operate in half a lab that was better than what he had been in before.

ASH: Was there a change in style of leadership when Dean Holman took over?

JONES: Yes. I think he is more open—and I don't mean to be critical of Baird; that's the way it was done. Dr. Baird was a strong Dean, and in the history of the institution I think there was a tremendous growth. There was a change from a volunteer clinical faculty to a full-time faculty, the University Hospital, expansion of the clinics and new buildings, the research building, the initiation for the Basic Science Building. So a lot was going on under Baird. The Library was built when Dr. Baird was Dean, the Administration Building. So a lot went on, but his style was different from that of Dean Holman.

Now, Dr. Holman had been Associate Dean for a long time and administrator of the hospital; by necessity his door was open, because there were a lot of people that needed to interact with him, particularly over in the hospital and clinics and that sort of thing. But his style was somewhat different. He was still a very conservative man, and one who, I don't think, was in tune with this idea about having a lot of democratic involvement of the faculty in deciding the affairs of the institution. He was not of that generation.

But he was certainly open and listened, and a lot of the change did occur at the end of Baird's time and during Holman's time, of the development of the faculty constitution. Of course Holman was an interim dean, in a way. He was a full dean, but when Baird announced his retirement, a change in administration was worked out between Baird and Dr. Lieuallen, the Chancellor. It was clear that the Chancellor and the State Board of Higher Education had decided that they were going to consolidate the Dental School, the Medical School and deal with the School of Nursing problem—namely, that it was always in the shadow of the Medical School—and replace these two Deans. Operationally, the Deans of the Medical and Dental Schools were like the presidents of the other state institutions, because they dealt directly with the Chancellor and the Board. The Board would replace these Deans with one person up here on the Hill, a President, and form a University, and Holman would be—you know, I don't know how the search was done, and probably ought to look into it, but my recollection was it was just decided that Holman would be the Dean. And he was appointed by the Chancellor without a search going on, because, of course, that's the way it had been in the past, with the understanding that the Board would start the process of forming the University of Oregon Health Sciences Center, and recruit a President. And then the Deans of the various schools would answer to, or be responsible to that new President.

And Holman was of an age—it was clear that he'd reach 65 and retirement age within a few years, and that the new President would be able then to initiate a process of recruiting a Dean or selecting a Dean of his own choice.

ASH: Now, in your estimation what were the reasons for bringing the schools together into a university?

JONES: Again, you know, I didn't interact with people on the State Board or with the Chancellor at that point, so I don't really know, but my perception was that, one, they had these two Deans that were functioning like Presidents. The two schools had separate budgets, although they carried the name of the University of Oregon, and degrees were granted through the University—otherwise, they were completely autonomous from U of O here in Portland. The Dental School and the Medical School, though they shared the physical plant and some other things, they were separate: the faculties were separate, their bookstores, their libraries, a lot of their support systems were separate, and always had been. And the School of Nursing had originally been a Department of Nursing in the School of Medicine, and here was an emerging School that was, I think—the faculty and previous Deans of the School felt they were kind of getting the leftovers, and they were not happy with their lot.

For instance, the basic science departments of the School of Medicine were responsible for teaching anatomy, chemistry, biochemistry, physiology and pharmacology to the nursing students. Often we'd use our graduate students to do it, although when I came in I used faculty, and at most graduate students to help a little bit. But the Nursing School was not getting what the Nursing Dean and faculty thought they should. They weren't getting a budget for teaching those subjects; the money was given to the basic science departments of the Medical School.

So I suspect there had been complaints from people in the School of Nursing or friends of that School to the Chancellor and the Board that said that, "Hey, we need to do something about the administration. It isn't fair to have us always subservient to the doctors in the hospital and in the educational program."

I don't know how the other presidents of the University of Oregon and Oregon State and Portland State and the colleges saw the two Deans, of the Dental School and Medical School, but I think that the Chancellor and some of the Board, the President of the Board, probably felt that, look, why not consolidate this and have the administration centralized up in Portland for those two schools—really the three: pull the School of Nursing out from under the School of Medicine; and there was a lot going on in the hospital clinics, money-wise, it was a big part of the budget—and we'll get one person up there, so the Chancellor's office and the Board are just dealing with one person. No question but that he or she has the same status as the other Presidents, and they've got one less person to deal with at the Board meetings, one less institution, if you will; they're now consolidated.

So I think it was streamlining the administration, and it was an opportunity to do it, and that's what was going on at other institutions. Most of the medical schools were under universities elsewhere and reporting through the University President. The separation between the University of Oregon and the Medical School and Dental School was such that

there would have been huge resistance to putting the Dean under the President of the University of Oregon, from alumni, I think, and faculty, and I don't know that they even really considered that as a workable or viable approach.

ASH: Did you play a role at the time, in the early seventies, in the planning?

JONES: No. In fact, I was on a sabbatical leave starting the first of January of 1974 until August of '74 in Cambridge, England, so I was away during most of the activity of forming the University, searching for its first president, which turned out to be Lewis Bluemle. So I didn't have any part in it.

I'd been at the Executive Faculty meeting where Dr. Lieuallen, the Chancellor, had come, along with Dean Baird, to announce what was going to happen, and—well, to get advice, but it was pretty clear that that's what the Chancellor and Board of Higher Education were going to do, and I don't think I ever talked to him one-on-one. I might have if I'd been here, but...

ASH: Then Bluemle came, and the Dean was still Dr. Holman?

JONES: Yes. And Bluemle arrived, I guess, before I got back from sabbatical, so he was here and things were already starting to take place. When I got back, I was trying to do catch-up in terms of getting things going again and finding out that the problems I'd left hadn't really been resolved while I was gone. Overcoming what people call post-sabbatical depression of coming back to all the old problems.

[End Tape 3, Side 2/Begin Tape 4, Side 1]

ASH: This is tape four, side one. It's January 26th, and this is Joan Ash, and I'm talking to Dick Jones.

JONES: We're talking about Dr. Bluemle.

So I came back from sabbatical; he'd already gotten started, and a lot of changes were taking place. In the past, clearly the Dean of the Medical School, from our point of view, was the strong top leader and it was a top-down sort of administration. And he was now responsible to the President; and not only that, Dr. Holman had been the Director of the Hospital and Clinics. Now his new Associate Dean was—I think that was Dr. Grover, who had been appointed as Associate Dean by Dr. Holman—he was in charge of the Hospital and Clinics, but when the new President came he decided that Hospital and Clinics was too big an operation to leave under the Dean of the School of Medicine, and anyway, there would be problems if you continued having the Dean essentially run all the departments and the clinical services; and so he decided to separate the hospital administration from the School of Medicine, and have a vice president for Hospital and Clinics. Dr. Bluemle became very impressed with Don Kassebaum, who was in the Department of Medicine, and he appointed Don as the Vice President for Hospital and Clinics, rather than appointing Dr. Grover, the

Associate Dean, as Vice President for Hospital and Clinics.

And so that was a big division. Well, it removed a lot of responsibilities and resources from the Dean of the School of Medicine. I would guess that Dean Holman felt that he was losing a lot of responsibility and that it was a real demotion, and certainly a lot of the chairs of the departments felt that this was the case.

Not only that, Dr. Holman was moved out of the old Dean's Office, which was where the President's Office is now, not even put across the hallway into where the Associate Dean had been, but in fact moved way down the hall where now Dr. Hallick is, but that had been, I think Mary Ann Lockwood and the public relations people, and some of the kind of support offices were down there, maybe even research services—and so an office was freed up there for the Dean. Well, you know, many people kind of interpret where people are placed physically as indicating their role and responsibility and importance.

ASH: Symbolic.

JONES: Right. And so that, I've heard from others that Dr. Holman was quite disappointed with his treatment by the new president.

ASH: Was he of retirement age at that point?

JONES: He was reaching retirement age, I believe, and I don't know the facts; you may check it out in his CV. I believe he probably retired when he was 65, although he may have been a little older. But my perception, and I think others', was that he was really kind of an interim person, although he didn't have that title, but that once Bluemle was here, then he started recruitment for a new Dean; and he recruited Bob Stone, from the National Institutes of Health. Bob Stone was Director of the National Institutes of Health at the time. He had been Dean of the medical school at New Mexico before that, had taken a sabbatical, and before being Dean at New Mexico was Chair of Pathology there.

After becoming Dean at New Mexico and introducing some innovations there, Stone took a sabbatical to go to the Harvard Business School, where they were having some programs to help administrators in medical schools, and maybe elsewhere, learn something about business and to become better equipped to deal with the business side of their enterprises.

Well, Dr. Stone did well there and was discovered or recognized by people that were looking for a new Director at the National Institutes of Health. He was recruited from Harvard, and didn't go back to New Mexico, and became Director of the NIH. And I don't know the reasons, but he was not a very effective Director, at least the word some of us got—later on we learned that he was really being moved out by the powers that be at the NIH and the Executive Department or Department of Health, Education and Welfare, and so he was looking for a job; but I don't know whether Bluemle knew that or not at the time, but he saw it as a major coup to get a person that had been experienced at the University of New

Mexico, had this national prominence, to be Dean here. And so he recruited him as Holman's successor.

ASH: Wasn't there a search committee?

JONES: I don't know. There may have been. I don't know that, or don't recall. There could well have been.

And again, the timing, I'm not quite sure, whether that started just as soon as Bluemle came and may have played out, but by the time I got back from my sabbatical I believe Stone was already here and serving—or soon thereafter.

My first encounter with Dr. Stone was when he invited each chair to come down to see him, and it had been my practice when there was a change of Dean always to send a letter in that although I was certainly willing and interested in continuing as Chairman, that I felt I served at the pleasure of the Dean, and if he wanted to replace me as Chair of the Department, that I would certainly be willing to resign as Chair. So I'd done that with Holman, and Holman called and said, "I want you to be Chair, and I don't want you to stop being Chair." And Stone did the same thing.

But anyway, we had an interview, and the first thing he did when I sat down across from him was take out his watch and put it on the table in front of him, and I kind of had this feeling of, "Boy," you know, "I'm working against the clock."

It was an interesting—my feeling was that he did not have a lot of interpersonal skills, as certainly did his successor, Dr. Ransom Arthur—of course, Ransom was a psychiatrist. The deans that have followed Stone, I think, were much better able to deal with people or had different but excellent people skills. Ransom Arthur, Bob Grover, who was Acting Dean for a while, John Kendall, John Benson and Joe Bloom were all able to skillfully work with people.

But I think Stone developed a kind of a reputation of being a little more mechanical, and a little less personal. But he and Bluemle soon got out of sync, and by the time Bluemle left, when he was recruited to go to Jefferson, Don Kassebaum, as Vice President, and Dr. Stone—who, also being given the title of Vice President for Medical Affairs or something like that, and Dean of the School of Medicine—were very critical of one another in small meetings; and they may not have been so in the public arena, but certainly in the meetings once I got involved as Acting President, it was clear that these two people were quite incompatible.

But anyway, Bluemle and Stone didn't work all that well together after a while; and Stone had difficulty not only working with Kassebaum, but with the Vice President for Finance and Administration, Bob Peterson, who was a young person that came out of the budget office that Dr. Bluemle had recognized and put in place of Bill Zimmerman, who had been the Associate Dean for Finance and Administration under Baird, and who really ran the

whole campus, including the joint services with the Dental School, like the physical plant and so on.

And Bill Zimmerman was about ready to retire, I guess, at that age, but he was kind of set aside when Bluemle came in. Again, I don't know the details, but the perception of some people, people loyal to the old school and the old deans, felt that Zimmerman had kind of been pushed to the side and didn't really deserve that. Whereas Joe Adams, who was Assistant Dean for Communication—he was in charge of what Marlys Levin [Pierson] has now, public relations and all that aspect—a very capable guy; but he got to be a Vice President under Bluemle because he was very much involved during the recruitment phase in providing information, and then when Bluemle was chosen as the President and given the appointment, he provided a lot of the PR for the new President coming in, for the development of the new University, and was a pretty strong advisor. And I think—again, I'm not certain of this—that Zimmerman may have also had a similar kind of prominent role and may have been initially the Vice President for Finance and Administration. Somebody like Peterson could tell you for sure if you interview him, or John D'Aprix could.

But in any event, pretty early on Bluemle decided that Joe Adams wasn't the person he wanted in that position, and Joe left. I think he was asked to leave. And the faculty were a little ambivalent about this. He used to be kind of the joke because he was more interested in PR, and the faculty said, you know, "We want to be interested in science and in medicine and so on," and in fact, Joe was right on: he was trying to provide an interface with the public to create an image that now is just accepted by everybody, but at the time the faculty didn't understand that, or they didn't like it, and some of the things Joe did.

So I'm not sure where I'm going with this.

ASH: What was Mary Ann Lockwood's role at that time?

JONES: Well, as far as I know she was an assistant to Joe Adams and had been here about as long—I think Joe preceded her.

And by the way, I think someone like Joe, it would be useful to talk to him. I think he could give you a lot of insight into the end of Baird's time and into the beginning of Bluemle, and could fill you in on a lot of details. I believe, in retrospect, he contributed a lot.

ASH: Ahead of his time?

JONES: Yeah, maybe so. Mary Ann Lockwood could tell you a lot, too, I think.

And so she was selected to handle the PR and kind of help with the logistics of functions, social functions or ceremonies and so on going on up here, but not given the title of Vice President. I'm not just sure what her title was.

And Zimmerman, I think, was replaced by this young person, Bob Peterson. And

then Bluemle brought in with him John D'Aprix, who had been with him at the State University at Syracuse when Bluemle had been Dean there. Dr. Bluemle had been recruited as Dean there from the University of Pennsylvania, where he was a young faculty person in the Department of Medicine, and then, I think, got involved as an Associate Dean of the University of Pennsylvania. Did I mention I knew him before he came here? Because I'd interned at the Hospital of the University of Pennsylvania, and he was one of the, as we say, "young Turks" in the Department of Medicine on the house staff. I had a couple of his patients, and one of the ward patients who had renal shutdown he consulted on, so I knew him there—as much as an intern would know a young Turk faculty person.

But anyway, he came from Syracuse. He had this young man from Philadelphia, and I'm not just sure how they first became acquainted, but anyway, John D'Aprix was his executive assistant, who really was an important change-agent person with the formation of the University here, and he did a lot of gathering of background information. If there was some problem with the faculty or with a department or some office in the institution, he would go and get the facts—very able person, honest, direct, non-judgmental; I think he had had training in business—and then he would formulate the approach to deal with the problems. And I'm sure Bluemle relied on him extensively for not only the information but for what to do about this or that.

For example, John felt it was very important that the people who went to the Legislature, number one, be known and given approval by the President's Office, but also that they be identified and the times they were in Salem recorded because it was really a lobbying function, and even the President when he went down to the Legislature was operating under kind of the lobby rules and regulations and that that had to be accounted for. So he set up a system for keeping track of that. I don't know whether they do that now.

ASH: Knowing who's down there...

JONES: Knowing who's down there, and when they go down, and whom they're seeing. Some record here so that if a question was raised, it could be documented as to what was going on. That's just one example.

And I guess, unless you have some questions about that, we can shift into my becoming Acting President, because a lot of what I'm saying about John comes from that time.

ASH: Well, can I ask why you think Dr. Bluemle left?

JONES: Well, one, he got an offer back in Philadelphia. He was from Philadelphia. They had a summer home down at Atlantic City with a boat. His wife was from Philadelphia. I never talked to her directly about it, but I think most people felt that she wasn't all that happy out here in Portland, it was a long way from the East Coast, and when they were here she spent summers back there. And he got this offer as president of Thomas Jefferson University. So that's one aspect of it.

The other is that I think he was really disappointed by how he was being treated by the Legislature and how difficult it was to get them to understand what was needed to develop this into a health sciences university. I think some commitments that he thought had been made by the Chancellor and the State Board—I don't know whether he talked to any legislators at the time, but—before he came here were not being met. In fact, the budget, I think, was being cut back. The treatment he had from the Legislature—he'd go down to some of the Ways and Means committee meetings to testify, and my experience was the same: these people were arrogant, the elected officials. They were really arrogant sort of people. The Supreme Court Justice that just resigned, Fadeley—when he was in the Legislature, he would walk in and out with this superior air. And Vera Katz, from my point of view, was similar. She was really a rather arrogant person in the committee meetings. You know, polite, but really not genuine. I don't know whether Bluemle had had to deal with a Legislature before. I certainly never had, and it was a real awakening. The politics and such going on—and I can relate something later to you, any time you want to, about that. But the politics entering into it were—and kind of rational planning, from our perspective, was difficult to take.

