

OREGON HEALTH & SCIENCE UNIVERSITY

ORAL HISTORY PROGRAM

INTERVIEW

WITH

David Rosenstein, D.M.D., M.P.H.

Interview conducted August 17, 2014

by

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[Begin Track One.]

Gary Chiodo: My name is Gary Chiodo and I'm interviewing Dr. David Rosenstein on August 17, 2014. We're at Boxcar Assembly in Portland. So David, you and I have known each other for over 40 years.

David Rosenstein: We have.

Chiodo: You were my mentor. And then became my boss and colleague. And I think during that forty years, we've always been friends.

Rosenstein: I've always considered you a friend. I remember the first day we met. It was up in the cafeteria of OHSU. I was a relatively new faculty member. Coming from the East Coast, being trained at Harvard, which made me different from every person in the school. All of whom were trained in Oregon, and none of whom were from the east.

Being Jewish was very, very different at the dental school. Very different. I remember my first week at the dental school, I kept coming home and saying to my wife, "Gee, this guy came in and said, 'I'm a student here. I'm Jewish.'" And I'm thinking to myself and? What's your point? And after the third one came in and that was every Jewish student in the entire school, whereas every other school had about 30 or 40 percent of their class Jewish, I thought hmm, this is interesting.

There were two African American students in the school at the time. Which those two were numbers two and three since 1956. Who were in the dental school. Which I thought was kind of interesting.

And I was relatively ostracized. Could have been my personality. It also could have been because I was from the east and considered different. I also was one of two Democrats in the school, the other being the dean at the time, Lou Terkla, who was a terrific person. And a wonderful educator. Probably not just the best boss I ever had, but probably one of the most decent, honorable people I've ever had the pleasure of meeting, let alone working for. Wonderful person.

So there I am up in the cafeteria trying to get a little time for myself and be alone. (laughs) And up comes this student with hair out to here. Hair never impressed me, for obvious reasons. (laughter) And you said, "You're the new faculty member."

And I said, "Yeah."

He said, "Do you mind if I sit down?"

Of course I did. I wanted to eat by myself. And I said no. And you sat down. And started to talk to me about some of the problems that you were having with faculty who really were really giving you a hard time. And I'm sitting there thinking, these are the same people who are giving me a hard time, too! Of course, the difference was, I wasn't being graded by them. And I

was, even at that time, even though I just arrived and I was 28 years old, I was a senior faculty member. Started as an associate professor because I had had some publications before. Which is at that time at the dental school would have been extraordinarily unusual to have publications if you were a full professor, let alone someone coming in at 28.

And we did develop a friendship. I don't think I ever felt like we had a faculty/student relationship. I remember telling you that, I remember like it was yesterday. It was over forty years ago. And I remember specifically saying to you, "Why don't you come into my office and you can feel comfortable there. If you want to feel it as a locker room and keep your stuff there, you can." You never did. But I offered to let you do that. And I told you that I was starting this clinic called the Russell Street Clinic and I thought that you'd be comfortable there and like it and enjoy it. Forty years later, you certainly were comfortable there and did like it and did enjoy it. And of course we enjoyed having you.

I remember it really well. You were in the second group of folks that we hired. You wanted to be a periodontist. I thought, well why would he want to do that? (laughs) And you came to work for us. And then they offered you a residency in the perio program. And to my delight, you didn't take it. I don't recall if I tried to talk you out of it or if I, you know, just had a voodoo doll that I was putting pins in and trying to make sure you wouldn't take it. But I know that you were just delighted, we were delighted that you didn't take it.

Dental school was very parochial back then. Incredibly parochial. I don't know how much it's changed. I know that it certainly has changed. I mean, they have people from other schools there now. Although a lot of the instructors in the clinical areas who are beginning instructors are all from Oregon. That's not terribly unusual. What would be unusual would be to have a school where it's primarily from Oregon. And that's what it was back then.

