OREGON HEALTH SCIENCES UNIVERSITY HISTORY PROGRAM

ORAL HISTORY PROJECT

INTERVIEW

WITH

John W. Kendall, M.D.

Interview conducted June 23, 1999

by

Joan Ash

SUMMARY

Dean Emeritus John W. Kendall, Jr., M.D., begins the interview with reminiscences of his youth in Seattle in the 1930's and 1940's. He then moves on to talk about his education, from high school through college, medical school, and postgraduate training in endocrinology. He came to the University of Oregon Medical School in 1960 to study as a fellow under Dr. Monte Greer; Kendall shares anecdotes about Greer and early research efforts at UOMS.

After serving a two-year stint in the Navy at the Great Lakes Hospital in Illinois, Kendall returned to Portland and joined the faculty at UOMS. At that time, most Medical School faculty had joint appointments at the Veterans Administration Hospital, and Kendall discusses his work at the VA as staff physician in endocrinology and Associate Chief of Staff for Research. He talks at length about the OHSU/VA skybridge and his own efforts to see it completed.

His career at the Medical School blossomed during the 1970's and 1980's: he earned appointments as Head of the Division of Metabolism, Chair of the Department of Medicine, Assistant Dean for Research, and finally Dean of the School of Medicine. He talks about the factors that contributed to his success and the challenges he faced in his various leadership roles. He discusses space issues on campus, and touches on the controversy surrounding the building of the Vollum Institute. He also shares his opinions on the reasons behind OHSU's slow growth, relative to other academic medical centers on the West Coast. Noting that faculty attitudes actually retarded research initiatives on campus in the 1960's and 1970's, Kendall talks about his own efforts to recruit excellent researchers to the Medical School faculty.

Kendall was also instrumental in instigating and implementing curricular reform during his tenure as Dean. He discusses the grant process that funded the endeavor as well as the administrative process that brought faculty on board. He notes that, while the curriculum is much improved, it still falls short in certain areas, such as student training in the outpatient setting. He believes that information technology has the potential to revolutionize medical education.

Assessing the state of the University, Kendall shares his thoughts on the elements that prevent OHSU from becoming a top-tier institution. He notes that most major universities are in large cities, and believes that OHSU might one day benefit from a closer relationship with Portland State University. He also asserts that the absence of strong programs in allied health sciences make OHSU less attractive to prospective students and faculty.

Winding down, Kendall briefly touches on his efforts to improve town-gown relations during his deanship. He also reminisces about two notable, but very different, early faculty members: Charles Dotter and Hod Lewis. Finally, he gives a summary of his career after stepping down as Dean.

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ASH: This is Joan Ash. It's June 23rd, 1999, and I'm interviewing Dean John Kendall in my office in the BICC.

So I'm going to start with my first question, which is where you were born and raised, and could you tell me a little bit about your childhood?

KENDALL: Yes. I was born in Bellingham, Washington in 1929 and raised in the state of Washington, either Bellingham, Tacoma, Spokane or Seattle. Mostly in Seattle.

We moved to Seattle in 1937 and lived in West Seattle, which has always been a middle class neighborhood, very homogeneous. Until recently it was virtually all what I would call lower middle class white. Very strong—I think very strong moorings at the time.

For example, the story I like to tell is that the only crime I remember that was significant that was committed during my childhood, even up until the middle of high school, was that one of our classmates in the fifth grade stole a candy bar at a drugstore, and that crime stayed with him to our fiftieth reunion, which occurred a couple years ago, when somebody brought it up and everybody said, "Oh, I remember that."

ASH: Was he severely punished?

KENDALL: Well, he was punished by the principal and all that stuff, but not in any significant way. But I tell you what, it did stick with him, as you can tell by the fact that it was still on everybody's mind fifty years later.

So it was a peaceful neighborhood, and I had the opportunity to develop in an area where you could count on things happening that would be good and not worry so much about the bad, and so that I think was helpful in the formative years to give you part of your attitude about life.

ASH: Now, earlier you said that the Depression did not have a great affect on your family.

KENDALL: Well, yeah, I think not. Most of our immediate relatives were back in the Midwest. My family had moved West during the Depression, and my dad got a job as an insurance agent and sold nickel policies for Metropolitan Life. He made a living off it, and we

never were rich, but we were never really hurting the way some people were in various parts of the country. So I didn't sense it impacted me heavily.

Contrast my wife, who was raised in an inner city area. She had a much tougher time in the Depression in obtaining food and other things like that.

ASH: Inner city in Seattle?

KENDALL: In Seattle, yeah. So it was a totally different upbringing. She learned to watch everything over her back, and I was trained to be more trusting, you know. So she's always been the person to analyze things more carefully for the negative side as well as the positive. And that's good, though: you need somebody like that around, who knows how to street fight. That's great.

So anyway, yeah, I was raised there and nurtured by the teachers at West Seattle High School, and they encouraged me to get a scholarship at Yale, and so I went to Yale on a scholarship.

ASH: You must have been an incredibly good student.

KENDALL: Well, several in my class were able to. My close friend from that high school went to Yale, and we were roommates together for a couple of years. And then another young fellow went off to Reed, another to Stanford, another to Harvard. And so we had a crowd of students that were nurtured by the teachers, who were dedicated to the students. And this very nice neighborhood, and they saw that we had an opportunity to go somewhere, and so they helped us get there, by telling us what to do, how to apply. You know, as a sophomore in high school you don't know anything about that. You don't know anything about it at all. You didn't even know the opportunity exists, so it takes somebody to tell you that.

ASH: Was your family college educated?

KENDALL: Mother was. Dad was partially, but not completely. She was a teacher for a while, and that helped a lot, too, obviously, home nurturing in that sector. But no question about it, it was a combination of home and school that was very influential.

ASH: At what point did you develop a liking for science?

KENDALL: Probably in college. I took an undergraduate degree in psychology, principally because I could crank out good grades so I could get into medical school to help balance everything off. It was a tough school, and I was on scholarship and had to work besides, and so it was—people that weren't from the Eastern prep schools had a tougher time the first years at Yale, but once you got your feet under you, you could do a good job. But I took psychology because I could be guaranteed good grades.

ASH: Is that because you had a knack for it?

KENDALL: Well, it was a knack, yeah, and I learned to be a rat doctor there, and so I enjoyed that. And then, also, at the University of Washington Medical School, where I went after Yale, I was encouraged by a professor of anatomy and got involved in early stuff in electron microscopy; and so we did some work together, and that was good.

Then I went on to a fellowship with a fellow down at Vanderbilt, when I was a house officer down there, emergency, and took on endocrinology. And each of one of those people along the way had an influence in the science training part.

Yale was particularly influential because it had such exceptionally good students around you. Everyone was smart as a whip. Everyone was eager to teach you, as well as the faculty: you had not only excellent faculty, but you had a student body that had different facets, but all of them were really first-rate people, and so it was neat to be there because you were learning all the time. And so science came as a part of that, as well.

ASH: So at what point did you decide it would be medicine?

KENDALL: Oh, I think my uncle who lived in Minneapolis was influential in that. I'd had an accident in high school that resulted in a problem with a nerve in my arm that had to be repaired, and so I went back and spent the summer with him.

ASH: He was a physician?

KENDALL: He was a physician. He was on the faculty at the University of Minnesota. And so I followed him around, and he showed me what the life was like by showing me what he did and so on. So I had a role model there, in a sense.