So I think Dr. Bluemle was disenchanted by how he was treated by the Legislature. A lot of the clinical faculty and some of the chairs were not very happy with him because of how he was dealing with the Dean, separating the direction of the hospital and clinics from the School of Medicine. There were a lot of changes taking place and—again, I'm just speculating—I think he was prepared for the fact that it wouldn't be very popular, what he was doing in going into an institution and making big changes and setting up new goals, but I would guess that maybe had some influence. I don't know for sure.

ASH: And then what happened?

JONES: Well, so he got this offer and accepted it, and it was in 1977. So the Legislature had already essentially set the budget, and the Chancellor appointed a search committee with some board members on it and with faculty from the various schools, and I was on the search committee.

And I guess we met once or twice with the Chancellor in starting to send out requests for nominations and so on. And I don't remember the date exactly, but I think it was in May or so the Chancellor called my office. Now, other than seeing him in a meeting, I never talked to him. And he said he was going to be up in Portland and wondered if he could stop by and talk to me at a certain time. And I said, "Well, that's fine." I kind of assumed it must be something about the search, and although I wasn't the chairman of it, I think I was maybe vice chair or something—I wasn't on it very long.

So he came in and said he really apologized for coming in on such short notice. And we went in my office and sat down, and he said, well, he'd come right to the point. He had talked to several people, and they all agreed that I'd make a great interim President.

ASH: Had you even thought about this before?

JONES: Hadn't even thought about it, no. Gosh, not at all.

ASH: What were you doing at the time?

JONES: I was chairing the Department of Biochemistry; teaching; doing research—had my lab going, had just gotten a new post-doctoral fellow who was coming, and I had my hands pretty full with that.

ASH: Well, how did this happen?

JONES: Well, I don't know. I think he had considered Lou Terkla, the Dean of the School of Dentistry. My understanding is Lou did not want to do it. He wanted to be Dean of the School of Dentistry, and I think he wanted to continue being the Dean and that he had his hands full there. Of course, Dean Terkla was much more familiar with what it was like in that sort of position, and you know, he was privy to what the problems were, and I wasn't. And I don't know if the Chancellor had asked other people, but—I don't know that he had shopped around too long.

I was chairing the Promotion Board, chairing the Curriculum Committee, and had been on some search committees, and I think had a reasonably good reputation and was respected. I was an advocate for something: I'd been on the Dean's appointed committee and then later the elected committee to work on developing the faculty constitution and the change of faculty governance in the School of Medicine.

ASH: Was there a faculty senate at this time?

JONES: Under Bluemle, with really John D'Aprix's hands in the whole thing, a University-wide Faculty Senate had been established; and some of the faculty early on when Bluemle came said that they thought that, boy, that was going to be a big fight and they were going to have to have a showdown with Bluemle to get across the idea there needed to be a faculty senate.

Well, apparently some of them went in and kind of confronted him about it, and he invited John D'Aprix in and said, "Well, that's fine, let's work it all out. I'm going to ask John to help see that this is done." And I think John led the way and, I believe to the amazement of some of those faculty people, set it up in a way that it was going to have much more responsibility and interaction with the President's Office than they had even thought that it would.

So yes, there was; and I don't remember whether the Chancellor utilized that Senate in any way to make the appointments of the search committee for the President.

So the Chancellor asked me, and I said, well, I was really overwhelmed and I'd like

to go talk to Dr. Bluemle to find out a bit about the job before I said yes. Because the Chancellor had about a half an hour or so to talk to me, and he was between appointments for a Board meeting or something, and had to leave and go back, so it was really just to ask me whether I would consider it.

And so I went and talked to Bluemle for a couple hours, and he was very gracious, very helpful in providing information about what the problems were and why he was going—because that was one of the things I asked him—and who he felt would provide help and leadership during an interim period.

And I called the Chancellor back—I think it was, as I remember, towards the end of the week when he had talked to me—and the next week told him that if he wanted me to, I would. And we settled on a time to start; it was essentially when Bluemle left, I would take over. But I wanted to have a little vacation time—in fact, we were planning to go to France for an International Congress of Hematology meeting later in the summer, and I had to cancel that because I couldn't be away. So I was going to take a week off to do something, and then started, I believe, in July, and it went for fourteen months.

ASH: Did John D'Aprix stay?

JONES: John D'Aprix stayed. That was kind of one of my requirements. And John by that time had an investment in the place, and although Bluemle offered him a job to go with him, Bluemle was very sensitive about—he didn't want to take people away from here because he'd only been here, what, three-and-a-half years or something, a fairly short period of time.

[End Tape 4, Side 1/Begin Tape 4, Side 2]

JONES: Well, it started in the summer of '77 and went until the fall of '78, when Dr. Laster arrived. And one of the things I did when the announcement was made—and in fact before I became President, but in that interim period before Bluemle had left—was to make appointments and go see each of the Deans on their own grounds, that is, in their own office, and the Vice Presidents, and Vic Menashe, who was director of the CDRC, to ask them what they thought were kind of the most important issues from their perspective, their units, what the President's Office could do to help them, and how they thought we ought to function until a new President was appointed and on board.

I thought it was important, one, for me to learn about the operation of the place, but two, to indicate to them that I really wanted to know about their operation and that I didn't want them coming into the President's Office, or my office in Biochemistry, to see me according to my agenda or appointment time, but that I really valued them as leaders; and I think it was important to do. Again, I think they were kind of disappointed that the new President was leaving so soon.

In any event, I learned a lot, and they were all very helpful and cordial and supportive

and told me about their things. I took some notes and so on. And so that was kind of the start of it.

ASH: The deans were Dean Lindeman...

JONES: Dean Carol Lindeman in the School of Nursing, Dean Lou Terkla of Dentistry, and Dean Robert Stone of the School of Medicine.

And of course the relationship with Stone was kind of complex. Although I stepped out of being Chair of Biochemistry, and John Van Bruggen became Acting Chair while I was in the President's Office, still my relation up to that point had been as a Chair responsible to Dean Stone, and respected him and interacted well with him, very well, but it was—in the hierarchy, I had been working for him.

And it was also complicated by the fact that before this had started—of course, I was removed from the search committee for the President because that would be kind of a conflict—but I was chairing a committee, search committee, to recommend a new Chair of the Department of Medicine, a major clinical department. It was after Dave Bristow had stepped down as Chair of Medicine, and we were looking for a new Chair. And that was right in midstream: in fact, we were about ready to look at some finalists and make recommendations; and Stone asked if I would continue chairing that committee so that we didn't have to get another Chair. I was already in relationships, like chairs do on search committees, with candidates, because that's really where the interface is, and then it's handed off to the Dean as you get down to the finalists.

So here I was President of the University—fairly important in terms of the overall recruitment for the chair of a major committee, but it was the Dean of the School of Medicine, in those days, anyway, that made the final decision, in consultation with the President—serving as the Chair of the committee responsible to the Dean on identifying it. So it was an interesting sort of thing, but I think we handled it well; and I really tried to wear different hats, and I think he did, too.

And I'd go in when it was time to tell him a progress report on the search for the Chair of Medicine. That was the hat I wore, and it was in his office, and it was in that kind of relationship. Otherwise, when I was serving as the Acting President, there was a role reversal. And we had a pretty good relationship most of the time, I as Acting President and he as Dean, but there was this tension between him and Kassebaum, and to a much lesser extent—I think more because of personalities and also areas of responsibility—with Bob Peterson, who was the V.P. for Finance and Administration. There was some tension between Stone and Dean Lindeman, and it may have been kind of management style difference. It could be the nurse-doctor tension, to a certain extent. And she was trying to get more budget, and historically some of the budget of the School of Medicine had really been put into the basic science departments to support the School of Nursing, but had never been transferred out when the schools were separated. So there were things going on there that I suppose contributed to it.

But Stone was becoming kind of more and more critical, and so I inherited that.

Let me say one other thing was that I felt, and I had talked to the Chancellor about it, that anything that had been initiated under Bluemle's time we would try to keep going, on track, keep moving forward. And if it was to be completed, fine; that we wouldn't initiate any major new thing or new direction; that that wouldn't really be appropriate because the new permanent President ought to be the one to do that, but that we'd try to keep things on track.

Well, two major things had started during Bluemle's time. One was that the siting of the VA was very much up in the air. Goldschmidt was Mayor, and he wanted the new VA to be sited over at Emanuel as part of an urban renewal project over in North Portland. Representative Duncan from downstate was also in that camp. He was in the U.S. House of Representatives.

Senator Hatfield, though, and Representative AuCoin were very supportive of replacing the VA on the Hill here, and understood its importance to the Medical School. That had already been established during Bluemle's time. But there was polarization between the politicians. Edith Green was on our Advisory Council that had been started by Bluemle, and was chaired by Ira Keller. Bluemle had gotten some political people to form this Advisory Council, and they were very influential and helpful and supportive, Ira Keller in particular. At times there was a feeling that Ira thought he was kind of Chairman of the Board and the CEO kind of, or had more of a role, but in a way that was fine, it was helpful; but there were a number of very influential people on there: Roger Meier of Meier & Frank background. Edith Green was on there, and I don't know whether her term had come to an end yet; I think it had. But she was very influential in terms of getting to Senator Hatfield and Les AuCoin, and knew people in Washington.

So that was one thing to keep on track, that we weren't going to deviate from that, and continue to put resources in that. In fact, during that time I went back with Ira Keller to lobby—it was in the winter of that year, 1977-78—to see members of the Senate committee; Proxmire was Chair of that committee. I remember going, and Ira Keller and I went and met with him, and Ira was able to kind of pick up and interact very well with new people all over the country.

In fact, we went in to see Representative Boggs, Linda Boggs; she was from Louisiana. She succeeded her husband, who died in office. Well, right away the first thing Ira said—they started comparing notes on people they knew. Well, it turned out that they were really related, as distant cousins. Well, this was kind of starting off, and then we got down to the business, because she was Chair of the House committee that had some jurisdiction, and they were thinking of replacing a Naval hospital down in that district. He knew all about that, and of course she was very supportive of it, and so he kind of got in how important this VA hospital was in Portland and to the Medical School and so on, kind of drawing the analogy.

But it was, you know, very skillfully kind of getting this personal relationship and then working from there to the agenda item, which was, namely, “Hey, don’t move that thing off the Hill; it’s going to be hard on the veterans, they won’t get as good care. The teaching resource is important to the University—although, you know, that’s really secondary, but it’s very important—and through it they get more variety and depth of medical attention, both by the students and interns and residents, but the faculty that are supervising the students,” and all of this sort of thing, and the long history of the interaction.

Well, that was one, and the other was the Shriners Hospital. The Shriners had decided that the old hospital they had out on 82nd and Sandy was no longer really suitable. They were doing surgeries and so on out there, major surgeries, orthopedic surgeries, and there was some risk, you know, that something would go wrong. Also, the national Shriners wanted to put more money into research, because they had a lot more money than they needed to cover the health care expenses. And perhaps you know that the Shriners cover all the health care expenses of their patients, outpatients and in the hospital. They don’t take any federal money. I think they’re now shifting over to accepting some insurance monies, but at that time, anyway, before that, they were paying for the whole cost of the care.

Well, in spite of that they had more money than they could spend on that, so they decided it was important to start some research units and to rebuild the outmoded hospitals. That meant that they had to be next to a large general hospital for the care of the kids, for common services, laboratory services, but also if they had a complicated problem where they needed a general surgery or a team that might not be able to operate within the Shriners’ surgeries. By the physical proximity, they would be able to share that. Or if they had an emergency, there would be staffing out of the general hospital to take care of emergencies.

And Emanuel wanted them very much there, and the Portland Orthopedic Clinic, which is centered over at Emanuel—for years, the chiefs of staff of the Shriners Hospital had come from that clinic: Leo Lucas, originally, and then Dr. Chuinard and Campbell, Paul Campbell. And so for those sorts of reasons, those ties or whatever, there were efforts to try to get them to attach to Emanuel.

But the research side of it would be much better on the University campus, and most of the lay power structure within the Shriners local and, I think, national said, that if they could locate on the University, that would be much better, because they’d have both the clinical association with the University Hospital and being on a campus where there were other research people and maybe academic appointments and so on.

Well, Bluemle had already worked out overtures with them. Again, it hadn’t been finally set. But that was one of the things, to me, that made a lot of sense. If we could get them there, they were going to build a whole floor, some 15,000 square feet of space, just for research. They would be funding those research people, but those people would be doing basic research. There would be an opportunity to have joint appointments with them. They could have graduate students help in our teaching program.

The hospital itself—some medical students and nursing students in the past, in a residency in orthopedics and some in pediatrics, had been going out to the Shriners Hospital. Here, if you had it on campus, there would be another fifty beds that the University wouldn't have to pay for that would have kids for training. It all seemed to be good. I didn't initiate it, but to me it was a high priority to try to keep on track.

So I got involved with working with some of the local Shriners officials, and during my time we worked out a 99-year lease agreement with them. We looked at several locations, and finally the one where the old physical plant used to be—and another physical plant was being built, well, where it is now, over off of Gaines—was developing.

So the major problem was the Mayor's Office. They were trying to block the VA up here, and the arguments that they were using—that, well, the traffic was getting too bad, the roads won't support it, there isn't parking and so on; and because they were using that argument for the VA, they used it for the Shriners, too, and anyway, here was another opportunity to have something built over near Emanuel in that area that they wanted to develop.

So the person in charge of the Mayor's land use or development area was Representative Duncan's son, Angus Duncan, and of course his father was opposing the VA redevelopment on the Hill, and telling the Mayor all the reasons why you couldn't put the Shriners Hospital on the Hill.

So it was looking kind of blue, and even though the Shriners are well placed. They're business people—I don't know how much you know about them, but they've got a fair amount of political and financial muscle. And so they finally decided they really needed a meeting with the Mayor to find out why there was a hold up in getting building permits to put the hospital up here.

So it was arranged that they'd bring in the Imperial Potentate, and he happened to come from Texas. And I don't know what he did, some business. Quite wealthy; in fact, he owns his own restored Pullman car and puts it on trains and goes around the country. He flew up here. A very tall, impressive gentleman. And so there was he and a couple of the local Shriners—one of whom had contributed to the Mayor's race and so on and knew the people in the Mayor's Office—and me, and we went to have a chat with Mayor Goldschmidt in his ceremonial room. And Angus Duncan was there because he was the main staff dealing with the building permits.

And we walked in, and there was kind of careful chitchat between the high-ranking people, the Mayor and this Potentate from Texas, and then we got down to business. And the Shriners were saying that, "Well, you know, the Shriners Hospital here in Portland was one of the first that was ever built. It's kind of one of our flagships, and we want to replace it, and we have all the money to do that," and all the reasons why it really needed to be next to the University: for the research and for the patient care and that the money was there and the

University wanted it—but that for some reason they couldn't get the responses from the Building Office.

And the Mayor started to say, "Well, there is this problem," and so on, and the guy from Texas said, "Well, we understand there are probably some problems, but I just want you to understand that if we don't get permission within the next couple weeks, we're going to build this hospital down in Los Angeles. They're all ready, and we have permission to go ahead, and I don't know that we'll ever replace the one in Portland."

Well, you could hear a pin drop. And Mayor looked over at Angus and said, "Now, what's the problem over here, Mr. Duncan? How come this isn't getting taken care of?"

And you know, literally within weeks everything was settled. But this guy, you know, just put it very nicely, not in any threatening way, but just the facts of life, "Here, look, you had one of the first Shriners hospitals in your city. We worked it all out, we want to build it next to the University, we can contribute there, but if you don't want it there..." There wasn't any question about building it anywhere else in Portland; they'd put the money down in Los Angeles where they were willing and ready. And they had so much money on a national level. It was national money that was going to be used to build the Shriners Hospital; it wasn't local money. And from there on, it was just a matter of going to the State Board, getting the leases and so on.

Well, again, this is one of the accomplishments that had been started by Bluemle, but it got done while I was in place. And they were having a dedication ceremony when Dr. Laster was here.

Well, Dr. Laster, it turned out, didn't think that was a good idea to build it here. It was all signed and sealed, and they were already building, but he let it be known to the local Shriners that if he had been President they would have never built there, that it was the wrong decision and so on. Well those Shriners never had any respect for Dr. Laster after that point. There was a major disrespect.

ASH: What was Dr. Laster's thinking?

JONES: Well, I don't know. He never discussed it with me. I think he thought the space might have been better used for something else. I don't know.

Now, he'd also heard from some people like Dr. Neerhout here in Pediatrics who was not in favor of it and didn't really use it much. And in some ways the Shriners Hospital has not been as interactive as I think I'd hoped for or others had envisioned on their clinical services. But I think it's been two-way. I think they were kind of rebuffed by Dr. Neerhout, who wasn't in favor of it and didn't work out programs for his residents to exchange there.