And over the years, what I saw happen at the school was diversity, which was a big concern of the first dean I worked for, Lou Terkla, who I'll say again was one of the most decent, honorable people I've ever met.

There's a couple of quick stories about him that I'd like to tell. Two of them that I'd like to tell. One being in his office with all the associate deans. And he looked at me and he said, "You can't yell at me. I'm the dean." (laughs)

And I looked at him and I said, "That's exactly why I can yell at you. You're the dean. Who else can I yell at?"

And he thought about it and he said, "You know, you're right. You ought to be able to yell at the dean." (laughs)

The other time, the department that I headed up was the Department of Community Dentistry. The name changed to the Department of Public Health Dentistry. But it started out as the Department of Community Dentistry. But it wasn't a department. It was a division. The Division of Community Dentistry.

And I called him up one day and I said, "You know, we're a division of community dentistry. You've got twenty departments and four divisions, and we're a division. What are we a division of? I want to talk to you about that."

And he said, "Well, you can come on up and talk to me, but my mind's made up." Which is interesting. If you knew nothing about Lou Terkla you'd think well that's, why would you go up and talk to someone whose mind is made up? But that's not what he was saying. What he was saying was, this is my bias. This is how I'm thinking. You can come up and talk to me.

And I went up and explained that we had more people on the faculty in my department than any other department in the school. We had more employees in my department than anyone

at the school. We had a higher budget than anyone in the school. Mostly because we had grants. We actually did research, which you're supposed to do at a university, which wasn't being done back then, other than by the department of dental materials, which did a lot of very good research. Really rock solid research on amalgam and the properties of amalgam.

And so I went up there and I explained all that to him and he listened to me. And he said, "Okay. I'll do it." And that's the kind of guy he was. Kind of got off on a tangent.

We started the Russell Street Clinic in 1975. August first. There was a competitive grant for the facility, which was being run by Kaiser. And of course the process of getting the grant was pretty unfair. It was a time when you couldn't get this kind of a grant without having the health system's agency, which was a nonprofit corporation that would be set up in most states, to review things like certificate of needs for CAT scans, MRIs, although MRIs didn't exist back then. CAT scans did. Would make the recommendation. Now the chair of that was a Kaiser employee who just so happened to be in charge of a clinic that became the Russell Street Clinic and that we were competing with.

The president at the time was Bill Bluemle. Wonderful man and a great president and a great leader. And really a thoughtful, thoughtful person. I guess I could tell a couple of funny stories about Bill Bluemle.

I was the chair of the Affirmative Action Committee for the university, which I thought was pretty interesting since I signed a protest about the lack of diversity at the school. On that letter that was signed was myself, Jane Siegel, Ann Hofstadter, Fran Storrs, myself. And so he established an Affirmative Action Committee. And I was the chair. Fran Storrs, Jane Siegel, Ann Hofstadter were on the committee. (laughs)

And he called me into the office to talk about it. I said, "With all due respect, President Bluemle, everybody on this committee sent a letter complaining about the lack of diversity. And you put us on this committee."

He said, "I don't need people to tell me they agree with me. I may not agree with you and I may not do what you want me to do, but I want to hear what you have to say." That's the kind of guy Bill Bluemle was. He was just a first-rate person. And a scholar. He was a really, really first-rate guy.

And so he allowed us to have this Affirmative Action Committee. And I'll be damned if he didn't listen to every recommendation we made.

And Lou Terkla was really interested in diversity. Not surprisingly, he is a Native American and his wife is Jewish. I think that, I don't know how they let him become dean at that time, given those factors. But they did, fortunately for the school.

So he brought in Ollie Moreland, best known as a wide receiver for the Oregon State Beavers. And he had gone to Harvard, got a master's in education and was teaching at Jefferson High School. And somehow Terkla got in touch with him and brought him over to the school to recruit minority students. And recruit them he did. And in the classes of '79 and '80, '81, we're talking about having 10 percent of the class African American. He really did a good job.