And my parents encouraged me to be in medicine because there was good opportunity in medicine at that time. Just as I think computer engineering is now, as a burgeoning field, medicine certainly, science and medicine, were burgeoning at that time. So there were family and relatives that encouraged me.

ASH: How did you pay for medical school?

KENDALL: Well, medical school was cheap, relatively speaking. I earned money in the summer, and my folks helped. I lived at home, back at home. It was only $1,000 tuition a year then. So if you lived at home, there was nothing else. You didn't end up with debt. When we went down to Vanderbilt—we got married toward the middle of medical school, and when we moved down to Vanderbilt, my wife worked then, and I was paid $25 a month for internship. And they raised the pay enormously in residency: I got $37.50 a month as a resident. And we felt lucky because at Boston City Hospital in Boston they were paid nothing. But we were at the low end of the pay scale, no question about it. But there was nothing to worry about because if you had family around or were in-house officership or

something like that, if you were able to partake of the room and board, twenty-five bucks a month is all you need because you work the rest of the time.

ASH: You couldn't spend any money.

KENDALL: No, every day, every other night and every other weekend means that virtually 36 hours out of every 48 you were in the hospital and working. So it was—they talk about how hard the residents work these days, this was quite a different life. But there wasn't as much we could do for the patients, so we spent a lot of time worrying abut what you might do for them rather than what you could do for them. So I think while you were there it wasn't quite as exhausting.

ASH: And why did you elect endocrinology? You mentioned a mentor.

KENDALL: Yeah, principally because a young fellow came from NIH to be a faculty member at Vanderbilt, and he seemed to be the smartest young fellow on the block. So I decided, well, he's a good guy to line up with, and they had a training opportunity, so I signed up for it.

And then I got real pay: $5,000 a year. That put us on easy street.

ASH: What year was that?

KENDALL: Let's see—after medical school, it was '59 I became a fellow and spent a year there and then came out in 1960 to join Monte Greer as a fellow here and then decided to stay here.

ASH: And why did you come here?

KENDALL: Well, there were several opportunities around the country, and we wanted to be close to our folks, but not too close. It's just the nature of our family: it was just as well we have our family here in Portland, so we chose Portland rather than Seattle. I liked the Northwest, and so we decided to settle here.

ASH: And what was your wife doing at the time?

KENDALL: Well, she was working at that time in hospital work and was actually sort of a born mechanic, and so she ended up running the cardiac catheter lab and developing it down at Vanderbilt. They didn't have one when she came; and she worked with a cardiologist there and they built a cardiac catheter lab, and then she headed that.

She came out here and was raising kids for a while and then went back and became an auto mechanic and taught—a lot of people don't know that, but a lot of people do because they consult her more than they do me. She became an auto mechanic by going for a couple years to PCC, Portland Community College, and then spent about twenty-plus years

teaching. Isn't that nice?

ASH: Interesting!

KENDALL: Yeah. Second career type of thing.

ASH: Somewhat related to the first career.

KENDALL: Yeah, exactly. Sort of a born mechanic. And she still is very good at that. Right now she's raising scholarship funds for PCC.

ASH: That's fantastic. So you were here with Monte Greer. Can you tell me something about him?

KENDALL: Well, Monte's a very interesting scientist. He was a leader in the field at that time who did some of the first work on the brain effects on the endocrine system. He was the first to discover the zone of the brain that helps to control the thyroid gland, for example. And he also isolated a naturally occurring substance in cabbage and things like that that causes goiter, a large amount of thyroid.

So he was a good scientist, and a very good teacher in the sense that he was an excellent critic. And so he came here as the second head of Endocrinology. The first one, whose name I'm blocking on right now [Carl G. Heller], was a fellow who eventually moved to Seattle and into a private institute; but he was a fellow interested in testicular function, and he was here at first when I was here until about 1965 or so, and then he left. And then Monte took over as the first newly developing head of Endocrinology. A very good teacher, that's what I'd say about him. A very good critic.

ASH: You promised you'd also tell me a little bit about Hod Lewis.

KENDALL: Yeah, let me finish on Monte first. Monte finally drove me into administration. He was such a terrible administrator that he drove me into becoming a better administrator [laughing], and that's why I ended up actually spending a lot of my career in administrative posts, because he was such a poor role model. I'm not decrying him; he was superb as a scientist and superb as a teacher, but he couldn't administer his way out of a paper bag, and you can quote that.

ASH: Now, did you help him administer, or you just learned from him what not to do?

KENDALL: A little of both. I got an NIH grant early in my career, and I went out and hired a consultant to come and help us straighten out our lab. Well, administration—I spent a thousand bucks of the money. Next thing I found myself down in the President's—the Dean's Office at the time, who was running this institution—and the administrator there saying I committed a horrible crime by spending the money on an administrative consultant

instead of on the science. And I said, "Listen, that money will do more than any other money will to do make science move forward."

So anyway, we got the consultant, and he came in and told us that we should have one person answer the phones, and we should file everything alphabetically [laughs].

ASH: This is not brain surgery.

KENDALL: It was the fundamentals of administration. And I kid Monte about it, so I don't care if he hears this because it's, A, the truth, and B, we enjoy jabbing at one another.

So the other question you asked was about Hod Lewis. Yes, Hod was the father figure of a lot of people around here, a very classical physician. White coat, and very—I would call him a rigid personality in many respects. Very, very traditional. But also an excellent teacher and physician, and physical diagnostician in particular—so he could take a history and do a physical exam and perform miracles with it, where he didn't have all the technical support at that time. So you had to rely upon your knowledge, based on your own abilities to get it out of the patient one way or another.

And so Hod was a good role model in that respect and developed a good course for the medical students as well as a residency program here, and then was the person who really initially built the Department of Medicine with all its division heads, including people you've interviewed here. And Hod was always present, always available, always of a good spirit, easy to work with, and I would say the type of person that it's tough to match these days because of people having to be drawn in so many directions. And so I think he was of a style that doesn't happen very much anymore.

ASH: And in what capacity did you know him?

KENDALL: Well, I came over here as a fellow of Monte, and then Hod hired me as a faculty member in 1962, just before I was drafted in the Navy. And he encouraged me to come back and be an academic physician, like he did George Porter and Dave Bristow and some of the others that you've talked with. We're all in the same clan.

ASH: Now, you said earlier that you were hired as a faculty member, and then you went into the Navy. So when you came back, you had your retirement benefits through the State?

KENDALL: Yeah, and so I got the privilege of working for the State. At that time if you went into the service because of the draft or something like that and then came out and still went back to work with the State, then you got that two years or whatever it was, whatever your service time was, credited toward your retirement. That was part of the generosity of the post-World War II era, taking care of veterans; just as the State had developed its mortgage system for state veterans, so you could get a four percent loan, for example, through the State. And that was another benefit like the G.I. Bill and other things

that came along from those national programs. These were benefits that were awarded for the fact that you had to spend time that you didn't volunteer for. So that was good.

ASH: What did you do in the Navy?

KENDALL: Well, they got me just after I'd finished becoming an endocrine specialist, and they needed specialists at that time more than front-line primary care physicians. So I was an endocrinologist and one of the two endocrinologists in the Navy at the time. One was stationed in San Diego, and I was stationed at Great Lakes Naval Hospital in the Chicago area.

ASH: Was it good experience?

KENDALL: Oh, it was excellent because endocrinology doesn't take up full time, so the Navy was a respite from life otherwise. I'd been one hundred percent in school, as it were, all my life, academic or whatever.