The scientists, though, it happened that all of them had appointments in Biochemistry. I was very receptive, and they were all kind of biochemists. Now there are some in cell

biology and anatomy and genetics as there's been turnover and new faculty coming in with different discipline backgrounds. But that's worked out very well.

ASH: Other high points of your presidency?

JONES: Well, it was just really kind of managing. Yeah, one of them was we were being sued by the Office of Civil Rights for noncompliance with civil rights. In those days, if you had a grant from the NIH of more than a million dollars, there was an automatic audit of your affirmative action activity, plan and so on. And Dr. Yatsu in Neurology had gotten a large center grant, I think for stroke, something like that, and it triggered this audit. So there was an audit.

Well, there were some people that felt that we were not complying—particularly in appointments, promotion, and salary of women. Now, there were very few minorities—partly, from our point of view, there are not very many candidates from this area, African-Americans and so on. But it was really the concern of women on the faculty and in the School of Medicine in particular—and if you looked at the numbers, it's quite right. Their salaries were lower, significantly lower than male comparators and so on.

So there's no doubt in my mind that we were not in compliance. Now, the history of how that happened: some of the women came as spouses of people they were recruiting, and so jobs were kind of worked out and things were put together. From my point of view, that helps one understand, but once you have somebody doing a job, and if they're doing the same job as a comparator, and one's a male and one's a female, it's hard to rationalize why they aren't being treated the same, rank-wise, promotion-wise, and particularly salary-wise.

And John D'Aprix was very important in helping us develop a conciliation agreement where we were to do certain things, have a certain timeline to come back into compliance and to get signed off. But that was a major thing, and it went on after I was President, during Dr. Laster's time. It took a lot of time away from managing other things. It was very important. I think it was an event—and from a historical point of view, I think it's important to recognize.

Now, it probably would have happened without the Office of Civil Rights coming in and deciding we were out of compliance and citing us in a number of areas, but it certainly accelerated our institution's recognition that we were not doing the proper thing in the proper way.

And one of the things we had to do was to immediately increase salaries of the women that were in certain positions. But we were also to set up a mechanism to track and look at salaries of women and minorities to identify comparators, male comparators.

Maybe that's a good place to stop.

[End Tape 4, Side 2]

Interview with Richard Jones, M.D., Ph.D.
Interviewed by Joan Ash and Linda Weimer
March 2, 1998 [Interview 3]
Site: BICC 531
Begin Tape 5, Side 1

ASH: It's March 2nd, 1998, and we're interviewing Dick Jones in BICC 531. This is Joan Ash and Linda Weimer.

Where we left off, I believe, was still discussing your Acting Presidency, and we wanted to ask you about the guns and security.

JONES: Yes. Well, as I mentioned off tape, one of the accomplishments I'm proud of during my period as Acting President was that the proposal came that we should really remove the guns from the security. The University security group wore guns on their side, and you couldn't really distinguish them from police. There was concern because they would often have to deal with people in the emergency room that were belligerent or on drugs or alcohol and were difficult to manage, but the security people wanted them because they felt if they were walking around here at night, they needed their guns for protection. Mind you, they'd never used them. But they were very concerned about it.

But it was finally decided, and I certainly was of this opinion, that we couldn't afford, on a University medical campus, a hospital campus, to have security use guns. I mean, if they shot a student or if they shot a patient or if they shot a visitor—and a lot of their concern was about particularly belligerent patients, and mind you, all they had to do is call the city police, and they would come up, and often did to deal with people.

So anyway, we made an executive order to no longer allow them to carry guns. And they said, well, they used to carry the money from the cashier up to the bank on the Hill here, and they'd need guns for that. And again, the idea of a shoot-out over the deposit money just didn't quite seem to be right.

Well, there was a lot of resentment about that. This happened, oh, six months, eight months before Dr. Laster came, and it was still very much of a bone of contention between the security people and the administration. Mind you, all the faculty and students and everybody else that knew about it thought it was the most rational thing to do.

Well, soon after Dr. Laster arrived we started having some shooting incidents on campus. Somebody was shooting into the hospital windows at nighttime. There were three or five instances—or into the side of the University Hospital South. And as the police got involved investigating, and the security were involved, several of the security people said, "You see, this just shows you that we should have guns to protect ourselves because there's some crazy person out there, a sniper."

Well, to make a long story short, the head of security, who deserves credit for it, started to figure something was a little fishy, and he found some shells in different places, cartridges, and they were of a sort that I guess police generally use or something like that. Well, he found that one of his security people had been doing this with the idea that this would motivate the new President to reinstate the carrying of firearms. And needless to say, he was terminated, but it was with—it was a compromise. He wasn't charged with anything, and in return he resigned and left because there was a concern that if he was fired, then he could sue us. And so anyway, that was something I accomplished, but it did have a bit of a problem.

ASH: Had they been trained to use firearms?

JONES: Well, apparently they went into the police academy and had some training and target practice and so on, and many of them, I believe, had been employed as policemen or sheriff's deputies or in other security jobs. But you know, they weren't deputized, most of them were not deputized.

And again, the basic thought was that they're maintaining security, but not like police would. They can call in the State Police, the city police, the Multnomah County Sheriff—we're sitting right here in the city, so the response can be very rapid, and to have our security people involved in a shooting or something like that would just be so difficult to explain. You know, it's one point of view, and I'm obviously not completely objective or neutral about it.

ASH: Well, since the incidents with the shootings in the hospital, as far as you know has there been any incident?

JONES: I don't believe so.

ASH: And that was many years ago?

JONES: Yes, that was in 1978 in the fall.

ASH: Well, thank you for that story because it's not something that made the newspapers, and we don't have it in the record.

JONES: Well, it was in the newspapers, but kind of quietly, you know. There was a lot of concern. And Dr. Laster had just arrived, and he was really wondering what he had gotten into. Here he had come from Brooklyn, and he partly wanted to get away from Brooklyn, I think, and live here.

ASH: We were going to talk about the Medical Research Foundation because you were very involved in that. Could you start at the beginning and tell us when you first became part of that?

JONES: Right. Well, I first became a member of the Board of Trustees as Acting President. But before that, the Dean of the Medical School was automatically on the Board of Directors of the Medical Research Foundation; and then with the development of the University, the President then took the position.

So as Acting President, I became a member of the Board of Trustees. Now, that organization, if you want me to explain a little bit, goes back more than fifty years. It was started by some physicians at the Medical School, Dr. Lewis, Howard Lewis, and Dr. Raaf, who was a volunteer faculty, and some physicians in town and some business people in Portland; they organized the Medical Research Foundation of Oregon as a private nonprofit group to try to raise some money to stimulate and support medical research at the Medical School. They at that time became the fiscal agent for the grants that came to faculty at the Medical School, and they would receive the money, including the indirect costs, and manage the accounting and all of that, as well as raise some money privately to support research.

And that went on for a number of years. For example, Dr. Pickering, who was in the Pediatrics Department here at the Medical School, was doing research involving monkeys. The monkeys were housed here in, I guess, the animal farm, but he became aware that the National Institutes of Health were going to start regional primate centers, and they had a request for proposals. And he, along with Dr. West, who was Chairman of Biochemistry, put in an application for the first round of funding of primate centers, and they were successful in obtaining in fact the first granted Primate Center.

Now, this was for a building and support of the program. Well, because the Medical Research Foundation was the fiscal agent, and also it had raised some money to buy some property and some property had been donated, I think, by Howard Vollum out where the Primate Center is near Aloha—the Primate Center was set up under the Medical Research Foundation, or MRF. And that was many millions of dollars and a large campus, over 100 acres of property there.

And so that developed, and it had a connection with the Medical School. The Dean of the Medical School was the principal investigator for the NIH grant, Dr. Pickering was the Director of the Center, and Dr. West was the Associate Director. But it was, if you will, owned and operated by the Medical Research Foundation, with the Dean of the Medical School as the PI. It wasn't technically part of the Medical School because of the fiscal agent relationship.

Then there was the very interesting history, and I don't have it all, where Dr. Pickering felt he really ought to be in charge of everything, he ought to be the PI and—he was a very interesting person. And he and Dean Baird got crossways on some decisions, especially whether they ought to use NIH funds to get a computer. Those were early days of computers, and Pickering wanted a mainframe computer out there, and in fact the NIH didn't authorize him to spend money to buy it, and he went ahead and spent it anyway. And so a

conflict developed between Pickering and Dr. Baird and apparently the NIH—which I was told third hand—told Baird that he had to deal with Dr. Pickering.

Well, Pickering had some very close friends on the Medical Research Foundation Board of Trustees, and so there was a real conflict for several months, and Pickering was kind of up and down; and one time too often he threatened to resign, and Dr. Baird accepted his resignation. And then of course Pickering had second thoughts. But anyway, Pickering was discharged as Director, and Baird then selected another, and Dr. Montagna was selected, or appointed, as Pickering's successor.

ASH: Can you say a little bit more about Pickering? You said he was an interesting person?

JONES: A very talented physician, researcher, clinical researcher. He was in pediatric endocrinology, growth hormone and things like that, and he was doing a variety of research on monkeys that related to human endocrinological problems—and had a lot of vision. I think Dr. West was very supportive and had a lot of obviously biochemistry background, but Pickering really was the one that I think had the imagination about setting up the Primate Center: having areas in nutrition and in endocrinology and in reproductive biology, involving psychologists as well as physiologists and biochemists. But he also was kind of egocentric, like a lot of leaders have been around here and elsewhere, and he wanted more independence.

Now, another thing about MRF that was happening about this time was that the State, for some reason, the Legislature—or the Secretary of State, I guess it was, who has responsibility for auditing—wanted to audit the books of the MRF. The Secretary of State could audit all of the state government agencies and so on. And for some reason, and I don't know why it was, but for some reason the Board of Trustees did not want to be subservient to the state auditor, so that they refused an audit.

Well, the consequence was that the Legislature, probably the Governor's Office and the Legislature, decided, "Well, in that case we can't have the MRF as the fiscal agent for grants coming from the federal government, supporting research at the Medical School, because that's a state school," and therefore they required that all grants coming to faculty at the Medical School had to come through the State System of Higher Education. That meant setting up the research support office as part of the Medical School then, and subsequently the University. And so there was a separation at that point between the MRF serving as fiscal agent for grants.

Now, the Primate Center was not part of the Medical School, was not part of the State System of Higher Education; no state money went into buying the property, or building the buildings, or funding research at the Primate Center. It had all been either private money through MRF or federal government money, NIH money, coming through the MRF. So at that point the Primate Center was separate, and really owned and operated by the MRF. The only association with the Medical School really was that the Dean of the Medical School was

still the principal investigator on the NIH grant and could appoint and fire the Director of the Primate Center; and he was responsible for the science, if you will, there through the Director, but he didn't have any fiscal oversight. The accountants in the MRF had that. Now, there was a close working relationship, but over the years it caused concern and problems either at the NIH or at the Primate Center or at the Medical School, or subsequently with the President of the University becoming the principal investigator—it was shifted from the Dean over to the President as soon as Dr. Bluemle came here.

And only recently, within the last few years—and it's still in progress now—has the Primate Center become associated more directly with the Health Sciences University. The MRF was folded in or joined with the Oregon Health Sciences University Foundation. The two together then were renamed to the Oregon Health Sciences Foundation. The 'university' was dropped from it. And all the programs of MRF, including the Primate Center, were folded into the OHS Foundation, although there are little foundations within that that still manage some of the MRF: the C grant program funds start-up grants for people here; M.D./Ph.D. fellowships that are put in by the MRF; the discovery award for researchers throughout Oregon. Biomedical research is run by a separate little committee or foundation within the overall OHS Foundation. And there's also a board that manages the property of the Primate Center, and the scientists there are now becoming, or will become, members of the faculty of the University.

Well, so that's kind of the background of the MRF. I think it was about fifty-five years ago or so, close to sixty, it was established. Then this evolution where it was a fiscal agent; the Primate Center got started; there was a separation because of the Legislature deciding that grants ought to come directly through the Medical School and State System of Higher Education; the Primate Center being kind of off there as a satellite; and then finally the merging of MRF and the Health Sciences University Foundation into one foundation.

Part of that was because trustees on both of them felt that there was a duplication, or competition in raising money for support of biomedical research, and so it was mainly the trustees, I think, on both sides that decided, look, it makes more sense in this environment in raising private monies to consolidate them.

ASH: So the change now between the University and Primate Center is that the Primate Center is to be part of the University; will the funds still be managed by MRF, or will they be managed by Research Services?

JONES: I believe it's evolving towards Research Services will manage it, and the President will be the head of it, and the Director, Dr. Smith, Susan Smith, reports to the President. Administratively and fiscally and in every other way she's very much like the head of the Vollum or the head of the CROET, those institutes.

And in fact there are plans being developed for developing a western campus of the Health Sciences University out on undeveloped property at the Primate Center. They have some sixty or more acres of undeveloped farm land out there in an area that you're well

aware is under a lot of pressure for development of high tech, that sort of thing. They hope that there will be some biotech companies that will come in and build next to them, maybe on leased property; or the Foundation and the University will maybe develop the property and lease some of it to biotech companies; and that some of the research going on on this campus, or the expansion of some of the research, will go out there, particularly if there are interactions with people at the Primate Center, utilization of primates, that sort of thing.

ASH: When the money first came in for the Primate Center, was it NIH's decision that it would go through the Foundation versus through the Medical School?

JONES: Well, at the time all the grants were going through the MRF, and the MRF had an office up here. There was a Board of Trustees, and at that time there wasn't the Advisory Council that existed when I was Acting President—that had been started by Dr. Bluemle—or a Medical School foundation. It was the Medical Research Foundation that was the first one started, and it was really tied in very closely to the Medical School. The Dean was the member of the Board of Trustees automatically and was on the executive committee of the MRF, and then it evolved to the President after the University was formed. And in those days many other universities had their foundations as the fiscal agents.

ASH: So this was common?

JONES: Yeah, it was common. It was not unique here by any means. I don't know about the other campuses, whether they had something similar, but I don't think so. The only thing a little bit different about MRF: it was to support biomedical research in Oregon, not just at the Medical School. Now, most of the support has come here, but the seed grants, for instance, that are awarded four times a year, probably twenty to twenty-five percent of those grants are at institutions other than that Oregon Health Sciences University or the Primate Center: to the Neurological Institute down at Good Samaritan, and the faculty of the University of Oregon, Oregon State, occasionally Reed College.

So again, I'm responding more to your question than you may have asked, but there wasn't really any choice at the time. The grants were all coming to the MRF, either supporting research going on locally within the Medical School or the Dental School after it came up here. And so the Primate Center grant was to faculty of the Medical School, but the property that it was on was owned by the MRF, because it had come from donated funds that hadn't been donated to the Medical School; it had been donated to the MRF. And I think the Medical School, the Dean, wanted to keep it separate. It wasn't on this campus.

ASH: So I guess what I should have asked you was why, when the change was made that grant funds were channeled through Research Services, did the Primate Center money keep coming to MRF?

JONES: Okay. Because it was coming to a facility that was not a state facility.

ASH: Because of the land?

JONES: Because the land and the buildings were owned by the MRF; they were not owned by the Medical School or the State. And I think there was, you know, an effort to keep them separate, because some of the donors didn't want—they weren't interested in giving to the State. They felt the State ought to be paying for the Medical School.

One of the problems in raising money for buildings up here in the past had been that the donors felt that, well, if it was a state institution, the state ought to pay for that. Why should we give our private money to that? And so I think it's part of that kind of attitude.

ASH: Thank you. Now I understand. So your involvement has been you've been a trustee since 1979?

JONES: Yes. I guess I was off maybe a year after Dr. Laster came, but then—most of the trustees were elected by the MRF Board of Trustees, or nominated and put on, but there were a few positions that were determined by others. The Dean, then evolving to the President, was automatically a member. But the Alumni Association of the School of Medicine could put up one person for a three-year term, or something like that, and the faculty of the Medical School had a representative. And there may have been another one; I'm not sure.