ASH: And you were working a lot of the time in college and medical school.

KENDALL: Yeah. But this was a special experience, being in the Navy, because it was an opportunity to hone skills as a physician. A lot of sick people. It was good, it was just general—I actually got a publication out of it. So it was an opportunity both to hone general medical skills as well as endocrine skills, and that helped out and actually made me a better physician when I came back here—a general physician, which the faculty is required to be, as well as a specific physician for a specialty. I think it helped in that area: helped you sort of in a post-graduate maturation phase. It was good; it was a good experience: a lot of stories, but a valuable time of life.

ASH: And then they welcomed you back, I'm sure?

KENDALL: Yes, indeed. And Monte and I were the only faculty members here in endocrinology at the time, until Harvey Klevit came along as a pediatric endocrinologist. Dan Labby was interested in diabetes, but not terribly; and so there really were no other endocrinologists on the faculty, and we were highly dependent on our colleagues in the community to help us teach and help us take care of patients.

ASH: Were you also on the VA staff when you came back?

KENDALL: Well, everyone here had an appointment for consulting purposes over there, but I didn't actually join the VA staff in a paid way until I went over as head of the research program in 1971, when I became head of the Division of Diabetes and Metabolism here and was appointed as head of research over there, and helped develop the research program.

And that's where the training I had with Monte as an administrator paid off. I had the

opportunity to help that program, which has burgeoned into one of the best in the country, not due to me, but due to all the other people that we worked with. So it's a happy-ending story.

ASH: When did you get that grant that you mentioned where you got consulting help? Was that really early?

KENDALL: Oh, yeah, that was probably 1964, '65, somewhere around there. The grant was on basic research in endocrinology, control of the relationship between the pituitary gland and the adrenal gland, and the stuff I did was particularly aimed at understanding the physiology of the interaction between the two glands. And so I had a good twenty-year run at that, in terms of contributing to the scientific weight of that, as well as being a faculty member.

I always had an interest, though, in the other elements of medicine, the teaching and patient care. So they were all three always central to my interests in medicine, and that's what academic medicine, from my perspective, is all about: the ability to assist people as well as to learn something.

ASH: You became an associate professor in 1966, and you were involved, then, in research, teaching and patient care?

KENDALL: Right. And those were the growing years, where you had the opportunity to create new ideas for anything you wanted to create, you know. And in my case it was mostly bench research, but eventually mostly administration.

ASH: Where did that come in?

KENDALL: Well, it really came in when I moved over to the VA and had to take on the responsibility of trying to take a program that was threatened with closure and make something out of it.

ASH: Threatened with closure? Why?

KENDALL: As a program. Well, because it just was going nowhere, and nobody was doing any research—well, there were one or two doctors who were doing research over there, and very good research. I shouldn't say there was no one: there were a couple. But it was such a tiny program that the VA decided, nationally decided, they probably would close it because it just wasn't doing anything.

So we got Bob Koler to come over to head up our research committee, and I was the administrative head. And we developed a system of criticizing research grants before they went in for review, national review.

ASH: At the VA?

KENDALL: At the VA. Either NIH grant applications or—and this was at the VA, so anybody who was a staff person at the VA could apply. We encouraged applications, and then we would find somebody to criticize the application before it went in. That was new at the time; everybody does it now, but at the time it was a brand new idea.

So Bob and some of our other colleagues and I spent a lot of time going over grants, and as a result we suddenly—you know, it was like an investment, and it started to pay off, people started getting their grants and young people started getting their own career development awards and things like that.

Tomorrow we're going to celebrate the dedication of the cancer building over here. I don't know if you're aware of the VA cancer building? That was another Hatfield project. That was, I think, his last major money project for the University. And the chief of that is Grover Bagby, who is one of the young people who we helped get a start-up grant and a career development appointment, and so it was a happy ending for him, you know.

And we have Eric Orwoll, who's now a professor of medicine who was one of my trainees. He got a career development award, and he's head of the Clinical Research Center here as well as head of Endocrinology over at the VA. So a lot of success stories among the young faculty who began their careers at that time at the VA.

A lot of people think of the VA as being a second-class operation, but it's the same—they're the same bodies that are on both sides of the Hill, so whatever's second class about it is I guess if the bureaucracy bothers you a lot, but the quality of the work that goes on is the same across the Hill. It's a reflex that I don't expect will ever die, but nonetheless it's an incorrect view of the world.

And interestingly enough, now I've talked to a lot of people in the community, and the community, from my perspective, has a better view of the relationship between the University and the VA Medical Center than the people on the Hill do.

ASH: In what way?

KENDALL: Well, they know that there is this close tie, and they know that it's valuable for care of the patients, and if you go out and talk to them it's the first thing they bring up, a lot of them; so they understand it probably better than some of the faculty on the Hill do. That's an interesting sidebar.

ASH: I heard a couple of things that I wanted to ask you about, a little out of the chronological sequence here, but when the decision was being made about the new VA and where it was to be sited, was it Neil Goldschmidt who wanted it down at the Emanuel site?

KENDALL: I think that's right. And of course Bob Duncan, who was a reasonably powerful 3rd District—the Democratic representative from the 3rd District, and he had a lot

more power than whoever was in office on this side. And the person who put his thumb on it was Senator Hatfield. He put his thumb on it, and that made it stay because the local powers—I think the community in general and certainly community forces would have voted for it to go over to Emanuel.

And Hatfield recognized the fact that it would be better off here, as a lot of the successful national programs were in the VA—the strongest ones are the ones that physically linked with a medical school or university. Iowa, for example; Alabama: those are some of the strongest programs in the country in all respects, patient care. So he brought that idea that they should be physically linked.

Matter of fact, one of my accomplishments around here was to visit him in his office in Washington and talk to him about building that bridge over there, and he got behind that, and he stayed behind it for about five or six, seven years, while multiple antagonists had their run at killing it. I guarantee you, many, many antagonists had their run at killing that bridge.

ASH: I never could figure out why.

KENDALL: Why? I think it's—nationally the political element in the Veterans system and the bureaucratic element have always distrusted the relationship between medical schools and VA hospitals because many people have looked on it as a way to siphon funds from a VA hospital into a medical school. And I think that is the principal reason the secretary of the VA at the time tried to squash it because he was…

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

KENDALL: That's a two-way street, and as much stuff that went one way would go the other. And sure, there would be a problem keeping an inventory, as it were, but it really hasn't worked out that way.

ASH: It's a pretty long bridge to get up.

KENDALL: Yeah, and so if you're going to walk off with stuff, there's a lot of easy ways to do it. And so things like that, mistrust. And power was another issue: they felt that the Medical School had too much power over the VA, and that was problematic for a lot of people.

ASH: From the VA point of view?

KENDALL: From the VA point of view, and from the bureaucratic view. They always had to pay attention to the medical schools because the medical schools were powerful: actually, they were supplying them with their physicians and supplying them with their nursing staff and supplying them with their attractiveness and everything else, and so a lot of people have always felt that the medical school has had too much power. But in point of fact, the other side of that same coin is the medical schools have been the making of the VA

hospitals in terms of quality of care. So they still can't recruit excellent people in places unless they're connected with a medical school.

It's been a wonderfully functional bridge. I don't know if you've ever been across it.

ASH: Beautiful, too.