But in any event, the Faculty Council of the School of Medicine nominated me to serve on the Board of Trustees. And so I was elected through that process and continued for, I guess, nine or more years; and then I guess the Board of Trustees elected me separate from that, or nominated me separate from that. But I've been on it virtually continuously since 1977. I had been elected as President of the MRF between the time of Peter Pope—who is the president of Pope & Talbot; and had started a capital fundraising to add a building to the Primate Center—between his term (and they were two-year terms) and Ed Cooley, President of Precision Castparts. It's a kind of a heady experience you have being among these people that are—I don't know if Pope & Talbot is on the Fortune 500, but certainly Precision Castparts is. But anyway, I was sandwiched between the two of them and involved in this capital fundraising program that raised, I forget, five million dollars or something like that, for a building at the Primate Center, to add more money to the seed grant and some for the M.D./Ph.D. program, which started while I was, I think, President of MRF. Dr. Robert Koler and I and Dr. David Bristow convinced them that they ought to support one scholar a year in the M.D./Ph.D. program so we could kind of prime the pump, have some showing of local support that would put the faculty in a stronger position to then apply to the NIH to get a grant from the Medical Scientist Training Program. An application just went in this past year, although I don't know the outcome of it yet. But MRF started supporting that, and it's been growing from there.

[End Tape 5, Side 1/Begin Tape 5, Side 2]

JONES: The University has picked up part of it through tuition remission, and the advisors pick up part of it off their grants; and so now I think there may be four positions that

are partially supported by the MRF each year for incoming students, and they're in for seven years, so it's a fair commitment.

ASH: Well, let's move on now to talk about the Basic Science Building. And we were talking off tape about the changes you had seen in the way research facilities were designed, and I think that's very interesting because the Vollum is an example of the newest design.

JONES: Well, I guess going way back, as an M.D./Master's student in the early fifties, I was in a lab in Baird Hall where Physiology was. In those days the labs were designed for specific activities, and often by specific faculty, and showed the idiosyncrasies of their research and their personalities.

And then when I came as a faculty person—the research building was just under construction in 1961, and part of my recruitment was I'd have a lab there, and it had already been designed by somebody else. But again, in the research building, although there weren't any departments assigned a floor, floors were arranged by kind of disciplines: so the top floor had people from Medicine, Cardiology and Physiology; and so there were areas of research, heart and lung on one floor, endocrinology coming from Physiology, Medicine, maybe Pediatrics, and another floor, those of us doing biochemistry, some from the Biochemistry Department, some from Dermatology, some from Experimental Medicine, which I was in. So there was a relatedness in terms of the areas of research, and departments were assigned, if you will, certain parts of given different floors, but a floor wasn't under the control of a department.

So that was a little departure, but still the labs were pretty much designed by and reflected the faculty person that was going to go in there, and there's a certain amount of a common modular arrangement. Howard Mason, in particular, had a lab on the fifth floor that had, I think, eight so-called modules that were twenty feet wide. But in any event, he had research bays and desks at the end of them, and some common facilities. It was an open laboratory, and that was kind of new.

Well, then by the time the Basic Science Building was built around the late sixties, early seventies, I'm not just sure of the date—but it was around 1970, I guess, that it was completed, and I was on the committee that Dr. Brookhart chaired, the faculty building committee, if you will, that was very heavily involved in the design. And there, certain floors were assigned to certain departments, but again, the design of the laboratory was pretty specific to the individual.

On the Biochemistry floor, which is the top or seventh floor, I kind of had to keep Howard Mason happy by letting him design this lab, and that was done similar to his old one: kind of an open lab with research lab benches taking up part of it, with a sink at one end of it, and then the research bench, and at the far end of that research bench against the wall were the desks for his students or fellows, and about eight of those bays across the room. As compared to Dr. Van Bruggen, who had kind of a maze of little compartments here and there,

very specialized for this, that and the other thing. And Dr. Rigas had an environmental room that was temperature-controlled.

But by the time the Vollum came along, the scientific architecture advisor to the local firm came from Southern California and had done a lot of work on designing the laboratories for the Salk Institute and for several other research institutes on the East Coast. And that group was pushing the idea of having a rather standardized, common type of plan for the laboratories—particularly in biochemistry, molecular biology, physiology; kinds of research that didn't involve animals—to have a common pattern, what we called the “sandwich pattern,” and you see it in the Vollum and also the Basic Science Annex.

Essentially the whole floor was divided into three parts, longitudinally or lengthwise. In the very center of this would be some rooms divided off by walls and so on for special use: a tissue culture room, cold rooms, a room for centrifuges where there's a lot of noise, rooms for freezers. Rooms for handling radioactive isotopes would be in the center, and then on each side would be an open laboratory that had kind of the Howard Mason design, namely, maybe a few hoods and sinks, and then wet benches for doing the research, and then at the end of the benches, desks for sitting down and writing your notes and studying and so on. In this case the desks were next to the windows, the wet benches were next to those, coming in, and rather than having separate walls between these research modules on the outside of the sandwich, they were open essentially. Now, they're divided by the benches having shelves going up so that if you're working on opposite sides of the bench, you had reagents or other stuff on the shelves that were giving a visual separation.

Now, one of the benefits of this is if you have several faculty people assigned to this floor, they're sharing the common use things, rather than duplicating the centrifuge rooms or duplicating the cold rooms and all that sort of thing; and if one maybe only needs two modules, compared to another that needs five modules, you can kind of space them out there. And let's say the one with five modules starts to decrease his amount of research or his grants do not get funded, and the one with one or two modules starts to expand his program: you can just reassign the benches without having to tear down walls and put up new walls, and there's enough separation that people understand what their territory is, if you will, but they're sharing more, and there's a lot more interaction. So for graduate students and fellows in that sort of environment there's a lot more interaction and exchange.

And so that's become the model. And on our campus, although Mason kind of had the original idea here, it affected the Vollum and the Basic Science addition, and the building out at the Primate Center that I mentioned earlier that the MRF raised money for. That in fact was put up before the Vollum—no, I'm sorry, I've got my dates wrong. The Vollum, I guess, went up first and then that additional building out there. In any event, the scientific architect advisor was the same for the two projects. The scientists went and looked at each other's places, because the scientists were the ones that were more resistant to the idea of the common use facility and the open laboratory arrangements since they had come up in places where you had your walls, and you'd have walls and be able to lock the doors and so on.

But another benefit was that the hallway was part of the open lab, so that you could have refrigerators standing out there; whereas in the hallways of the Research Building you're not supposed to have any equipment out in the hallways, although some of them do, but the Fire Marshal gets after you. In this other design, the doors come into the open lab, and then, although there's kind of a space that people use to walk down, you can line it on either side with equipment, with shelves with storage and all sorts of things, so that there's a higher use of the space for the activity that's going on than in some of the older buildings.

ASH: That's very interesting.

Let's move on. We're picking up threads that we started with, and one of them that we definitely wanted to ask you about was presidential housing. Now, I take it when you were Acting President you already had a house, so there was not an issue involved there—or was there?

JONES: Well, we had a house out near Progress, and we didn't want to move. And we didn't know how long—I say 'we' because my wife was involved, too—that I would be Acting President. Obviously during the period it took to recruit someone.

But there was a home, a house that the Bluemles had occupied most of the time, that was owned by one of the Malarkeys. It up on Elm Street on Portland Heights, just off of Vista, one of the family's large homes that was three or four stories high and a very large, very nice home, that was vacant during the time I was Acting President. But we'd have an occasional party there. Now, mind you, there wasn't much furniture in the place because the furniture had been the Bluemles or had been leased, and so that wasn't there. But for instance, we had an empty house party, I guess on Halloween or something like that, for the Advisory Council, which was chaired by Ira Keller; and we rented some tables and had it catered. And so there were a few events, but we didn't live there.

There was a housekeeper, a lady that the Bluemles had engaged but who was paid by the University, and she kind of worked there for a while until her contract ran out. And the physical plant people would take care of the place, maintain it and cut the lawn, and if anything had to be done inside.

But historically, the deans had their own homes. There wasn't any housing provided for Dean Baird or Dean Holman or Dean Terkla. But when it was organized into a University, it was decided that the President ought to have a house provided because they were provided to the presidents of the University of Oregon and Oregon State, and I think the colleges of the State System; the Chancellor had a house provided by the State System of Higher Education. Now, these had been donated, I think, or acquired through, I believe, private funds, as far as I know. But then they were maintained by the universities.

And so when the Bluemles were recruited, it was with the understanding that there would be a house provided. Well, Mr. Miller—and I'm blocking on his first name, but he was in lumber and was a member of the MRF, Medical Research Foundation, decided to

donate his home up on Portland Heights near Strohecker's—it's on Old Orchard Road, across Patton Road and just a little up from Strohecker's—to the MRF to be used as a presidential home.

And the Bluemles came—and again this is third hand to me—I think they started to live there. In any event, I'm told Mrs. Bluemle felt it really wasn't suitable, and the kitchen would have to be redone and so on. So the University leased this Malarkey home down on Elm Street.

ASH: Now, the name is familiar. Who were the Malarkeys?

JONES: Well, they're a prominent Portland family. There were three or four brothers and a sister, who is Mrs. Wall, who was involved in the MRF and was a supporter of Dr. Pickering going back to that time.

But in any event, they were a family—I think they were in lumber, and one of them was into roofing, and they all kind of settled on Portland Heights. And I'm not just sure, I'd have to go look it up, which Malarkey family this was. But in any event, the home was one in which that particular branch of the Malarkeys had raised a son and a daughter who were off on their own, and I think Mr. Malarkey had died—I think it was Herb Malarkey.

But in any event, his widow still owned it, and she lived across the street in a smaller home. And the University got a lease option to buy on this, and I think it was something like \$110,000, as I remember, was the purchase price, and I don't know what the monthly lease was, but it was for something like five years.

And so the Bluemles lived there, and although the Miller house that had been given to the MRF was made available to Dean Stone when he came, the Stones didn't like it, and they were going to have pay rent on it, so they decided to buy their own house.

Well, the upshot was that it was decided they'd sell the Miller house, and the money from it would be used to buy the Malarkey house—I don't know whether it was going to be owned by MRF, or, I think the MRF was going to put in the money and the house would become property of the University.

And I think that was about to happen when Dr. Bluemle decided to leave. And so it was kind of put on hold because they wanted to be sure that the new president came in, that this would be suitable rather than buying this and finding out that like the Miller house it wouldn't be suitable to the next president.

And so in the recruitment of Dr. Laster, the Lasters saw it; and they thought it would be very suitable with a few changes here and there and some Oriental rugs and so on, but anyway, it was going to be all right. And so everything was worked out, except—and again, I'm kind of putting a little of this together, have to check it out—but I know the State Legislature had to give approval, and I think it was because it would become part of the state

property or part of the University property, even though the money that was going to be used to purchase it was private money coming from the Foundation.

And we had to go to the Emergency Board. By we, I mean I and the others here had to go to—well, either the Emergency Board or the Ways and Means, they're essentially the same group. And Vera Katz was, I believe, co-chairman of that from the House side, and I forget the name of the senator, who was from the Coast. They were both Democrats.

In any event, when we went with this proposal, they turned it down, even though it had been promised to the Lasters as part of the recruitment package, and even though the money was not state money, it was private money. They turned it down because there was a certain feeling that college presidents were getting too many perks. The salary of the Health Sciences University President was the highest in the whole state, much more than the Governor, more than the Chancellor; it was the highest paid position in the state. And here Laster was coming in for more than the previous President, and here they were going to give him a house, too, or let him have a free house. And so they turned it down.

Well, the lease portion lapsed; the Malarkeys took the house and, I was told, sold it within a couple months for twice the amount. Now, mind you, the State could have bought it and then resold it and made money off of it, but in their wisdom they decided not to do it. And it was really embarrassing for the Chancellor, who had understood this was happening, embarrassing for those of us at the University at the time that were trying to keep things going till the new President came.

Well, then they had to have a house because they had been promised it. So when the Lasters were here, they looked around, and there was a home up on Davenport Street on Portland Heights that was leased, and all this money that had been gotten from the Miller house was spent, I understand, in fixing that up and in paying the lease. So it all went down the drain as far as we were concerned.

And then subsequently the home that the Lasters moved to from the leased house, and the one that the Kohlers are, in was donated to the University, so there is a University President's home now on Montgomery Street, but there could have been one much earlier.

ASH: And this one was approved by the Legislature?

JONES: I guess so. It must have been.

ASH: So it was just the times?

JONES: Yes.

ASH: Although I saw in the paper yesterday the Governor's house in Salem. There's some controversy about fixing that up.

JONES: Yes. But more, I think, because the feeling is the donors are going to expect some political—something in return. In this case, there was nothing like that involved. It was just that the highest paid state employee having free housing as well—which, of course, he had anyway because they leased it.

ASH: Well, that's a good story. Did you ever talk to Dr. Laster about his reaction to finding out that he didn't have that house?

JONES: I didn't. I don't recall it. Of course, the Chancellor was the person on the search committee who had to give him the news. But you know, it must have been something that was difficult for him to understand—but a preview to what he would be dealing with, with the Legislature and the fact that politics were important. You know, I think if it had been David Baird, there probably wouldn't have even been a ripple because he would have had it all programmed ahead of time.

But also, I guess the Chancellor—if you ever talk to Dr. Lieuallen you can see if he'll remember this because he was the Chancellor at the time. I know he was a little ambivalent about—for himself, anyway, and some of the other presidents—having free housing because you're here for the long term. There's something about developing equity in your own home, and after you are no longer president—if you're staying here, or in the case of the Chancellor who retired, and he had not built up any equity in a home, didn't have the tax write-off for the interest on the loan and that sort of thing.

On the other hand, if you're only here for a few years or maybe ten years and moving on to another position—but it was in a period in which real estate was appreciating.

ASH: But that makes the story more interesting.

We talked about the State Board of Higher Education a little bit, but one of the people that we hope to interview is Lou Perry, and I wondered if you remembered him and you could fill me in a little bit?

JONES: Right. Well, Lou Perry was President of Standard Insurance, that was his job; and he was President of the State Board of Higher Education, during Dr. Bluemle's time and during the period I was Acting President, and during a lot of Dr. Laster's time. There must have been a change before Dr. Laster left. Very influential person. I had great respect for him. He was very thoughtful, was on many boards of directors in town: one of the bank boards, I think First National, or then First Interstate. And a wise person. He had a Ph.D., I believe in economics, and so Dr. Stone, the Dean at the time, used to always refer to him as Dr. Perry, and so I picked up on that and call him Dr. Perry. He said, gosh, he really preferred being called Lou or Mr. Perry, but not Doctor because he felt embarrassed around all of these medical people or professors at the Medical School. A modest sort of person. A tall man, so physical stature as well as business stature and educational credentials.

And he was very approachable. Some of the problems we had, we'd go down and talk to him in his office when he was available.

ASH: Go down where?

JONES: To his office down at the Standard Insurance here in Portland.

But you know, I think we were in very good hands as far as the State Board was concerned with him as Chair and with Dr. Lieuallen as Chancellor. They wanted to be sure things were kept on track here, and they understood some of the problems and some of the frictions and so on that were happening with many of the changes Dr. Bluemle instituted, like separating the Hospital and Clinics from the Medical School. It created a lot of tension on the part of Medical School faculty, clinicians and some chairs of departments, because they were used to dealing with, if you will, an integrated system where the Chair of the department was the head of the clinical service, and the Associate Dean was the head of the Hospital and Clinics. Everything kind of flowed through this hierarchical system before, and then having separated it into two separate things, so that—I mean, they're teaching research or one thing, but the patient care and the residency programs and so on were in another organization, if you will, where the budgets were separate now, and there were problems in handling the budgets.

When Dr. Bluemle left—he was responsible for proposing the budget for '77-'78, when I was Acting President, but in the process there were transfers of Clinical Pathology from the Medical School over to the hospital because most of their activities were in the laboratories. And somehow three-quarters of a million dollars got left out, and so we had to go to the Emergency Board to try to get this corrected. And although it was very obvious when you looked at it from our point of view...

[End Tape 5, Side 2/Begin Tape 6, Side 1]

JONES: So I had kind of gotten off on this budget matter, but that was one of the kinds of problems we were having during that period, of reconciling some of the changes in the budget that were a consequence of separating the hospital and clinics from the Medical School. And that's kind of the tip of the iceberg, and under that there was tension between the Director, the Vice President for Hospitals, that was Don Kassebaum, and the Dean of the Medical School, Dr. Stone; and that was partly a reflection of tension created by the faculty of clinical departments, because now they had two masters that they had to please rather than one, and this change was difficult for some of them.

Well, so Lou Perry was understanding, and having a background in economics and in finance and so on, he could deal with this better than I, certainly. So he was very important and kind of a stabilizing influence.

ASH: Was the contention mainly about the funds? Did the clinical arms of the departments actually lose out on those funds that were now going to the hospital, and was that the problem?

JONES: Well, that was one of the problems, but also now the hospital had to have income to cover their expenses: the overhead, the nurses, the lights and heat and so on; they had to manage. And before, I guess, there hadn't been quite as much accounting for activities, so patient-related activities now had to be accounted for and funded in one way or another.