KENDALL: It's nice. I sort of pictured when I was talking about it a sort of a wooden structure that was open, and everybody would be able to walk across. But I didn't—and I sort of had imagined this—I don't know if you've seen those 1920s and '30s movies of wars in India, where somebody's running across this rope bridge, and somebody on the other side is chopping. My vision of the thing was it would be slightly more stable than that, but not much.

And then it turned out that they built the thing so it's not only beautiful, but you don't get fear of heights or claustrophobia or anything else in it. It's a nice design.

That's an aside, though. I've forgotten where we were now.

ASH: Well, let's go back a little bit. Tell me about your becoming an associate professor.

KENDALL: Oh, I don't know. I guess it's a natural progression. Produced a lot of stuff, was thought to be a good faculty member.

ASH: Sounds so easy.

KENDALL: You know, it's sort of like Boy Scout merit badges. I don't remember if I got a pay raise. I think it could have helped my ability to retain my parking place, but it wasn't connected with pay, and at that time it wasn't connected—well, I don't remember if it was connected with tenure, but I didn't even know what tenure was; I was just working for a living. I guess it did confer tenure at the same time, whatever that meant.

Tenure's a lot more important to some elements than others. If you feel like you can always get a job somewhere, tenure's not important. And if you're concerned about it, then tenure becomes more important. And also if you feel like you want to have the power to express yourself, that's what the real meaning of it is: independence of being fired for freedom of thought. From that perspective, it's very important.

But anyway, a lot of that was just sort of steppingstones, kind of steppingstones of life.

ASH: Were you already, prior to that, active on committees? I notice you've been on several search committees for high-level positions in the university.

KENDALL: That was part of the process of being a young faculty member, yeah. Right. And then I guess with that job over there at the VA plus the job here of running the Metabolism Division, which was really diabetes, that combination led to the rank of professor and head of that.

So then I think my career really blossomed through the opportunity to develop that program at the VA, in terms of being able to both do research—we did some good research over there, plus helping the young people, plus helping everybody get grants, you know, and things like that. So it became one of the better places in the country over the period of a few years, from a place about to be shut to a place that was pretty successful.

A lot of people—Hall Downes, who was a professor of pharmacology, was helpful. He followed Dr. Bob Koler as the head of the committee, and he was very instrumental; there were a lot of people instrumental in making that thing work. So then it sort of snowballed and got to be a very successful program.

ASH: And when you became Assistant Dean for Research on the Medical School side, what did that entail? Had there been a predecessor?

KENDALL: No, that was a first for that. And that was simply that Dean Ransom Arthur appointed several deans in areas he developed initially. And he didn't pay any money. No money. Listen, all of this goes with no money: no raise when I became professor, no raise for this or that. It's just, you know…

ASH: It was all in the title.

KENDALL: It was all in the title, right. Plus the opportunity to do good. You've got to make your own money; you've got to find your own money. That's still true in life. But it does provide you the opportunity. And so here the opportunity was to try to foster better relationships in the VA programs between the University and the VA, and that was why I worked on that.

Before that, though, after Dave Bristow quit as Chair of Medicine, I became Chair of Medicine for a while, and that also gave me experience and made me decide I didn't want to be Chair of Medicine.

ASH: It's a big job?

KENDALL: A big job. And so I actively tried to recruit a Chair of Medicine. We had sixteen candidates to review for becoming Chair of Medicine. We had the cream of the crop throughout the nation that came to look at the job and turned us down because of lack of resources.

We had a good candidate internally in George Porter, but we would have preferred an outside candidate to try to get new blood in. George was finally recruited to the job, but to me

that was one of the great disappointments of that era: that we didn't have the resources that we do now to recruit high quality people to fill jobs.

ASH: So when you say resources…

KENDALL: Space. Space, space, space. They can make their own money if you give them enough space to work in. The Vollum, for example, for the Basic Science addition, the Cancer addition across the street, this building: I mean, we were space-poor.

ASH: Was that the point where—I know you've been very active in instigating buildings.

KENDALL: Yes, moving them along. Right.

ASH: Starting with which one?

KENDALL: Well, I was helping Leonard Laster with the Vollum. And then I helped recruit the money for the Basic Science addition, which houses the CROET as well. I helped the crowd down at the Casey Eye Institute, helped them get their stuff.

ASH: What do you do to help?

KENDALL: Well, principally promote the ideas and talk to the people who are influential in getting the money. So that was part of my role. Part of my role as Dean was to translate to the faculty the changes that were occurring. People don't like change. It's amazing.

ASH: Even for space?

KENDALL: Well, yeah, unless it's their own. But if it will recruit another person in, it isn't always looked on kindly, interestingly enough.

ASH: Dr. Laster, in the interview I did with him, talked quite a bit about the actual resistance on campus to the Vollum. It's puzzling that anyone would resist, but apparently there was some feeling that those funds should have been used for other purposes?

KENDALL: I think the resistance came in the autonomy of the Vollum, rather than the idea that we should have expansion. It created a separate, freestanding institute on campus, which wasn't tightly integrated with the Medical School, Nursing School or Dental School. And so the people who were its principal detractors felt that, yes, that we should have this, but we should have it as part of our fabric. That's my perspective of it.

At the same time, Leonard, Howard Vollum and Senator Hatfield, among others, felt that they should have enough independence to do research so that they could focus on that and not have mandatory faculty duties, and that would help to make us competitive

nationally. That's the theory behind Len Laster's vision.

And so you can see where you, on the one side, had a traditional faculty saying, "Yes, let's have it, but we want to share it," and the other saying, "Well, yes, but if you're going to be a traditional faculty, you're never going to get anywhere." And so it was that struggle, from my perspective.

And part of my role, because I was so heavily engaged in research, was to help translate that for the faculty. That's what my feeling about it was. Leonard Laster was a very controversial figure here, and I saw he had a vision that would help the place along, and a lot of people really didn't want it.

ASH: He seemed to think that that issue was probably the major issue that caused his problems.

KENDALL: Well, it was contributory. His style was also contributory. He had a very difficult style to work with. A brilliant guy, but stylistically—his *modus operandi* was hard to work with for many people, and I think that was as contributory as the other. But if you focus on one issue, probably that was central to a lot of it. It was an example of how he tried to push everything down somebody's throat, and that didn't set very well.

So I say it's style, but I think you could have brought it on board without—maybe he brought it on board because he had the push and the drive to do it. That was his good stuff: he had the real vision and the power and the push to do it. So from that perspective, a lot of people couldn't have done it. But the other side of the coin, I think it could have been made more palatable. And so that was part of that.

ASH: We've had several people during the interview process tell a story about one day when Senator Hatfield called all the deans in and Don Kassebaum, Vice President, and protected Dr. Laster and said, "I don't want you causing trouble for him." Do you remember that incident?

KENDALL: No. I wonder if that was while Ransom Arthur was here.

ASH: Possibly.

KENDALL: Because I came in as peacemaker, there's no question about it. There was an uprising, and I was hired as a peacemaker in part.

ASH: Peacemaker in that you could get along with Dr. Laster?

KENDALL: I could get along with Dr. Laster, to a degree. We had our differences. But I also got along very well with the faculty. The faculty trusted me, and so that was very important, to have somebody they trusted. Unfortunately I didn't have all the power that

Laster had, but nonetheless they trusted me. They knew they'd be represented, and that was a part of my role, the way I look at it.

ASH: You came on board after Ransom Arthur, is that right?

KENDALL: Yes.

ASH: Do you know why he left?

KENDALL: Well, I think he left in part because of Len Laster, and also his health. His health was very bad. He had severe rheumatoid arthritis. Matter of fact he died not too many years after he left here. He spent, as I recall, an hour a day going down to the YMCA swimming pool for therapy down there because he had really bad rheumatoid arthritis. And I don't think the climate was all that great for his rheumatoid arthritis, so I think he wanted to move south to be warmer, as well. And he went on to a job with less pressure.

He was a very brilliant and very farsighted guy, but a little bit of a fish out of water here because of his views of the medical world that differed from, in particular, those of Len Laster. So I think that was part of it.

He didn't leave in disgrace in any sense, you know. He was well liked by everybody on the faculty, and he accomplished some things that were needed around here. But still, when the tension's high enough, then you've got to cash it in.

ASH: You were pretty brave to take that on, then, at that point. What made you decide to throw yourself into this?

KENDALL: Well, I had run for Dean when Ransom Arthur got the job and decided I did want to do some things as Dean that weren't being done around here. So I had the vision—about some of this curricular change that we had and other things—and I wanted to build the research program in a bigger way around here. So I had ideas about how to do some of the same things we'd done over at the VA, carry them over here in building programs and getting us better known nationally and all those things. And so I wanted the job when Ransom Arthur got it.

Well, Ransom was more prepared and, I think, more attractive than I at the time, and so he got the job. But the second time around, I was a clear candidate and won hands down because I was a little bit better prepared the second time around. And it was those things that I wanted to accomplish, I think, some of which came to fruition, particularly the curriculum changes came to fruition.

It had been my dream for years to get students into the front line medicine from day one—not that they knew a lot about medicine, but they knew about people, and that was the principal reason to get them out there seeing people before they got supersaturated with science.

ASH: Now, how did that change in the curriculum come about?

KENDALL: Well, we had a tremendous opportunity, and the Robert Wood Johnson Foundation came out—well, two national programs came out for competition for funds. We had the curricular plan in place early in my deanship; we knew what we wanted to do. We spent a lot of time, instituted planning retreats for the leaders of the faculty, leaders in the curriculum, and we had a vision of what we wanted to do.

We started to put it in place, but we were short of money to be able to get some support help, people that actually could do the organizing and the spade work to get it moving forward. The faculty all have other jobs that they're doing, and they've got an old curriculum that they're doing already. So to get change required some money.

We were very fortunate in that Dutch Reinschmidt knew particularly well a grant-giving place, and they gave us—I can't remember how much it was, but it was only $200,000 to get it started, and then Robert Wood Johnson and Kellogg came out with RFPs, which of course were proposals for grants, and we were fortunate to get one of the few that were offered in the Robert Wood Johnson grant. And that got enough money to get the thing underway.

It's still ongoing, but the major building blocks we put into place, and so now we have a nationally known curriculum, and I think Family Medicine and the basic science faculty really need to be congratulated for the effort they put in to make it happen—Family Medicine, in particular; the Dean's Office has done a lot of work, and it's been a real success.

ASH: You ended up writing the grant proposal, then, for Robert Wood Johnson?

KENDALL: Mm-hmm, with Dutch. Yes, indeed.

ASH: Was it the Pew Foundation that was the first one?

KENDALL: No. Boy, that's terrible; how soon we forget. I've forgotten which one it is.

ASH: I can go back and look.

KENDALL: It was a small granting agency, and—actually, a letter I wrote, one letter got us the money because they happened to be interested in that at that moment, so it was just one of these things where you're lucky. They hadn't released an RFP. They did eventually, but they hadn't at that time released an RFP. So we came in, and they just plopped some money on us, and they plopped some money on the place where Kassebaum was, at AAMC, and they gave us money, and they gave him money, just out of hand. And so that gave us a good start.

ASH: Was it hard to convince the faculty?

KENDALL: Well, I think the general answer is no. The faculty knew that we were not effective in our curriculum because this old curriculum was—although it worked, it was not producing a product that we really felt would continue to be interested in lifelong learning, and the students ended up being cynical by the time they were at the end of their medical school career. So the product was sour, and they knew that. Obviously various elements would rather do it the same old way, but…

ASH: It was lecture-based, is that what you mean by cynical? In that the teaching methodology was a problem?

KENDALL: Well, partly teaching methodology, but partly the business of teaching two years of basic science before they go into the clinical sciences. I think that was a big part of the change was to introduce clinical medicine from the first day. Some of the basic scientists felt that that was not a good way to do business, that they've got to have all this science before they do anything else. And some of the clinical faculty similarly didn't feel like they should try to take students who didn't know anything about science and try to teach them something.

So there were elements, but I think from my perspective the clinical leaders and the basic science leaders in the Medical School recognized the need for the change and were really excited about it. We had several retreats during the formative years of that, and those, I think, sold the people on it, where they all had a part in it. Consensus building. And it doesn't hurt to get the money, too.

ASH: The money helped pay for the retreats?

KENDALL: No, that was our investment, preliminary investment—but then eventually, yes, in terms of refining it and getting the thing really underway, the money helped for that. But the initial effort, we were actually well poised to do something, providing we got money, because we'd done some preliminary efforts and strategic planning efforts on the basic sciences and clinical science chairs.

Plus I had recruited about—I guess the majority of chairs from '83 to '92. That was a big turnover in chairs. There were six vacancies: four vacancies when I became dean and two more within the next year. So there were six vacancies, and there were twenty-plus chairs, so we turned over a lot in a year, and that made a big difference.

ASH: To what do you attribute that turnover?

KENDALL: Well, a lot of just natural turnover, old chairs moving out.

ASH: Retiring?

KENDALL: Retiring. I can't remember if any chairs left; I don't think so. Retirement. And two of them, Charlie Dotter and Bill Krippaehne, Surgery and Radiology, both became ill that first year and died within a year. So there were two right there; and then there were four empty chairs: Anatomy, Family Medicine—I'd have to look at the list. But at any rate, we didn't have any money to recruit them with. That was another factor. No space and no money.

ASH: For the recruitment process or for their salaries?

KENDALL: For giving them the incentive to come, which is: salaries for new faculty to boost up their department.

So we got—I won't say how much we got them with because if they discover that—we got them for peanuts. Matter of fact, the chair of surgery recruited himself. Don Trunkey is Chair of Surgery, and he wanted to come here; and anything I said, he said, "Yes," and so he was cheap. And the Chair of Anatomy, Bruce Magun, was also eager to be a chair, and he didn't know what a bargain he'd struck—bargain for me he'd struck when he did it.

So it was neat, we were able to convince people to come here because we thought we had a good thing going and sold them on it, and they bought it. And I think that made a big difference. We had new faces in the crowd, and it wasn't just because I'd recruited them, it was because they began to like what was happening and to like each other. And I think they developed a camaraderie, and I think that makes all the difference in the world because—if you get along well in your marriage, then your children are going to do well, you know, and the students are our children, and they're going to do well if we have a good marriage in the faculty. So from my perspective that was what really drove it, the faculty and the chairs.

ASH: Did you have to work hard with these recruitments?

KENDALL: Yeah, that was probably my major job in terms of convincing people or selling them. The "Mount Hood factor."

ASH: Dr. Bluemle mentioned that. He said that in those days when he was here the mountain was worth about $10,000 in salary.

KENDALL: It was twenty when I was dean. I think either he told me that one or I told him that one, one or the other. But it was true, it was worth money, you could sell it on the Mount Hood factor. You could sell it on the basis of livability and all that jazz. Plus real estate was a little cheaper then.