Well, in the old days the faculty person, for instance, could see his patients in an examining room near his office, and if he was located over in the clinic, a nurse was provided, and he didn't have to worry about it. Well, with the change now, one of the things that was very upsetting to the faculty was that they had to pay a certain fraction of the income of seeing patients to the hospital clinics for the facilities that were being provided: for the sheets, the nurses that were there, the clerks that were handling the calls and so on, and they hadn't had to do that before, and I'm not quite sure why.

And if their offices were over at the Medical School, in say Baird or in Mackenzie Hall—where surgeons were or people in Experimental Medicine, Dr. Osgood and Dr. Robert Koler—they could see their patients there, and although they had to provide their own sheets, I guess, and their laundry, and they didn't really need nurses—they didn't have to pay anything other than maintain it themselves, but if you were over in the new clinic building where most of the people in the Department of Medicine were, you had to pay a certain percentage of the patient revenue to cover that.

Well, that was part of it, and you had to answer to the people in the administration of the hospital, and they had to justify to the Legislature that they were not subsidizing something that was covered by other payments.

ASH: Big change.

JONES: Mm-hmm.

ASH: But Lou Perry helped you survive that period?

JONES: Yeah. And more in being understanding or reassuring; it was certainly not day-to-day, but he was a friend of the institution and those of us that were kind of struggling with things.

ASH: And then when Dr. Laster came as president, Lou Perry was still there?

JONES: Yes.

ASH: Do you know anything about that relationship?

JONES: I really don't. No.

ASH: There are some other things that I had on the list that I just wanted to be sure we covered. I think we talked a little bit about the role of women and minorities in the School of Medicine. We have found, in the files, a newspaper article about the Bakke decision in 1978, and that was about the time when you were Acting President. And it said that you agreed with that decision, and I thought you might like to comment on that and how things have rolled out since then.

JONES: Well, I may have mentioned earlier, either on tape or off, that during my time as Acting President, we had an investigation by the Office of Civil Rights—I think it started just before Dr. Bluemle left, but the Chair of Neurology had put in a large grant application for a stroke center, as I remember, and it was over a million dollars.

Well, in those days if you got awarded a grant over a million dollars, automatically the NIH had to call in—I guess the Office of Civil Rights, or anyway they had to do an audit of the institution before they could award the grant to be sure that they were in compliance with all affirmative action rules and regulations.

And so the examiners came in, and they found us out of compliance in a number of areas. Significant among them: that women faculty in comparison to the male faculty were substantially below. I mean, not just one standard deviation below the mean, but they were way out of range. And there weren't very many women faculty, but they were out of range when compared with male comparators in the area of their specialty and in how long they'd been here and so on.

Now, there are some explanations for that, and I can give them to you if you want, but the bottom line was we were out of compliance in that area. We had very few minorities, very few African-Americans on the campus in employment areas—not just faculty, not just students, but very few as staff, other than in very menial tasks.

Those were two important areas. We had an affirmative action officer who had been in the animal care service, and we didn't have a minority affairs, student affairs office, and a couple other things—and we can find this somewhere in the documents, I think.

Anyway, this is a major thing because not only would they not fund the new million-dollar stroke center, but they could shut down all of the NIH funding to the University. And so we entered into a conciliation agreement, and of course the State System attorneys, our attorneys, the Advisory Council—that was a volunteer group advising the president—all got involved in this.

But this conciliation agreement required that we do certain things: that we correct the salary discrepancy for the women faculty members—and of course they went around and interviewed people. They didn't just look at the books, they went around and did a detailed interview and so on, and there were a number of women that felt that they had not been dealt with properly. There were many women that pointed out that, "Hey, look, I came here with my husband, and he had the job, I didn't have a job. There was no promise of a job. But

once I got here, people tried to work something out, and they worked something out part-time, and it evolved into this full-time position, and you know, I feel lucky that I got it.” They were trying to help.

Nevertheless, on paper if you looked at it, they were doing the same job, maybe, as some male was in a department, and maybe they were both on grants, but one was getting substantially less than the other. So you know, although the intention may have been good, the result was not equitable and fair.

Well, so among other things we had to correct those salary discrepancies. And many of these people were paid on grants or on department accounts where there wasn’t any more money, so we had to rearrange some of the accounts from the University—or it was mainly the Medical School—to be sure that they were funded.

And we had to set up a program to do a comparison every year of all women and minorities against appropriate comparators, male comparators by rank, by discipline, by length of time they’ve been here and so on. And if any woman or minority was more than five percent below the mean, then you had to do the comparison with a matched comparator; if there wasn’t one in the department, then you had to find one in another department that would be equivalent. You couldn’t just say that, well, there are no assistant professor men in this department, and this woman is the only one, so you know, she must be all right because she’s not—this sort of idea was not acceptable and wasn’t appropriate.

And if they were more than five percent lower and there wasn’t a rational explanation, that one hadn’t been here as long or the assignments are different—and mind you, these so-called rational reasons would be scrutinized not only by the administration here but open to the inspectors from the Office of Civil Rights. So they had to be legitimate.

The salary would have to be upped, changed, regardless of where the salary source was coming from; it could be all from a grant, and if you couldn’t squeeze more money out of the grant, then the department would have to do it.

So that had a major impact. Same for minorities. We had to establish and fund more adequately the affirmative action office and start an Office of Minority Student Affairs. And during the development of the budget for the next biennium, which we presented after Laster was here—I was serving as a special consultant to the President for the first ten months he was here. I was responsible for presenting those to the Ways and Means Committee, and Vera Katz was there again, and of course she was very sympathetic to this sort of thing; and we got new monies for the Office of Affirmative Action and for the Office of Minority Student Affairs.

And I can remember her saying, ‘Now, you know, I’m going to be watching this. You guys up there on the Hill, you come down here and you get some new money, and then you spend it on something else. And I want to be sure that this money is spent on what we’re giving it for.’

ASH: This was what Vera Katz said?

JONES: Yes. And I felt very strongly about it. So for some time after that I kept bugging the Administration, reminding them, “If you don’t spend this, she’s going to ask about it.” And plus we had to stay in compliance with this agreement because if we were out of compliance for something like five years after the conciliation agreement, they could stop the funding from the NIH, just bang, like that.

ASH: Close us down.

JONES: Right. And you know, we, like a number of other places, were caught in this. And at the time a lot of people were really kind of disgruntled or upset either that, “Oh, my goodness, we’re so terrible,” depending on your point of view, using women and minorities unfairly—or that, “What’s all the fuss about?”

And although I got some headaches out of it and a lot of anxiety, I think it was a major plus for the institution. It was a wake-up. Maybe we need another wake-up. But it was a major wake-up and much more attention was paid to it.

I don’t know if progress was made as rapidly as it should have been—particularly in terms of recruiting underrepresented minorities into the staff and the faculty and the student body. Of course, the local pool we draw for students is a problem. There are not very many minorities in the state of Oregon, and we’re in competition with those outside from other states with other institutions that can support them financially.

But certainly staff—what, there’s close to 8,000 employees? There’s no excuse for having very few minorities, and so I think—a lot of pressure on the employment office.

And not only comparing salaries, but you had to look at the number of physicians, the number of hires in comparator groups. If it was hiring secretaries, then the demographics were local. But if you were hiring faculty, then the demographics of the U.S. were what you were to be looking at.

Anyway, I think that had a major effect. Now, maybe we would have changed and evolved as rapidly without it, but I think not. I think it really kept our feet to the fire.

ASH: When you say maybe we need another wake-up call, how do you think we’re doing now?

JONES: Well, we certainly in my opinion don’t have as many underrepresented minorities in the medical school classes, and it’s not that we’re not trying. I’m on the Admissions Committee, and we have some preferred groups in terms of getting them an interview. If you’re a resident of the state of Oregon, you’re in a preferred group. If you’re an underrepresented minority from anywhere in the U.S., you’re in a preferred group.

By a preferred group, that means your GPA, your MCAT (Medical College Aptitude Test) scores, if they're something like a 3.0 or above, you'll be considered; whereas if you're from out of state and not an underrepresented minority, you may have to be 3.5. I don't know what the current criteria are, but it's a substantially higher threshold level that you have to have in order to get an interview.

Once you get the interview, then everything is the same: you're evaluated in terms of your motivation to go into medicine, your communication skills, your maturity and your other activities, non-academic activities. And I think we give special weight to overcoming adversity; and if you're from an underrepresented minority—a Native American, maybe Hispanic, maybe African-American—and have come from a family where maybe you're the first one to go to college or other things like that, we may try to boost your score, if you will, for overcoming adversity. But just because you're African-American, we don't give you an extra point for being an African-American because there's great concern that this will be seen as...

ASH: Reverse discrimination?

JONES: Right. But as I got into explaining that more than perhaps you wanted, I think part of our problem in getting well qualified, underrepresented minorities, particularly African-Americans, is that the people we interview and offer admission to, we're in competition with Stanford, Duke, Harvard, Hopkins, and those places have resources to provide for their tuition and maybe some subsidy. We have a program here where the tuition can be waived, at least the out-of-state tuition—well, I think there are some scholarships for qualified underrepresented minorities that help, but we're still in competition with these other institutions for both Oregon residents and non-Oregon residents.

And the other thing is we're talking, say, to African-Americans, who don't come here in particular, and asking a number of them for feedback. And they say that, "Well, you know, I may be one of two or maybe three in a class here, but I can go to Hopkins or some other place, or to Howard or a traditionally African-American medical school, and I'm not there alone."

I guess I talked about my medical school class where there were six women that started, and one finally finished. You don't have as many choices of people that you feel compatible with, and it's perhaps more obvious with women and men that, you know, if there are only six of you, and you don't happen to be attracted very much by the other five women, and you're going to have to be in partnership for most of the time—and the same sort of thing may go for underrepresented minorities: they don't have choices of partners in medical school—dissection partners or lab partners or rotation partners.

ASH: What was it that started the trend for accepting so many more women into medical school? It seemed very rapid to me. Suddenly I hear that fifty percent of the class is women.

JONES: Well, I think most of it was external. That is, more and more women decided that they needed to be doctors, and that they saw that they could get into medical school. And so the numbers increased, and those that were in the competitive group, if you will, in terms of their academic standing were there.

Also, though, I believe there was an effort by women faculty and some others here to be sure that the committee was not treating women applicants differently than male applicants, sensitizing the Admissions Committee—and this was long before I got on there—that there are certain things off limits; like, “Now, what are your plans for a family and how are you going to work that out with going to medical school?”

I mean, we didn’t ask men that. Now, in the old days you did. You told them essentially you couldn’t get married while you were in medical school.

ASH: Way in the old days.

JONES: Way in the old days. And this thing of, “Well, why do you want to be a doctor when, you know, you’ll finish and then all you’ll do is have babies, and you’ll just drop out and not be a physician?” Those actually, I’m told, were comments that came up in the days when I started medical school. I didn’t hear it personally, but I’m told that. And I think you can speak to some of the women faculty, the older ones, and you’ll hear that.

So this mindset of, if you want to be a physician as a woman—and occasionally it comes up during my conversations with an applicant, particularly if I sense that there’s some hesitation because they’re concerned about balancing family desires and plans against going to school—I’ll pick up on it in order to point out that there are a number of women students, residents, practicing physicians that work this out, and that there’s hope, if you will, or that it can be managed, rather than, “Well, yeah, that’s a big problem, you’d better think twice before you go into medicine,” that sort of thing.

But you know, I guess I feel that a woman may have more choices, or have to think about it, because biologically they have the babies and they’re going to be impacted more during the pregnancy, certainly; although more and more male members of the couple take on parenting responsibilities now than in the days I was in school.

[End Tape 6, Side 1]

Interview with Richard Jones, M.D., Ph.D.
Interviewed by Joan Ash and Linda Weimer
March 16, 1998 [Interview 4]
Site: BICC 531
Begin Tape 7, Side 1

ASH: It's March 16th, 1998. Joan Ash and Linda Weimer are interviewing Dick Jones.

The first thing I wanted to ask you about today—and welcome back—is a story you told us about an incident with your father and a motorcycle. We didn't get it on videotape, and I'd like to take this opportunity to do that.

JONES: Well, it was when he was a medical student and had just moved up to the Hill, as far as I know. He didn't have much money, and so his transportation was by motorcycle, a secondhand motorcycle that he had bought.

And it's an example of how he and Mr. Gaines—who was in charge of all of the physical plant—used to have kind of a running contest on who could one-up the other the best, and they played practical jokes on one another.

Mr. Gaines, of course, had a tool shop where he could fix anything—he was in charge of maintenance and so on. Well, he'd gotten one of these little gas stopcocks or petcocks, much smaller than the big ones that are in labs nowadays, a small little thing, probably an inch or so, metal, and he decided he would—because my father had apparently parked his motorcycle where he wasn't supposed to, although there was hardly any designated parking in those days around here.

So Mr. Gaines took his welding apparatus and welded on this little stopcock somewhere on the side of the motorcycle, kind of out of the way. And when my father saw it, he of course knew immediately who had done it, and I don't know what he did to try to get back at Mr. Gaines.

You know, I think people describe Mr. Gaines—and I saw him when I was young once—as being a little bit gruff and not very approachable. And so to me, anyway, it kind of revealed somebody that could interact and have fun with the students. He was much younger, then, of course, too.

That's about all I remember.

ASH: I think it's curious that a major road was named after Mr. Gaines. Do you know the story behind that?

JONES: I don't know that. And I don't know whether Gaines Hall was named directly after him or because it was on Gaines Road—I assume it was named after him when it became part of the Medical School and University because it had been a clinic, I think—well, I don't know. But I know some private medical activities went on there, and I don't know how the University acquired it, but I suspect it was named after him once the Medical School acquired it.

ASH: And he was the physical plant, operations head?

JONES: That's my understanding. He was in charge of the physical plant and maintaining everything, the grounds and the power plant and all of that.

And his tool shop, when I was in medical school, was at the south end of Mackenzie Hall where there's a lecture room now. It was the maintenance department—in other words, just coming out of the bookstore, going this direction [demonstrates]. And that was revamped. But it was attached—if you'll notice, that lecture room is really attached to the end of the building, it's not part of the building. And his maintenance shop, just prior to the war and maybe during the war, was on the end of Mackenzie Hall; it was an add-on building there.

ASH: Now it's a pretty heavily used lecture room.

We also wanted to ask you about Chancellor Lieuallen, and if you could describe him as a man, because we will be interviewing him. And also we wanted to ask you about the role of the State Board of Higher Education and the Legislature.

JONES: Yes. Well, I'd known of Chancellor Lieuallen while I was a young faculty person. He would come up on occasion, and I think he'd been Chancellor for a very long time, over twenty years. I may be mistaken on that, but he had been Chancellor for a very long time. And my first encounter with him, I guess, was when he phoned and asked if he could meet with me, when I was Chair of Biochemistry; this was in 1977. And I guess I'd seen him on campus but never met him, and so I was very surprised.

And it had already been announced that Dr. Bluemle was going to leave. In fact, I was on a search committee appointed, I believe, by the Chancellor, to make nominations for a new President to succeed Dr. Bluemle. And I guess he had met with us there, so I met him earlier in that context. And I guess I thought that, well, he wanted to come up to talk to me about that. But it was a little strange that he'd talk to me alone without the whole committee.

So anyway, he was in Portland and he came up to my office. You know, I would have been willing to meet the Chancellor anywhere in town. So we went into my office, and said that, well, he apologized for this short notice meeting, but he wanted to speak to me in person about it, but he only had really a few minutes and would want to get together later depending on what my answer was going to be.

And then he said that he'd talked to a number of people and wanted to ask if I would

serve as Acting President for the University during the interim. And I was completely bowled over because I had not expected anything like that. And so we talked a little bit about it, and I said, well, I had never done any administration at that level, and was he really sure; that there were several other people around, like Dr. Stone, who was Dean and knew a lot more about the top administration. And as I remember, Dr. Lieuallen didn't go into any detail but said that for various reasons he felt it would be better to have somebody that was not directly involved in the administration; that Dr. Stone might be a candidate—I think that came up—for the presidency, and therefore he would not want to have any candidate serving as the Acting President because it would complicate the search process, and it might decrease that individual's opportunities to be a valid candidate.

Well, anyway, the main point was that I felt that I needed to talk to Dr. Bluemle to find out what was involved and think about it and talk to my wife; and so he said that would be fine. He said he had already talked to Dr. Bluemle, who had felt that I could do the job. I guess he felt that the job wasn't all that difficult so—although that's a bit of my interpreting.