ASH: Cost of living.

KENDALL: Yeah, cost of living. So it was easy to recruit at that time. I think relatively speaking it's even easier now because it's a better-established institution.

ASH: Well, let me ask you if, during the recruitments, you were conscious of this sort of team concept and hiring people to get along with the other department chairs?

KENDALL: Absolutely. The critical factor was the quality of the individual and whether or not they were interested in a building effort and working together, and whether they were interested in teaching our medical students. You know, that had to be a very high value.

So yeah, team-building. People who had values that you respected. All of the chairs that I hired stuck. That isn't always true everywhere, but every one of them—well, we've got a retirement, Bob Taylor, and I recruited him. Every one of them has stuck. I can't think of anybody who's left.

Oh, one. John Moorhead, who was hired as head of Emergency Medicine, left to become head of our national emergency medicine association, American College of Emergency Physicians. He left for that, but the rest have all stayed and built good programs here. And that's, I think, a real contribution to the institution because it provides stability, and they're the ones that foster the young faculty to build their grants and all the rest of that stuff, which is how you're going to have research excellence.

ASH: Speaking of teamwork, I was thinking that the new curriculum demanded a lot more teamwork among the faculty, especially across the departmental lines.

KENDALL: Indeed.

ASH: How did you go about convincing them to make this change?

KENDALL: Well, they did it. The faculty did it. You can't go out and tell them what to do; all you can do is give them a vision of the way it should be, areas where we can improve it, and then let them build the curriculum—because they're in charge of the curriculum, they're in charge of the teaching. You have to get them to do the job themselves. And fortunately we had a very good faculty that was very interested in doing a better job. So that's the way I see it. I think they did it themselves.

What actually physically happened was that they broke into various new areas, developing new courses. We used the break-out session planning process to get it going initially, where you discuss things collectively you want to do, then you break out and come back and report. We used that planning process to get the thing underway, and then the faculty groups developed their own view of what the curriculum ought to look like, and then they took it from there. So all we provided was part of the vision and part of the administration and let it happen.

You can't run this place. You've got to…

ASH: Let it run?

KENDALL: Well, you've got to sort of nudge it. You can turn the boat slowly in one direction or another, but it doesn't really turn fast. At the level of curriculum development, for example, you can't do that—you can make big decisions to build buildings, but you can't move a whole crowd of people in any direction unless they want to go there.

ASH: How much more work is there to do with the curriculum?

KENDALL: Oh, I think a whole lot, particularly in the clinical years, and particularly in the issue of how to teach the students in the new milieu of ambulatory care being the primary way people deal with physicians and other health care providers. The curriculum is still heavily hospital-based…

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

ASH: This is Joan Ash interviewing Dean Kendall on June 23rd in the BICC building. This is tape two.

KENDALL: I think teaching is necessary in the outpatient setting, and we're doing it now, but we're not doing it extraordinarily well. That's a big national issue that I don't think has been solved yet.

ASH: How to teach students…

KENDALL: …in the ambulatory care setting. That's a difficult task because you've got a patient who's only going to be there for a very short period of time. You want to maximize the opportunity for the patient to get the care that he or she needs efficiently, and yet you also want to be able to teach the student effectively and maximize the opportunity for the student to learn. In some respects it's a lot easier in the hospital because nobody's with a patient 24 hours a day in the hospital, and so a student can come in during sort of the off-hours, as it were, and the patient is there. But the patient isn't there in the outpatient setting, so it's a very difficult challenge. I don't think we've mastered it yet, and that's a big area that from my perspective nobody's doing a superb job in, nationally. We're all doing it, but not very successfully.

ASH: Are there efforts in experimenting with better ways?

KENDALL: Oh, thousands of them, but I don't think we've hit it yet. That's my personal perspective on it. In a sense we aren't as good as the electricians with their electrical apprentices system, for example. For example, when they go into a house and help wire it or something, well, the apprentice is working along with them, and they show them a little bit, and the apprentice does it, and they come back and inspect it. And that model works very well, you know. And then the students, in electrical apprenticeships, also go off and study in classrooms and things like that, so they all learn the stuff. We have it for inpatient settings,

but we don't have it for the ambulatory care setting yet, from my perspective, where the apprentice is really doing it.

Now, by the time they get to be residents, that's another story; because by the time they're residents they're already trained enough so that they can work more as an apprentice and virtually independently. But it's making that transition from being a student without a lot of moxie into one that has enough moxie to be a resident, that's the difficulty I think we haven't mastered yet.

Some people do it well individually. I'm not saying it doesn't happen, but I don't think we're there yet.

Let's see, in the basic science sectors, I think there the mountain of information and you need to reduce it to a palatable, enjoyable form for the students and make them capable of acquiring information on their own. I think the next big challenge is the impossible amount of information to master these days. I think we're still fairly primitive in that. We're a lot better than we were; I'm not criticizing our curriculum. I think it's a thousand times better than it was twenty years ago, but it still isn't there yet. And so I think there are a lot of things to be done.

ASH: Is there any way—I have to ask you this—is there any way information technology in your view can help with that?

KENDALL: Well, it's helping already. Yes, indeed. The BICC here has been an enormous step forward in that regard, in information technology. It's another example, talking about primitive—I think our current computers, I liken them to something like a 1915 automobile. They're just very complicated; they're not there yet. But they'll get there. And so yes, the answer is we're using it already, and it's getting better.

The first time I ask a question now, I go to the computer; to get knowledge in medicine, I go to the computer to find the answer—depends on the circumstance, but about half the time I'll go to the computer and half the time to the textbook, and the rest of the time I'll ask somebody. But the computer as a base of knowledge, it's coming. That's my view. How about yours?

ASH: Well, we've done some studies around Oregon. For fewer than one percent of the questions that physicians have as they're practicing medicine do they even look for answers on the computer. So it's a little different on the campus than it is out there on the front lines, the primary care providers around Oregon.

KENDALL: Well, I grant you that if I'm on the front lines—I just recently quit practice, but when I was on the front lines, if I needed a quick answer, I'd be more likely to ask a student resident or a faculty member sitting next to me, taking care of patients, and probably in that order: the students have a pretty good knowledge base. I usually ask them, and if it's something to do with a new medicine, ask a resident. So you'd use these various

people to help you rather than go to the computer. But if I had the luxury of being able to ask the question in a sophisticated way, I'll go to the computer—and if I have the time to do it, I'll go to the computer.

Interestingly enough, I now go much more rarely to the journals, except if it's a deep science question. I don't know if you've heard that Harold Varmus, the Director of the NIH, has proposed that we go on line with…

ASH: E-Biomed.

KENDALL: E-Biomed. All these journals are going to be online, and forget the review. I don't agree with that, but anyway I think he's got a good idea.

ASH: And you of all people would agree that review is needed, with your research background and reviewing the grants and…

KENDALL: All that stuff, right. Exactly.

ASH: I have to backtrack now because I'm getting off on things…

KENDALL: I'm carrying you away. Tangential thinking, maybe.

ASH: As I warned you, I'd be asking you about certain themes. One of them is becoming a university, and it was actually Dean Lindeman who said that she thought you did a great deal in that respect. And a lot of people say we're still not a real university, but she mentioned how when you were Dean you made some changes so that the Nursing School really became, she felt, closer to the School of Medicine.