So that was my first encounter, and he was readily available to me during the time I was Acting President; he was on campus several times. We had an understanding, and I asked for it, but he might have laid it on me otherwise, that how I would function would be to keep things that were already started on track—like the siting of the VA hospital, the Shriners Hospital negotiation for coming here and some other things—that I wouldn't initiate anything that might obligate the future President, that is, any new activities; but that we would keep the ship going as well as possible forward and that I would consult with him whenever I wanted to or had a concern or question about something.

And that's the way it played out. I remember I introduced him to the group of middle management people here; and I don't know the name of the association, but you may know of it, of staff and middle management...

ASH: Management Association.

JONES: Yeah. And soon after I took over as Acting President, they had invited him to come—they were interested in, well, what's the future, what kind of president will they be looking for, and that sort of thing. And so I went to introduce the Chancellor, and he was very complimentary. He felt that he was a good judge of horseflesh—he'd come from Eastern Oregon from a ranch; and so he applied that term to me, and I thought it was very flattering.

You know, at times there was some stress, as well. The kind of conflict, if you will, in how to do things, dealing with the change taking place between the Medical School and the hospital through the persons of Dr. Stone and Dr. Kassebaum, and I was kind of in the middle of it. And so on a couple occasions I talked to Dr. Lieuallen about that by phone and got wise counseling.

ASH: Where was he located?

JONES: In Eugene, in the Chancellor's Office on the campus of the University of Oregon.

ASH: Do you know more about his background? He came from Eastern Oregon?

JONES: He came from Eastern Oregon. He'd been on the faculty—I don't know, but you can check this out—I think he was a coach at one point. I don't know what his academic credentials were, but from my point of view, and I think you'll find this out from many others, he was a very good judge of people. I think he had a very good relationship with the Legislature early on, although towards the end, when things weren't what some people in the Legislature wanted, and the State System was always asking for more money than they could give them, and so on, I think he became the focus of the criticism: "How come he can't manage things better?" and so on.

I personally thought those criticisms were not valid. But when you're in that long, and during a period of a lot of change on all the campuses, I think you start to use up your chips.

Anyway, he came from Eastern Oregon, so he knew legislators from outside the I-5 corridor, and yet he was able to interact, I think very effectively, with the legislators from the more urban areas.

I know a little bit about it. It turns out that my youngest son married I guess a niece or a cousin of his. The Lieuallens apparently came from Oklahoma; I think his parents and my daughter-in-law's grandmother—she told me about this, my daughter-in-law—settled in Weston, Oregon. It's near Athena, which is north of Pendleton, in that area; and they were farming and ranching people.

And I believe Dr. Lieuallen was born there and raised there. I think he was associated with the school in La Grande, but I'm not sure of that. But in any event, he became Chancellor.

I thought he was really a very effective person. A little, I suppose, like Dean Baird, although much more outgoing and not as reclusive as some feel the Dean was. But a good judge of people. Knew how to interact with the Legislature. Was of course really answerable to the Governor—well, to the State Board of Higher Education, but that Board is appointed by the Governor. From an administrative point of view and budgetary point of view, he had to interact with the Executive, and the budgets of the State System of Higher Education went in to the Governor and were worked over there and then went to the Legislature. Although they're the budgets of the State Board of Higher Education, the Chancellor's Office put it all together and provided the rationale for various additions and so on.

ASH: I wanted to follow up on dealings with the Legislature because, in other interviews, we've heard that the deans here would go to the Legislature, and yet it sounds like the Chancellor went to the Legislature—so can you illuminate us on that?

JONES: Well, the Chancellor was the lead person between the State Board of Higher Education and the Legislature, but he would bring the presidents of the various institutions when it dealt with their budgets or programs that were specific to one of the eight institutions. And the Dean of the Medical School and the Dean of the Dental School, as you know, historically served like presidents of the other institutions, so the Chancellor would bring them.

Well, a certain amount of lobbying goes on outside the formal hearings when the Legislature is in session or to committees between the sessions—like the Ways and Means Committee during the session; it's the Emergency Board or a subset of that that deals with money matters and authorization to do things that relate to money between the regular sessions.

And the way I see it, anyway, is that the various Presidents, depending on how long they were here, developed closer or less close ties with members of the Legislature. And Dean Baird, being here a long time, and having a knack for this, I guess, developed very strong relationships. But he didn't, every time he wanted to approach a legislator on the side, have to call the Chancellor for permission; it was pretty well understood. And it was rather informal.

And I don't know if people kept track of it, but just kind of an aside that related to that: when Dr. Bluemle came, and particularly John D'Aprix, his executive assistant who stayed on while I was Acting President—when John came, John, I think, from business background and so on, understood, and it was the law in Oregon, that the sort of contact that the President or others, anyone from the Hill, would have with anybody in Salem was really lobbying, and in fact you were to keep track of that and be able to document it. And so he instituted what I think, as far as I know, was the first record keeping of when anyone went to Salem to talk to anybody about an official matter of the University or School; you were to make a note of this, and you really weren't to go off there on your own without clearing it with the President's Office.

But I think that was a fairly big change, and maybe the other campuses were doing it, I don't know.

ASH: So under Chancellor Lieuallen, he actually expected the Presidents, and Deans in some cases, to deal with the Legislature directly?

JONES: Yes. But for instance, when we'd present the budget for the Health Sciences University to the Ways and Means, he would be there, and he would kind of start it off—and you know, this would take place over several weeks for the hearings on the budget of the State Board of Higher Education. It was the whole budget, and then they would go down into parts of it, the University of Oregon's budget, Oregon State's budget and so on would be on different days, and then they'd get around to the Health Sciences University budget.

And ours was much more complicated. And often the Vice Chancellor for Finance would be the one presenting the overview of various parts of the budget, of say, the other universities. But when it got to our budget, because of the hospital and clinics and the fact that state money was going in, routed through Higher Education, but wasn't really part of the Higher Education dollars—in other words, the monies the Legislature was getting weren't competing for part of the money to Higher Education that could go to Oregon or Oregon State, although at times you'd get the feeling that people in those institutions thought they were getting less money because the hospital was getting more.

Now, the education general fund budget might be competing, if you will, for some of those funds: the library, for instance [laughs]. We always thought we were getting much less than what we deserved of the library budgets because they were—at least at one time, during the time I was there, I think they were consolidated; and the pitch would go to the State Board of Higher Education and then finally on to the Executive and then on to the Legislature that, you know, the funding of the libraries is way below national levels and so on for higher education institutions.

But other aspects of the budget, most of it for the Health Sciences University, were kind of unique. Well, when I was there, I would go in and I would really give an overview and introduce Bob Peterson, who was our Vice President for Finance and Administration, and he would give more of the details, and he would be the one from whom answers would come for the legislators. Or when it got into the hospital and clinics budgets, Peterson and Kassebaum would be there at the witness table—all three of us might be there, but by that time the Chancellor was probably back in his office doing other things. But he would introduce us.

So that's the formal presentation. But the lobbying would be going on simultaneously. And we were expected to let the Chancellor know if we were approaching somebody about something sensitive, and we certainly had to be careful that we weren't going around him or going outside the approved budget.

On the other hand probably some of that went on with legislators who knew us well and knew the needs. Like any political system, often the hearing is set up by the legislator in charge, in order to get on record something he knows already but may not be in the regular budget.

ASH: Had you done any of this before?

JONES: No.

ASH: How did you feel when you had to make your first trip to Salem?

JONES: Well, a lot of anxiety. On the other hand, we'd been pretty well prepared. We had fact books and things like that, and we'd get together ahead of time—Peterson and Kassebaum and occasionally Dean Stone, if it related to the School of Medicine—and go over what we wanted to present and how we would do it and who would do it.

Now, a lot of the interaction on the budget was done with the financial staff—well, the Executive budget office people, and then the Legislative budget office—and these people were really the ones that were feeding the analysis to the legislators, and so there was a lot of preparation, interacting with them, and then, after the hearing, clarification of things with them. They would even come up and spend some time with us, and they were in many ways the ones you had to convince, because if you couldn't get them on board to see it your way, it would be much harder to persuade the Ways and Means Committee that you needed something.

Anyway, it was a new experience for me, and interesting, but a little stressful.

ASH: The next topic I wanted to move on is the role of committees in the University administration. And aside from the Faculty Senate, we've heard that Dean Baird had an Executive Committee, I take it with department heads. Well, let's start with when you were a department head and then move on to when you were President.

JONES: Well, if we can start just a little bit earlier, before I became Chair of Biochemistry: in those days and for years earlier, our institution had a strong Dean, and he had an advisory group, the Executive Faculty; and they were made up of chairs of the departments in the Medical School and a few other people, like Dick Sleeter, the head of Crippled Children's Division, as it was called (CDRC now), and the associate deans. But it was mainly department chairs. And that was how many medical schools were operated. And that was the faculty committee, if you will, from the Dean's point of view: it was the chairs of the departments; the department chairs were to represent the faculty in their departments, even though they weren't democratically elected [laughs].

And then the other committees were other things, like the Admissions Committee, which the Dean appointed; the Curriculum Committee; but there weren't search committees for new chairs, I'm told, up until the committee that was appointed to look for a Chair of Biochemistry when Dr. West retired. Ordinarily the Dean would make the appointments; he would consult with some people, but there wasn't a formal committee process. Well, in the process of West's retirement, the Dean had gotten some suggestions: a Dr. Brown from St. Louis had been suggested by some friends, and I guess by Dr. West, so he had Brown come out and had virtually appointed him when there was a rebellion on the part of some of the faculty here who felt that there ought to be a process—as was emerging in other medical schools—namely search committees, faculty search committee, to advise the Dean—not to select the final chair, but to identify viable candidates, be involved in interviewing and evaluating them, and passing on their recommendation to the Dean.

So he was persuaded to appoint a search committee; and Dr. Holman, then Associate Dean, was chair of that committee, and there were several more senior people: I guess some department chairs, I think Brookhart was on that, and some others.

Well, so that was the start of what I think are very important committees, appointed by the Dean of the School of Medicine. And the Dean appoints them even now, for searches

for department chairs, or for important senior people that bridge departments, but mainly for department chairs. I became Chair of Biochemistry in late '66, and I guess in '67 or '68, during that time, before the University was formed...

[End Tape 7, Side 1/Begin Tape 7, Side 2]

JONES: As I was saying, there was an expansion of the full-time faculty in the clinical departments, and many of them had come from eastern schools or medical schools where the faculty had more of a voice; some of the basic science people that were added were coming from universities where there were faculty senates and where the faculty were heavily involved in advising or maybe even running some aspects of the university.

So pressure was put on the Dean to have more faculty involvement and in fact to have some sort of Faculty Senate in the school. And he appointed Dr. Haugen, who was head of Anesthesiology—I think at that time Anesthesiology was within the Department of Surgery, was a Division. In any event, Dr. Haugen was appointed chair, and I was on that committee, and I think Dr. Metcalfe—I think he was on there. There were several of us appointed to look at the issue of some sort of faculty governance beyond the Executive Committee.

Well, needless to say, many of the people that were not chairs felt the Executive Committee was not a representative body because they weren't elected. And also, they had their own agendas, and they were really part of the administration. So a proposal came up—and I forget the details now—but it was to allow a little more involvement of the faculty, and we proposed a faculty constitution. Again, all this was within the School of Medicine because the University hadn't been started.

But many of those that had been advocating for more faculty involvement—and democratic involvement of the faculty—felt that, on the face of it, anything that this appointed committee came up with would be suspect because it had been appointed by the Dean and had a number of people from the Executive Faculty on it.

And so finally—again, I don't remember the details, I'd have to get it out—I don't know whether we had a vote on this by the faculty or not, but it was not accepted by the faculty. So another committee was formed, and I was on that, also, but it had mainly people that were not on the Executive Faculty. That body—and I think it was chaired by Dr. Metcalfe, as I remember—came up with the current faculty constitution for the School of Medicine.

[Audiotape stopped]

[Videotape transcription:

The compromise was to have the Faculty Council made up of equal numbers of appointed people, appointed by the Dean—including department chairs, associate deans—and of elected representatives from the various departments. And in order to be sure that no one department dominated, we set up several groupings: basic science departments in one

group, and so on. And then from each group, people would be elected, I think three, in alternate years, or in three successive years for a three-year term.

And also the Committee on Committees was an elected group. In the past, all the committees had been appointed by the Dean; but the Committee on Committees was to recommend to the Dean the composition of the committees. And again, it was kind of a compromise: they didn't actually appoint the committees but they recommended who ought to be on the committees. And I think that, with very few exceptions, the Deans since then have appointed the people that the Committee on Committees has nominated. Now, the Chair of the Committee on Committees is the Associate Dean, so there's a fairly tight link between the Dean and that committee. But the Dean does not chair the committee; and it is advisory but he has generally appointed the people that the committee has nominated. Well that committee, then, would nominate people for the Admission Committee, the Curriculum Committee, the Promotion and Tenure Committee, and all of the other standing committees. Rather than electing people to those, the idea was that you would elect the membership of the Committee on Committees, and they, representing the faculty, would figure out who would be best for the various committees, including search committees. Again the Dean appoints them, but on the recommendation from the Committee on Committees, as to who would be good members. I think, personally, this worked very well.

ASH: The structure is still in place?

JONES: Yes. And the Faculty Council is advisory to the Dean, except in a couple of areas: one is that to get a degree, an M.D. degree or a graduate degree, the faculty has to vote its approval, and the Dean signs off on behalf of the faculty. But if the faculty decided they didn't want to graduate someone—of course, they'd have to have a good reason. But they don't just advise the Dean to graduate someone; it's the tradition in higher education that the faculty are the ones conferring the degrees.

But the deans have utilized the Faculty Council really to endorse all of the major changes. The changes in curriculum have always been brought to the Faculty Council for a final vote on whether to accept or not, and all major changes come there.

ASH: Over the years, I've heard of cases where search committees have made a recommendation, and either the Dean or the President has not made the offer to that person. Is that true?

JONES: Yes. At least I know of one. I don't know that we want to go into details, because the President is here, and the Chair is here, and I'm here. But, we made an offer to somebody that we thought, certainly, had been cleared by the Dean at that time, after a long search, and I went in to talk to the Dean and to the President about the package we were trying to put together to move this person. He was very interested in the job, but we didn't have everything yet together.

And of course the President has been involved—well, all along from Dr. Bluemle's time and certainly with Dr. Kohler—in providing some of the resources for recruiting

department chairs. And he said that the person we made the offer to really wasn't of the stature that we needed to have in this particular department, and we really ought to look longer. Well, I'd been talking to the candidate on behalf of the Dean to say that he was the finalist, and that we wanted to have him down to start talking about what he would need in order to come and so on, and so it was left to me to call him and tell him that the offer was off. And maybe we had gotten ahead of ourselves.]

ASH: Our batteries ran out. Look at the videotape for the last few minutes of discussion.

We were talking about search committees.

JONES: Yeah, I think the general rule has been that the Dean and the President—because the President is involved in developing resources and has the decision on the final choice of the Chairs of the School of Medicine—that the general rule has been that they've pursued the top candidates, plural. The search committees I've been on, we've always tried to be very careful to select two or three viable candidates to recommend so that we don't lock the administration into just pursuing one; because at the point you start to make the offer and figure out whether you can in fact recruit somebody, I think a committee isn't able to really be very effective.

ASH: Because of the commitment of resources, then?

JONES: Right. But I was telling you an example of one, and because the person who was finally appointed is still here—although I can tell you if you want—it was difficult because I had to talk to this person (the one not appointed) and I just told him exactly what had happened, and he appreciated knowing. He didn't like it too much. I'm not sure he would have come, and I suppose we could have played it out in a different way, but I think we were all agreed, the President and the Dean and I, that we wanted to open up the search again.

Now, the president suggested who we look at, who had been on our list but wasn't at the top, and sure enough, within a month or so he came to the top, and he was recruited.

ASH: Were there any major recruitments when you were Acting President?

JONES: Well, yeah, there was one. It was really kind of strange. It started before I became Acting President, and that was for the Chair of Medicine. Dr. Bristow had been Chair, and he stepped down, and there were some interim Chairs—Dr. Kendall and Dr. Robert Koler—and I was chair of the search committee before I was appointed Acting President. So I reported to Dean Stone as the chair of that committee, and we were in the process and had a candidate from Iowa—he was one of about three, and we'd had the final candidates here, and we agreed: the Department of Medicine wanted this person from Iowa, the Dean thought he would be good, and the committee was high on him. Rather than stepping out of being chair of the committee, it was decided, well, I'd continue as chair, and I would wear that hat when I talked to Stone about the search.

And at that point the President's Office was not very much involved with bringing resources to the table because they didn't have that much. But anyway, so that went on, and that person that we had decided on—he'd given an acceptance to the Dean, to Dean Stone, down in front of the Benson Hotel as the Dean was putting him and his wife in a taxi to go to the airport, that he was going to come and all that.

Well, within a week or so he got a better bid, and we think the one he wanted, from Florida, and was kind of using us to up the ante. So we were back to the drawing boards. And finally that search resulted in the appointment of Dr. Porter, George Porter, to the Chair of Medicine. And right now I can't think of others—I can think about it if you want; I just don't remember offhand.

ASH: Let's move on then. I just thought of a question that we had decided last week we should ask you. It's not on the list, but we've heard from some sources that Dean Baird did a great deal to bring people in from the outside and upgrade the institution, and we've heard from other people that he was more parochial and that he kept the institution more or less insular unto itself. Can you give us a perspective?

JONES: I guess my answer is it depends upon who you talk to and what their perspective is.

You have to remember that Dean Baird was here when most of the clinical training was done by volunteer staff or part-time people from the community. The basic science departments, of course, were full-time people, and I think if you looked at them, you'd see that Dr. West was brought in from elsewhere; I think Dr. Sears had been; it was true in Pathology—or I think Hunter had gone to school here. But the basic science departments were recruited fairly broadly.

But the clinical departments evolved from this volunteer faculty, part-time. It's true that Dr. Lewis had graduated from here, and he was the first full-time Chair of Medicine, and it's true that Dr. Swan, who chaired ophthalmology, had graduated from here. But they were gaining some national reputations; Swan went away for training, I believe.

But a lot of the first faculty were in fact products of this institution, but I think in part because they were selecting from some of the volunteer faculty that had been successful and were willing to come on part time or full time, and then products from the institution because they were known quantities. And we weren't that big a place to be able to draw from prestigious medical schools.

Now, the criticism leveled during that time, of course, was that we were being too ingrown and needed to bring people in from the outside. So Dr. Baird was involved with chairs to recruit Jim Metcalfe in from the East, into the Department of Medicine. They recruited Dr. Benson in. So a lot of recruitment for Division heads within the Department of Medicine was being done from the outside. Al Starr was certainly from the outside in Surgery. You know, at the time I was the first local person, I think, to chair the Department

of Biochemistry or any basic science department, other than perhaps in Pathology with Hunter. But then the other Chairs of Pathology were recruited from the outside.

So sure, it was a transition period. A lot of the young faculty had come up through the training program here in the clinical departments—and there was much more appointing of them than there is nowadays. But even some of the people—like my son [Gary] was recruited from North Carolina to Pediatrics, but he had all his training after medical school away. And some of the others that may have gone to medical school here had been trained elsewhere. So, you know, the stamp of the outside has been pretty much put on them.

But I will say that when I went in to see Dr. Holman as a fourth year medical student, considering where I would go for an internship, he was very surprised that I was applying anywhere other than here. He couldn't understand why I would want to go elsewhere when I could get my internship and training here just as well. And I said that well, I've been here five years—I was in an M.D./Master's program—and that maybe there were different ways, different points of view elsewhere. And anyway, I was looking for the possibility of going into research and wanted the steppingstone to a Ph.D. elsewhere.

But that was kind of the attitude, that we're as good as anybody anywhere; and that was probably the case, except it was a little parochial. And I didn't talk to Dean Baird about it, but might have gotten a similar comment.

But the faculty at the time were saying—many of them were saying, “You ought to go elsewhere and get a new experience.” And that's pretty typical, I think of faculty; they want to send their people away for training and want to bring in people from the outside, for the ideas and experiences that might help grow and develop this institution.

ASH: Thank you. Two more items on the agenda: curriculum changes over the years, and then we'll talk about the IRB.

JONES: Okay. Well, for curricular changes—as I've said several times I went to medical school here and had the pretty traditional classic education: the first two years were in the basic sciences with lots of laboratories, lectures to the whole class and then long laboratories, and discipline-oriented. The courses were the responsibilities of the departments. So there was a biochemistry course that ran two terms, fall and winter term, and two afternoons were in the laboratory the first term, and the second term it was three afternoons in the laboratory. Anatomy, physiology and so on. But they were discipline-oriented courses. You learned biochemistry, you learned anatomy, and then pathology, as subjects. All arranged in a logical progression: anatomy and biochemistry and histology in the first term, giving way to neuroanatomy; and biochemistry giving way to physiology; and pharmacology after physiology; and pathology after anatomy. Everything was logically arranged, but they were discipline blocks, if you will.

And there was a Curriculum Committee and interactions between departments through the Curriculum Committee. And then into the third and fourth year there were clinical blocks: Pediatrics would run theirs, Medicine would run theirs, Surgery would run

theirs.

Well, when I came onto the faculty, it was still the same in the early sixties. But in the mid-sixties to late sixties, there were people advocating that we ought to look at the curriculum and reconsider it. And the Dean—and I don't know the details—he retired the old committee that had Dr. Lewis on it and Dr. Weinzirl, I think, of Public Health. Weinzirl had the reputation of being a great chairman. He could keep things going forever without any outcome if that's what people thought the Dean wanted [laughter]. And I think he chaired the Curriculum Committee for a while.

In any event, there are stories about how wonderful he was at this—he'd just go into detail and make long reports—but a lot of activity and no output. And I guess Dr. Krippaehne, Bill Krippaehne, was among those who had just become a chair of a department or had been for a few years and felt that reform was needed.

In any event, Dr. Baird appointed this committee with Bill Krippaehne as Chair. I was on it, and a fellow by the name of Dr. Cooper from Pathology, who was really a young Turk, very well respected, an excellent teacher, got teaching awards, but was a good thinker as well, and several others; Dobson from Dermatology. But it wasn't dominated by chairs of the departments. Krippaehne and I were chairs. I don't remember other chairs being on it. There were middle-rank faculty people on it.

In any event, we were looking at other places—Case Western Reserve, particularly—that had an integrated curriculum where, in the basic sciences, the classes weren't discipline-oriented; they were conjoint teaching, interdisciplinary sort of approaches. And so the first curriculum revision that occurred—and it was sometime around in 1971 or so, as I remember, I would have to look up the dates for sure—was a major revision: we went in with the idea we would not have discipline courses, we would have interdepartmental conjoint teaching. Particularly in the second year pathophysiology, rather than having the Pathology Department run the course, we would combine aspects of normal biology, abnormal biology, physiology—in other words, the normal and the pathological would be combined into pathophysiology. And this was going on at Case Western Reserve and some other schools, but not very many.

And the final compromise was, well, we would maintain some discipline-oriented basic courses, like we'd have a basic biochemistry; and then we would have Cell Organization and Function, which would relate some histology and biochemistry and some physiology, cell physiology, together, and would be run by a committee of representatives from these various departments—Anatomy, Biochemistry and Physiology—and we would give an integrated course to the students in that area. And another would be related to pharmacology and physiology—and I forget all of them in that.

But there would still be some kind of core disciplines, and the departments would be in charge of that, but the interdisciplinary conjoint teaching would be run by committees. And the departments would appoint their representatives to these committees, and then the committee would somehow nominate the Chair, and that would require, as I remember,

Curriculum Committee approval, and finally the Dean appointed the chair of these committees. And they would run the courses and they would determine who the faculty would be to give the courses.

And the major change, as I've already mentioned, was really in the second year. At first, all of the second year was going to be pathophysiology, courses going by organ systems: cardiovascular system, pulmonary system, renal system, GI, including the liver, the blood system. And the only compromise there was that the pharmacologists held out that they had to have more time as a discipline, and so a piece of the second year had pharmacology running, and then the pathophysiology.

Another thing about it was that rather than having in the second year two or more courses running simultaneously—with the exception of that first part with pharmacology and pathophysiology running in parallel—after that, there would be blocks of just one pathophysiology, and the students would be immersed in that, and they would have an examination and then go on to another block. And there wouldn't be competition between two or three or four courses for the students' time.

And some of that was modified in the first year curriculum: there were some conjoint courses, but there were still two or three conjoint courses going simultaneously, or the basic discipline courses of biochemistry and anatomy; and there was a competition for time. And there was some change, but I don't believe a great deal of change in the third and fourth year curricula from department discipline-oriented clerkships.

Well, then the next major revision was in the early part of the 1990's. The Dean's Office, with Dr. Kendall behind the scenes and, I think, in front of the scenes Dr. Reinschmidt, and members of the Curriculum Committee, felt that it was time for another look at the curriculum. And the students also were—some of the curriculum in the first and second year had students being lectured to for eight hours. Well, that was one of the things we were trying to get away from in the earlier revision. We tried to reduce the number of lecture hours and reduce the amount of laboratory, but there was still a lot of lecturing going on. Syllabi were being put together in which the students would have the lecture notes—in the first revision we wanted to stop the students from being secretaries, and so part of the revision was to have lecture notes and so on prepared. Well, pretty soon the students just kind of got hooked on this, and in fact they didn't really have to come to a lecture because they had the notes there, and so why come to the lecture.

But in any event, there were several forces coming together, and Dean Kendall played more of a role than Deans had in the past, saying that "We're going to look at this and change it; we don't want more than two lectures a day; there ought to be more free time for the students to study." So the current revision came with that: more conjoint teaching, more block teaching, less—well, yes, there's still competition between the Principles of Clinical Medicine, which is the introduction to medicine that starts the first week of the first year and goes through to the end of the second year; that's run all that time—but all the other courses are in blocks: an anatomy, cell imaging block; giving way to a cell structure and function block, which is biochemistry, cell physiology, genetics, molecular biology sort of thing, but

all integrated together; and then another block of the physiology and pharmacology. But anyway, in the blocks, the students are just looking at one thing at a time, except for the Principles of Clinical Medicine. But compared to when I was a student, we'd have three or four courses, big ones, going simultaneously. You'd just finish the exam in one, and you'd start preparing for an exam in another, and there was this so-called "cram and dump" sort of thing; you just crammed to get ready for an exam, and then once you had your exam you'd dump it and you'd go on to something else, and you'd forget what it was you'd prepared for.

ASH: What about lecture time, has that been reduced?

JONES: Well, I believe it's supposed to be no more than two lectures a morning, and I think some are given three. But it's a big change from what it had been. Three of the five afternoons are free for students to study; one afternoon is involved in this Principles of Clinical Medicine and small group discussions; the other afternoon is taken up in a preceptor clinical experience where one student with one advisor—either on the Hill, or many of them off the Hill—is seeing patients, learning how to do interviewing, how to take a history, do a physical examination, and writing them up. So they're getting this sort of experience over two years gradually, and rather than learning how to do a history and physical when they hit the ward in their third year.

So that's, I think, a major revision. It isn't going all the way over to problem-based learning that they have in McMaster in Canada or in similar tracks in New Mexico. Dr. Keenan, who is Associate Dean for Medical Education, went to a number of places; I went with him once to New Mexico for a week to see how they do their program there. But it has incorporated some of those approaches.

But you have to have a faculty that's ready and willing and able to do the so-called problem-based learning, and we have some faculty that weren't able to do it or willing to do it. Many of them felt it was inefficient in time. There was a major controversy in getting this curriculum revision accepted; some people in my department in particular were very opposed to it and felt that, you know, why fix something that wasn't broken? Our basic biochemistry and Cell Organization and Function—which we manage, finally, because the old conjoint committee kind of fell apart; they couldn't get somebody to run it, so it came back to our managing it, except we were very careful to involve faculty from other departments in actually determining what was going to be taught. It was the administration that turned it back to the department.

Well, that's kind of an overview.

ASH: Well, thank you. We needed to hear that.

So our last topic is—and the tape's going to go off in just a second—about the IRB that you're doing now. Actually, we should probably talk a little bit about your retirement. You supposedly are retired. It's interesting that many of the people that we're interviewing are retired, but they're here all the time, anyway.

[End Tape 7, Side 2/Begin Tape 8, Side 1]

ASH: So let's talk about the IRB, but before that talk about what you did upon retirement and how you got into the IRB business.

JONES: Well, I stepped down as Chair of Biochemistry in '93, went on sabbatical for a year and then came back and repaid the year I was gone, which is a requirement, by teaching and so on; but wasn't Chair of the department. Kept my lab going.

But then I believe it was the summer of '95, I took retirement. I worked out a deal with the Chair to be half time for half a year, which was below the twenty percent which one can have in a year's time, to work in my laboratory. And I closed my lab, then, at the end of 1995 and had an office for a while, because I was still on the Admission Committee doing interviews, but that was essentially it. Helping a little bit with teaching, but not very much at that point.

Well—let me get my dates straight. So that was the beginning of 1996, and I continued doing Admission Committee. By, I think, the summer of '96, Dr. Kaplan needed the office he had let me use, and so I got an office over in Mackenzie Hall. And I was really starting to figure out what to do with my time in retirement when Bob Koler came to me with an offer I couldn't refuse, or he wouldn't let me refuse it. Bob is one of these people, you've talked to him already, who has been retired for quite a while but has been heavily utilized by Dr. Hallick in taking on some tasks that needed somebody with experience and a level head to do.

One of them was the IRB, the Institutional Review Board, the office that assures compliance for humans involved as research subjects. And there have been some problems there, and I don't have that background, you can get that from him, but there have been some management problems, more in that office, who was directing it and so on; and some people have been either allowed to leave or moved to other positions. Bob came in and essentially figured out what was going on, and what should have been going on. He chaired the IRB but also was very much involved in getting the office straightened out. They hired new people: Dr. Leslie Bevan who's now the director of it, and some new staff. He did that for almost a year, but it was taking three or more days a week—and this is somebody that is retired, and I don't know if they pay him anything for his part-time work. But he needed somebody to do that, and he and Dr. Hallick decided they would ask me, feeling that they couldn't get a permanent Chair right away from the full-time faculty. Anyway, they approached me to chair it for at least a year, and if necessary a little longer, until they could get somebody to take it on that they felt could do it.

And so I came back July 1st during a transition, with Dr. Koler being Chair and I learning what was involved because I had not been on the Institutional Review Board. And many of the people had been on for a number of years, some ten or more years. Duane Denney, the former Chair, is still on and puts in a lot of time and effort. So I've been chairing that, and a successor, Dr. Chiodo from the Dental School, who has an active research program and is a certified ethicist—and I don't know the details of this, but he's

associated with the Ethics Center, and apparently you can go through some sort of training, take examinations and get credentialed as a certified ethicist—he's been on the committee for some time and is willing to take on the chairmanship. Right now he's kind of Vice Chair and is learning some of the administrative ropes.

But it takes me the better part of three days a week because, although we have two panels, each one meets every other week, so they're on alternate schedules; and the Chair and the staff have to run a meeting every week, and I don't know if any have gone less than a hour and a half, and the last one on Friday went two and a half hours, 9:30 to 12:00, a little after 12:00. The one in the afternoon on the alternate weeks starts at 1:00 and is often not over until four o'clock.

And we have twelve to fifteen hundred active studies going on, and those have to be reviewed at least once a year, and if there are amendments or changes, those all have to be considered by the office and the Chair has to look at them and sign off. So each week I sign off on anywhere from probably thirty to one hundred studies that require some sort of review and signature.

On each agenda we may have annual or what we call continuing reviews, a minimum of eight, but last time I think there were probably twenty that had to be reviewed. The consent forms have to comply with current regulations to protect the interests and the welfare of the subjects, to be sure they're adequately informed of what they're being asked to do, that the risks are minimized, that there be some benefit—not necessarily to the subject, generally not to the subject—but to the group from which the subject is drawn. Let's say studies on new birth control medication or medication for menopause, or many of them are protocols for cancer patients that are in last stages, they'll be subjects to try some new drug. Well, they may or may not benefit directly from being in the study. There at least has to be some benefit, potential benefit, to cancer patients from the outcome of the study.

So a lot of studies are under review. Initial reviews of new studies are anywhere from eight to maybe fifteen or sixteen. Generally we try to hold it to eight to ten, but if somebody's applying to the NIH, they have to have it reviewed and approved by the local IRB before the study section will even consider their application. Well, they're usually programmed ahead about six months, but it takes us at least a couple months, probably, from submitting an initial study until it's reviewed and finally approved.

ASH: You said there were two panels. Do they cover different subject areas?

JONES: No, they don't. They just meet at different times because of people's schedules. Now, in some medical schools or institutions they'll have different panels, one for, oh, sociological-psychological outcomes sort of things, another for drug studies and another for more general things. But here all of the studies come into one IRB that has a membership of thirty-two but divided into two panels of sixteen; and sometimes a person who generally comes to the morning meeting will come to an afternoon and vice versa, but for the most part the composition of the morning is one set of the committee, and the composition of the afternoon is another set.

ASH: So it's a way of dividing up the tasks.