KENDALL: That's true. Well, I think a university is a good way for it to go. We had a tradition here of having a medical school dean run the campus as a part of the University of Oregon, but unfortunately the University of Oregon was not in Portland. It should have been because a lot of the very successful universities in the country have been in big cities. And Oregon's successful, but University of Washington is more successful.

But in the absence of having it right here in town, this is one way to run it. In a sense, though, it is not a university because it's not a full-scale university, and we're still suffering from that. If PSU would grow up to be a big place, then I think it would be nice if we wedded to them and became a full university. But they're not powerful enough yet. Our research program at the VA is bigger than their research program at PSU, so it is not a big place yet. Not that it's a bad place; it's just not big enough in terms of its potential for national-scale fame. But from my perspective we're not a real university because of that.

But we have become a very good place for people to interact across the various disciplines, and probably could do even better. I think, for example, Allied Health, Associated Health, or whatever you call it now—has never blossomed here.

ASH: And that's a big future career track for many people, isn't it?

KENDALL: Yeah, I think making the opportunity available to the students should be a goal of this University—in all of the health sciences; and I think right now it does very well in medicine, dentistry and nursing, in the major schools it has, but I think if it incorporated some of the others, like a school of pharmacy and a school of allied health, I think it would then be a full-blown academic health center.

ASH: Are we getting close?

KENDALL: No, I don't think we're going to do it. I don't sense it. Maybe the Board has ideas about moving in that direction, but I haven't heard anything about them. I think they're mostly interested in survival of the hospital right now, making the cash flow, and they're so focused on cash flow that they can't be visionary in this other respect, I don't think, yet. And of course the Pharmacy at OSU isn't exactly like if Pharmacy moved up here. I think those would be things that would make it better.

ASH: What was your view when you became Dean?

KENDALL: About whether to be a university or not?

ASH: About how. It became a university in '74.

KENDALL: Yes. With Bill Bluemle. Dean Holman retired at that point and Bob Stone came in. And I thought that was a disaster because what happened was that there was more focus on the struggle than there was on the future. There wasn't work on developing the future. I thought Bill Bluemle had good ideas, and Bob Stone had good ideas, but they—everybody was pushing them to have a fight [laughs].

ASH: What do you mean by that?

KENDALL: Well, the Medicine faculty wasn't exactly happy about having a university because it was—the image of Medicine was best, you know. It *is* the biggest; I mean, every building is permeated with medicine. But nonetheless, a full university really is a collegial operation with a lot of disciplines represented. And I don't think the faculty here in Medicine wanted to see anything but a scrap between the University President and the Dean of Medicine, you know.

So we spent a couple, three years messing around, and Bill and Bob both left, in part because they were the first wave of a kamikaze crew to come in. That was my view of that. I think that metamorphosis would have required that sort of thing, no matter how we designed it. It required sort of getting rid of the old and bringing on the new.

One of the things that I don't know if anybody here has brought out, a view I have

about the development of this institution is interesting: if you compare this institution to the University of Washington Medical School, an academic health center, or with San Diego, both of them went a lot farther faster than we did. The University of Washington is one of the biggest health sciences centers, if not the biggest financially in the United States; certainly the University of Washington has been at the top of the research ladder off and on. San Diego has been huge for years.

We were dragging along, bumping along, and nothing was happening here for years and years. We had a research program, and it was good, but it wasn't huge. And that was principally because we were a medical school that came online in the 1800s. Stanford and San Diego and University of Washington came online about the '50s and '60s. The NIH came online, and the government got interested in research and in medical care and in financing medical care in the '50s and '60s.

Now, those two institutions, as an example, blossomed during that period of time while we were still bumping along with an older faculty, an older way of doing business. And it wasn't until the older faculty disappeared and the newer people from the other institutions that had the new mode came in here and allowed us to build.

So it wasn't only the buildings that Senator Hatfield and others in the state and others contributed to here that helped us; it was the fact that we had undergone a faculty transition. I don't know if anybody's brought that out.

ASH: No, no one has.

KENDALL: I think that's a critical point that's underappreciated, about why we were bumping along so slowly for so many years. Then when we changed over and developed new faculty—part of it was the transition when I was Dean: we had a lot of old people that retired as chairs, and new people came aboard.

I remember sitting at the lunch table—this would have been in the '50s or the '60s—and one of the chairs of a basic science department said, "Well, I don't want any of my faculty to have an NIH grant." I looked at him—and Monte had one, you know, and I was a student of his—and I said, "Well, why?"

And he said, "Well, they come and go. The state money is solid." And he said, "So I won't encourage my faculty to get an NIH grant at all."

Well, hell, money was pouring into Seattle and San Diego, and others around the country, while we were bumping along, and this fellow was the most respected research-oriented faculty member on campus, and he was the adviser to the Dean on research. That was years ago.

Well, you're going nowhere if the faculty buys that. So I think the fact that we changed over and got a newer crowd in here that was more interested in growth opportunity

and all the rest of that stuff, the new trainees, I think that is what allowed it.

So our growth rate has been much faster than these other institutions in recent years, principally because it was our turn, you know. And Hatfield helped it along, no question about it; and the State and others that were involved, Casey, Vollum and all those great contributors, many, many contributors. They helped this along. But no question about it, it partly happened because these things came along at the time we were ready to burst into new growth.

ASH: Meaning we had the space?

KENDALL: Well, we had the space, and we had the retirement of the old crowd.

ASH: But there were some faculty like you. You had been here quite a while. There were people who made the transition actually happen who were not newcomers.

KENDALL: Oh, there was a base, yeah. That's true.

ASH: And that's a puzzle for me.

KENDALL: Well, I think the people who were interested in that sort of growth rose to the leadership roles. Bristow and others like that rose to leadership roles because they saw that new vision. And I think others: Dick Jones was a leader in that respect. There were a lot of leaders in that crowd. If I name one I should name them all, but I won't try to name them all. There were many that were the young blood that was coming along to displace the old blood. And that will happen again now. I think we're about due for another major transition in the chairs because a lot of the chairs have been in place a long, long time now—in the School of Medicine, I'm talking about now.

So I think we need a new wave to really carry it into the next century. Not that I'm encouraging any of them to retire. They're all doing a great job, but I think they've got to look to that idea when they get a new building period—in the faculty; not necessarily the buildings, but the faculty.

ASH: I made a note to myself to go back and ask you about Charlie Dotter because you mentioned him earlier, and he's a somewhat controversial figure, and you knew him, so I wondered if you would describe your association with him.

KENDALL: Well, Charlie can be contrasted with Hod Lewis. Hod Lewis was a magnificent human being, and Charlie Dotter was a renegade radiologist [laughs]. And both are true, but both had wonderful capabilities, each in his own way.

Let me give you an anecdote. Maybe somebody's told it before. The story was in grand rounds—medical grand rounds form the basis of lots of learning because it was the weekly meeting. A case would be presented or a talk would be given, and it was sort of the

best of the best. Everybody went. Now there are so many meetings you can get ten a day, and they're an outgrowth of that kind of tradition.

Anyway, that's the windup. The pitch is that, here was Hod Lewis sitting in his front seat in grand rounds every Tuesday morning at eight o'clock, in the hospital, same place, sitting there and a case being discussed. And Charlie Dotter was in the room discussing the x-rays. He'd showed the x-rays on a projector. It was a case about somebody who I think needed a cardiac catheterization—I don't remember the details, but say he needed a cardiac catheterization.