JONES: But in the rules and regulations we're evolving mainly under the rules promulgated by the OPRR, the Office for Protection from Research Risks of the NIH. They have all sorts of rules and regulations to be sure that we don't have another thing such as happened in Tuskegee, where—I'm sure you know about it as historians—the studies were sponsored by the government and run by the government, and it was decided that they would continue studying these African American men who had acquired syphilis without treating them, as if maybe syphilis in African American men was any different than what had already been known of syphilis in European Caucasian men and women. But anyway, that's an example of a flagrant violation of the protection of humans, but there may be more subtle things.

And there's a certain amount of, I guess, activism for change: for years, women were excluded from trials, in quotes "to protect women"—it's kind of a paternalistic approach—particularly women, but also their potential fetuses from harm. Well, now the attitude is different—because it's been found that a number of drugs that have been developed by studying only men, that the response is different in women, that the dosages may be different. An example of this is the study of AZT in the treatment of AIDS. It was done on men, women were excluded to protect them, and the FDA approved the dosages and so on. And they started using it on women with AIDS and had very serious toxic reactions and so on because they hadn't worked out any of this in women. And that's just one example, but it happens to be an issue right now on our campus.

Our IRB has disapproved some studies in which women have been excluded as participants, not even allowed to decide for themselves whether they would want to participate, after being fully informed of the risks. And in fact there's an ad hoc committee appointed by the Vice Provost to look at this because it's felt by some of the faculty that we're being arbitrary and so on. And one of the rationales is that, well, if you don't know whether the compound you're studying may be of harm to a fetus, you don't want to have any risk that a fetus might be affected. And even though we have many, many studies going on where that is a concern, the women in order to enter have to be on birth control and be tested for pregnancy and so on, and can be excluded if they're pregnant. So there are ways of dealing with that, and also the woman can decide whether or not she wants to be involved. But some investigators feel they shouldn't be involved. And what really, we believe, is behind it is the sponsors: some of the drug companies and their legal departments don't want to run the risk of having something go wrong, where a woman involved with an unexpected pregnancy has an outcome, whether it's caused by the drug or not, of a damaged newborn or defective newborn, and then be subject to suits and so on.

So you know, it's not a black and white thing. There's a lot of gray in it, but to me, it's very interesting because it's kind of the cutting edge of the interface between doing research and dealing with humans, with values and political issues and ethical issues. So I'm learning a lot, and it's very interesting. And yet we're trying to help the faculty facilitate getting their research while still protecting the rights of the individuals that are going to get

involved and the reputation and stature of the University.

For instance, we had one we turned down which was proposed by somebody along with a TV station in town to look at the claims of a compound being sold through health stores and so on called Alco-Zyme, alcohol enzyme, and it's a kind of a witch's brew of various enzymes and so on that you take by mouth or pills. And the claim is if you take twelve of these pills in the bar after you've gotten a blood alcohol level above the legal limit to drive, that within a half an hour you'll be sober enough to drive home. That's one of the claims. Another claim is that if you take this after you go out on the town, you won't have as much of hangover the next day.

And so what they wanted to do is, in a very carefully controlled study, have some volunteers, but they wanted to exclude women because they didn't want them to be pregnant or something like that, and that was one of the problems. But anyway, they wanted to bring them into the institution here—of course consent them—give them beers and follow their blood alcohols by chemical tests in the breathalyzer until they were somewhere between .1 and .15, so above the .08 legal limit, and then in a double-blind and placebo arrangement give half of them placebos, twelve pills of nothing, and the other half twelve of these Alco-Zyme pills, and then follow their blood alcohols and see if there's any difference.

Well, I mean, this all sounds good and it would be wonderful, but the problem was the science of it: there weren't enough subjects to assure that there was enough power in the study to give you any confidence in the outcome, whether there's any difference or no difference—particularly if there is no difference because that's what they would expect to see, no difference, because they don't believe there's any scientific basis for believing the stuff will do what the claims say.

Well, our concern was, first, they were going to exclude women because they didn't want to run the risk of an alcohol effect on a pregnant woman. Well, there are a couple of problems with that. One is you can give them a test that doesn't cost that much, and if they're not pregnant and if they're in the ER for eight hours, it's unlikely they're going to get pregnant. But they, for some reason, didn't really want the biological variation. Well, that's not sufficient reason—I mean, you increase the numbers, then. That's not sufficient reason to exclude women. I just give it as an example as the sort of thing the IRB members have to wrestle with. They finally agreed to include women and so on.

But the other problem was, well, if it doesn't work and you let those people go home, if they drive home and get in an accident, what happens? So they were going to have them driven home by a taxi or something. Well, you get them home, and if they're under the influence of alcohol they may decide they're going to go driving off, so there's a liability problem.

And then finally, they said, "Well, it's just a pilot study. If we can get a little data, then maybe we can get NIH money or some other money to do a real full study." Well, that's fine except, you know, they're doing it with one of the TV stations, and you know darn well they'll have a preliminary release of the pilot studies. And if the people selling this stuff

feel that they've been unfairly dealt with, and they get their lawyers and they come after the University for allowing this sort of study to go on—maybe they can't win anything in a suit, but they can certainly create some public relations problems.

So a long story to point out that we primarily protect the interests and welfare of the human subjects, try to help expedite things for the investigators so they can do their work, but also try to be mindful of the reputation of the institution, and we try to avoid something that would have a bad appearance for the institution.

ASH: I think that's a great example. It's a great example also of how interesting your work has been with this group. What will your role continue to be?

JONES: Well, I'll either be a Vice Chair or just a member of the committee, probably doing some of the routine things in the office as well as attending meetings and doing reviews and presentations of studies; but there's a lot of routine so-called proposals for amendments or revisions that don't have to go to the full board, and I can probably help the new chair, Dr. Chiodo, so he doesn't have to do all of that at once, he can focus on chairing the committees and dealing with the major new studies and major problems, and then in time as things become more routine, he or somebody else can take that over.

But I would expect that next year, starting July, I'll be involved in that, but just purely as a volunteer maybe one day a week or something like that.

ASH: So you're doing that three days a week right now?

JONES: Yes. Essentially all of Friday, but then Tuesday and Wednesday I have to set the agenda for one week hence, look over what is there, match up who on the committee would be best able to review a particular protocol, and then sign off—and most of the new ones don't get approved *per se*, but they have to make some changes. So as those changes come in, look to see that they've been done and go on from there.

ASH: I believe that I have finally asked you all the questions on our list, and I was wondering, do you have any questions for us?

JONES: No, I don't think so, other than how are you going to take all this material you're getting and finish it off—but I'll see that in time, I guess.

ASH: It's up to future historians to basically do something important with the information, although, as you know, we're in the process of putting together some little brief histories just to show people what we have been doing.

WEIMER: I do want to thank you for your input.

JONES: Well, you're certainly welcome.

[End Tape 8, Side 1 and interview]

INDEX

A

academic medical centers, 32-33, 34
Adams, Joseph, 36
Ancient Arabic Order of the Nobles of the Mystic
Shrine for North America, 44
Arthur, Ransom, 35
AuCoin, Les, 42

B

Baird, David W.E., 26, 27, 28-29, 30-31, 33, 35,
49-50, 59, 70, 71, 73-74, 77, 79
Basic Science Building, 28-29, 54-55
Beadle, George Wells, 10, 13
Benson, John, 35, 77
Bevan, Leslie, 82
Blachly, Paul H., 12
Bloom, Joseph, 28, 35
Bluemle, Lewis (Bill), 33-38, 39, 40, 42, 43, 51,
56-57, 60, 68-69
Boggs, Linda, 42
Bristow, J. David, 41, 53, 76
Brookhart, John, 11, 28, 54, 73

C

California Institute of Technology, 9-10
Campbell, Paul, 43
Case Western Reserve University School of
Medicine, 79
Casey Eye Institute, 7
Chance, Britton, 13
Chiodo, Gary, 82, 86
Christensen, Leonard, 6
Chuinard, Eldon George, 43
Cooley, Edward, 53
Cooper, Robert A., 79

D

D'Aprix, John, 36, 37, 39, 40, 46, 71
Denney, D. Duane, 12, 82
Dept. of Biochemistry, 11, 25, 26, 29, 45, 54-55,
81
Dept. of Medicine, 25, 61, 76-77
Dept. of Ophthalmology, 6
Dept. of Physiology, 11-12
Dept. of Public Safety, 47-48
Depression, Great, 4
Division of Anesthesiology, 74

Division of Experimental Medicine, 20-21, 24
Dobson, Richard L., 79
Duncan, Angus, 44-45
Duncan, Robert B., 42

E

education, medical, 2, 12-13, 78-79
Edwards, Miles J., 12, 23
Eldridge Reeves Johnson Research Foundation, 13
Emanuel Hospital, 4, 42, 43
ethics, medical, 82-83, 84

F

Fadeley, Edward N., 38
fees for service, 4
Fellman, Jack H., 29, 30
Fraunfelder, Frederick T. (Fritz), 7

G

Gaines, Wren E., 13-14, 67-68
Goldschmidt, Neil E., 42, 44-45
Good Samaritan Hospital, 1, 4, 52
Goodman, Louis Sanford, 2
Goss, Mary, 27, 31
Green, Edith, 42
Grover, M. Roberts (Bob), 33-34, 35

H

Hallam, Bertha, 14
Hallick, Lesley, 82
Handler, Philip, 26
Harvard Business School, 34
Hatfield, Mark, 42
Haugen, Frederick P., 74
hemoglobins, 19-20, 21-23
Hill, Robert L., 26
Holman, Charles, 30, 31, 33-34, 73, 78
Hunter, Warren Clair, 15, 77

I

Institutional Review Board, 82-86

INDEX

J

- Jones, Arthur C., 9, 14
Jones, Gary, 78
Jones, Lester T.,
 biographical information, 1, 2, 3-5, 10, 11, 14, 67
 career, 3-8
 education, 2-3, 4, 5, 13, 14-15
 military service, 5
 research, 6, 8
Jones, Marilyn, 17-18
Jones, Richard T. (Dick),
 biographical information, 1, 15, 17-18, 70
 career, 7, 19, 25-28, 33, 38-40, 53, 68-69, 72
 education, 5, 9-12, 13, 15-16, 19, 21, 78, 81
 family, 1-9, 10, 11
 internship, 12-13, 37
 research, 10, 12, 19-20, 21-25
 retirement, 81-82, 86
Jones, Warren L., 1, 9-10, 14
Jordan, Lewis W., 14

K

- Kaplan, Jack H., 82
Kassebaum, Donald, 33-34, 35, 41, 60, 69, 72
Katz, Vera, 38, 58, 63
Keenan, Edward J., 81
Keller, Ira, 42-43
Kendall, John W., Jr., 35, 76, 80
Koler, Robert, 19, 20, 22-23, 24, 53, 61, 76, 82
Krippaehne, Marion, 24
Krippaehne, William (Bill), 79

L

- Larsell, Olof, 15
Laster, Leonard, 45, 47, 48, 57-59
Lewis, Howard (Hod), 15, 49, 77, 79
Lieuallen, Roy, 31-32, 33, 38, 39-40, 42, 58, 59,
 60, 68-72
Lindeman, Carol, 41
Livingston, William K., 15, 16
Lockwood, Mary Ann, 34, 36
Lucas, Leo S., 2, 43

M

- Malarkey, Herbert, 56-57
Mason, Howard S., 25, 26-28, 29, 54, 55
McMaster University School of Medicine, 81

- Medical Research Foundation, 48-53, 56-57
Medical School Hospital, 15
Meier, Roger, 42
Menashe, Victor D., 40
Metcalf, James (Jim), 23, 24, 25, 74, 77
minorities, as faculty, 46, 62-64
minorities, as students, 64-65
Montagna, William, 50
Multnomah County Hospital, 3, 15
Myers, Gordon, 14

N

- National Institutes of Health (NIH), 34, 49, 53, 62,
 84
Neerhout, Robert C., 45
North Pacific Dental College, 5
Novy, Miles J., 23

O

- Oregon Health Sciences Foundation, 51
Oregon Health Sciences University,
 administration, 75
 buildings, 54-56, 68
 curriculum, 80-81
 funding, 53-54
 President's Residence, 58
 recruitment, faculty, 75-76
 recruitment, student, 64-65
 research, 55-56, 82-86
Oregon Office of the Secretary of State, 50
Oregon Regional Primate Research Center, 20, 24,
 26, 49-53
Oregon State Legislature, 37, 38, 50, 57-58, 61,
 70-72
Oregon State System of Higher Education
 (OSSHE), 31-33, 38, 50, 59-60, 62, 69-72
Oregon State University, 52
Osgood, Edwin, 19, 20-21, 22-23, 24, 25, 61

P

- Pacific University (Forest Grove, Or.), 2, 9
Pauling, Linus, 9, 10, 13, 21
Pearson, Anthony A., 15
Perry, Louis, B., 59-60, 61
Peterson, Robert A. (Bob), 35, 36, 41, 72
Philadelphia Polyclinic, 3
Physicians & Surgeons Hospital, 4
Pickering, Donald, 20, 24, 26, 49-50

INDEX

Pierson, Marlys, 36
Pommarane, Caroline Hoopman, 11
Pope, Peter T., 53
Porter, George, 12, 77
Portland Orthopedic Clinic, 43
Proxmire, William, 42

R

Raaf, John E., 49
Reed College, 52
Reinschmidt, Julian (Dutch), 80
research, 84
Rigas, Demetrios A. (Jim), 19, 20-21, 24, 29, 55
R.S. Dow Neurological Sciences Institute, 52

S

Sears, Harry J., 15, 77
School of Medicine, 33-34, 35, 38
School of Nursing, 31, 32, 41
Schroeder, Walter Adolph, 19-20, 21, 22
Shriners Hospital, 43-46
Sleeter, Richard, 73
Smith, Emil L., 26
Smith, M. Susan, 51
Stanford University, 9
Starr, Albert, 77
Stone, Robert (Bob), 34-35, 41, 57, 59, 60, 69, 72, 76-77
Swan, Kenneth, 6, 7, 15, 77
Swank, Roy, 30
Swindells, George, 7-8
Swindells, William, Jr., 7, 9

T

technology, 49
Terkla, Louis G., 39, 41
thalassemia, 19-20
Todd, Wilbert R., 25, 26-27, 29
Trainer, Joseph B., 10

U

United States Dept. of Education, Office for Civil Rights, 46, 62-63
United States Navy V-12 Program, 1-2
university consolidation, 31-33, 37

University of New Mexico Health Sciences Center, 34-35, 81
University of Oregon, 52
University of Oregon Dental School, 31, 32, 36, 52
University of Oregon Health Sciences Center, administration, 33-38, 40, 42, 46, 47, 60, 69, 72
Advisory Council, 42, 56, 62
buildings, 44, 61
Faculty Senate, 39
financial management, 60-61
funding, 71-73
President's Residence, 56-59
recruitment, faculty, 76-77
research, 43

University of Oregon Health Sciences Center Hospitals and Clinics, 33-34, 38, 60-61
University of Oregon Medical School, administration, 27-31, 32-33, 35, 52, 60, 71, 73-74, 75, 77
Admissions Committee, 10-11
buildings, 3, 14, 15, 25, 28-29, 31, 54-55, 68
committees, 29-30, 73-75
curriculum, 12, 78-80
Executive Faculty, 27, 29-30, 73-74
Faculty Council, 29-30, 74-75
faculty, full-time, 15, 25, 29, 74
faculty, volunteer, 6, 15, 77
fraternities, 17
funding, 11, 24-25, 49, 50, 51, 52-53
move to Marquam Hill, 3
recruitment, faculty, 26, 73-74, 77-78
research, 19-25, 49, 54-55
student employment, 3, 15
students, 16-17
town-gown relationships, 6, 7
University of Pennsylvania Hospital, 12, 37

V

Van Bruggen, John T., 25, 26-27, 29, 41, 54-55
Veterans Administration Hospital, 15, 42-43, 44
Vollum, Howard, 49
Vollum Institute, 54, 55

W

Wall, Patricia, 57
Weinzirl, Adolph, 79
Weiss, Gunther, 8
West, E. S. (Edward Staunton), 10, 11, 15, 20, 21, 25, 26, 29, 49, 50, 73, 77
Willamette Industries (Firm), 7

INDEX

Wintrobe, Maxwell Myer, 21
Wobig, John L., 7, 8
women, as faculty, 46, 62-64
women, as students, 15-17, 65-66
Wright, June Durig, 16-17

Y

Yatsu, Frank M., 46
Youmans, William Barton (Bill), 11, 15

Z

Zimmerman, William, 35-36
Zuckerandl, Emil, 21-22