Hod said, "Well, I think that's too dangerous." This was about 1960. "That's too dangerous, putting a catheter in the heart; you could cause arrhythmia and cause death," or something like that. And Charlie Dotter rolled up his sleeve. He says, "Hod, that's not true at all. I've got one in my heart right now." And here he bared this catheter, [laughing] and he was walking around the room with a catheter in his arm, taped to his arm.

That was the contrast. He was a renegade, and he made his points in an unusual way. But nonetheless he was a futurist because he got into interventional radiology early on and became an international leader in it. And he was a strange dude; no question about it. But he was a leader, you know, and he made it possible for several other really high quality people to develop in that sector around the world.

I was saddened the day he called me, it was the second day I was Dean. The first day Bill Krippaehne called me and told me he had cancer; and then Charlie Dotter, somebody from his department called and said he was dying. So that was bleak news. I was down four chairs already, and that made six. I was saddened because here we had, sure, a renegade, but nonetheless somebody that the world knew and respected for what he'd done. And so I immensely saddened by that. So I spent quite a bit of time going up and visiting Charlie before he died, trying to see what I could do to help him. That was sad, you know.

But he was a leader, and he did it in a different style. Just as Hod was a leader. Each in his own way.

ASH: Different style.

KENDALL: Different style.

KENDALL: I noticed you were on the search committee for the Vollum directorship. Was that the search that ended in Ed Herbert being recruited?

KENDALL: Yeah, Ed Herbert was down at the University of Oregon, and he had obtained some chemicals we'd developed up here at OHSU, so he and I were colleagues, and his people and I worked together on some projects. And so I thought he was an outstanding person. He'd come out of a different scientific background in the area of [unclear], and I thought he was outstanding.

Len Laster recruited him, and that was great. I was very pleased about that. First class choice. Too bad he was ill. He was a good person, excellent.

ASH: Was he ill in the beginning?

KENDALL: Shortly after. It was about the time he moved up here he got cancer and died. And that was too bad because that was a good start for that institution. He recruited some good people into jobs and helped to get it started, and he had the vision for its future. So I thought that was excellent.

ASH: Was it hard recruiting someone for that position?

KENDALL: It was a bit risky because you want somebody who's really super high quality, and they're going to stick around Harvard or Massachusetts Institute of Technology or some high-flying place if they've got the opportunity. That's sort of tough because it's brand new, and the rest of the infrastructure at the time of the recruitment was good but not super-powerful. This would have to make it powerful. So yeah, I think it's tough.

Fortunately Peter Kohler got a good guy in Dick Goodman, a trainee of one of my colleagues from Tufts, and he was, I thought, a very good recruitment.

ASH: What about the town-gown relationship?

KENDALL: Yeah, the other area of my interest in being Dean was to improve town-gown relationships. To that end I went to all the State Medical Association meetings, County Medical Society stuff; became president of the County Medical Society. That doesn't happen very often. Became an AMA delegate from Oregon—there are only three, and to give that to one of the Medical School people was rather unusual for a community type of operation. So I became very heavily involved in trying to mend town-gown relationships.

ASH: Had you been involved with the Multnomah County Medical Society earlier?

KENDALL: No.

ASH: So it was when you became Dean.

KENDALL: I made a conscious decision to get closer to the community because I thought it was dumb; it was dumb not to work closely with your counterparts in the community, I felt. We had a lot of talent out there.

Endocrinology, gastroenterology, orthopedics, all the subspecialties could work very well together, and they had their own clubs, and they all got along well. But then you talk about the whole town, and everybody's an enemy. But if you talk about your tribe, they love each other. You know, that's the world. And so the tribes all collectively love each person

who looks at things like they do, but when you start to get these two big nations together, well, no. And so it's tough. But I think it's better than it was, in some respects.

ASH: Well, apparently it was when University Hospital was built, that was before you were Dean, obviously—actually, that was before you were here. There was great rancor about building the University Hospital here.

KENDALL: And that's what forced it into being totally a charity hospital. See, it was sold on the basis of being a state charity hospital, where the County Hospital was still up here as the county charity hospital, Multnomah County Hospital. And so you couldn't do any private practice there, which was dumb, but nonetheless that's the way the world was because of the fears that this would interfere with the private practice of medicine in the community. And that was a big deal.

There are still people who have a lot of ill feelings about the University having patients. You're always going to have that. But nonetheless, if we can recruit them to work with us it's much better than if we're fighting all the time.

Unfortunately, one of the byproducts of the development of the full-time faculty on the Hill here was the fact that our volunteer faculty in the community, who had been heavily involved in teaching our medical students and nursing students, sort of drifted away. And I think it's been a very good thing with this rural health program to draw the state physicians back into the program by having them be enrolled as teachers.

So town-gown will always be difficult because there are different tribes, but nonetheless I think we've come a long way in terms of understanding if not love.

ASH: Did you play a role in the AHEC development?

KENDALL: A minor role. That was to Pete's credit. I think Pete and Dutch—Pete in particular saw the vision of going rural. Len Laster had what I call a "circle the wagon" mentality. We had only one wagon, and he used that phrase, so I'm borrowing Len Laster's phrase. But he had that attitude that "We're going to be separate from the world." Ivory tower. So he didn't think we needed any interaction, and Pete came along, and he had had experience down in Texas, and he said, "Boy, this is a grand opportunity," and he developed it.

And Dutch—Dutch who knew every physician in the state, I keep claiming, but actually he didn't—he was always around with his continuing med ed programs. He was a good person to be the point person for that. Dutch was a good point person in a lot of areas, but that was one in which he did a lot of the front line work.

And I took a supportive role through the county and state medical associations, but not one in the front leading it. Can't do it all.

ASH: I also wanted to ask you about your sabbatical. You took a sabbatical to do research while you were Dean?

KENDALL: Yeah, and I decided I didn't want to come back to that anymore [laughs]. Well, I have always said that being Dean was harder than working for a living. Being an academic has its privileges because you have freedom—coming and going and being creative. That's a great freedom and a great responsibility at the same time. But being the leader of that group is also a very tough job, and it's a pressure cooker job, so I wanted to take a break from it.

I decided that I wanted to go back and do research and do patient care and frontline teaching, rather than be an administrator forever. The average dean lasts three years or so, so if you're in it more than that and you've accomplished something, then you ought to do something else for a while. I think turnover is good.

ASH: So you didn't come back after a year because you were enjoying your sabbatical. You didn't come back after two years…

KENDALL: Oh, I didn't want to come back then.

ASH: And you didn't want to come back, then, at all?

KENDALL: No. I haven't done anything since—except I'm helping the VA in administration right now. We have a network of VA hospitals in the Northwest, just as there are ones around the country, separate networks—and this one made up of Seattle and Portland and all the VA hospitals in the Northwest from Boise to Anchorage.

So my role in that is to be a person who helps in the academic affiliation relationships between the medical schools and the VAs and in the residency assignments and things like that. So it's a part-time job; they pay me a pittance for it. But it's sort of fun. I do the national things for them, as well as local. I enjoy that.

I quit frontline practice of medicine about a year or so ago, and so I'm involved in teaching still the first-year students. So I'm sort of taking the frosting off the cake right now.

ASH: So you are working with the medical students here, and with the VA?

KENDALL: Yes.

ASH: And for that you travel, I imagine?

KENDALL: I travel, and then I also work in the lab with Lynn Loriaux's group.

[End Tape 2, Side 1 and interview]

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