And he did it the smart way. Ollie would go to African American colleges, predominantly African American colleges and he wouldn't even ask to see the pre-dental students. He'd say he wanted to meet biology and chemistry majors. And he'd say, "How would you like a career in dentistry where the average salary is" whatever it was back then "and we'll pay for your educational costs for you to come?"

And come they did. And we really got some incredible students. One became president of the National Dental Association. Just a terrific, terrific lady. And the school was really doing well with minority recruitment.

It didn't sit well with the faculty. It really didn't sit well with the faculty. I remember being in a faculty meeting one time and one of the faculty said, "Dean Terkla, do you know that we have a student at the very bottom of the class, he's African American, I'd like to know what we're going to do about that."

And Lou just looked, cocked his head, and he said, "Well, I've been here a long time. And every year somebody is at the bottom of the class." (laughs) "Up until this year, it's always been a white kid," he said. (laughs) "So we'll do with this black kid what we did with all the white kids. We'll give him all the help we can and make him the best dentist we can. Now are there any more questions?" And no one had, that kind of ended the questioning. You know, that's the kind of character he had.

In 1979, we had a huge problem. An African American student had been dismissed. He had failed a course, I guess that Dean Johnson had taught. Dean, he wasn't a dean, his first name was Dean. He was a faculty member in the fixed prosthetics department. And the student complained that it was due to racism. I remember sitting with Ollie Moreland in his office. And I said, "Well, you can talk to the affirmative action officer," who was Bill Jackson. And Bill Jackson had been the animal care facility manager. And prior to Bill Bluemle becoming president, the school was run by the dean of the medical school, which was Holman, Dean Holman. And so Dean Holman had to have an affirmative action officer. I think it was a statewide system requirement. And the only African American who was employed there, in charge of taking care of the animals, so he made him affirmative action officer. He was a very nice man. He just, I don't think I would have chosen him for that role. I think I would have gotten a professional person who maybe could have had a little clout and understanding about what to do.

In any event, the student went over to see Bill Jackson. Ollie and I started to talk about it. We were saying yeah, sure, racism. Crazy. It has nothing to do with racism and everything to do with this kid not being a good student.

And in fact, he was not a terrific student. And you know, you have grades in your academic courses and the clinical courses. And he maybe had ten thumbs, but he wasn't doing the stuff well.

And so he ended up going to see Bill Jackson and filed a grievance, which I didn't think was going to be a big deal. But it turned out to be one of the biggest deals of my career.

So it came before the committee. And I was in charge of the committee. And we had hearings. And the executive assistant to the president had come with him from Syracuse. His name was John D'Aprix and he was not executive assistant, he was really the second in command of the Health Sciences University. And he was a good friend of mine. If my memory serves me correctly, he was a friend of mine who became a good friend through this very difficult hearing process.

And we got all the documents and started to do some interviews. And it was just frightening. We had one faculty member say to this student, you know, "You should be driving a Pepsi truck." Another faculty member saying, "You should go back."

And when I asked at the hearing this faculty member what he meant by that, and I said, "Go back where?"

The faculty member actually said, "To Africa."

I remember it like it was yesterday. I looked at him and I said, “He never came from Africa. He was born here. He was born here like you were born here. Like I was born here.” I mean, my grandparents were born in Russia. I don't know anything about Russia. I can't speak Russian. I've never been there. You know? I like the Russian food. (laughs) But I don't know anything about Russia. He didn't know anything about Africa. He's never been to Africa. He's an American. You know, if you're born in this country, you're an American citizen.

Another faculty member, your favorite faculty member, (laughs) and I say that sarcastically, the one who gave you the most difficulty, this student's hair caught on fire. He had a Bunsen burner and he was doing this lab work and paying attention. His hair caught on fire. This faculty member said aloud, “I always wondered what that kind of hair would smell like burning.” What the hell kind of a statement is that? You know, how do you have faculty like that at a state institution? I mean, bad enough if this were a private corporation. But this paid by taxpayer dollars. Talking about African Americans that way. Where do you get off doing that?

So John and I, John D'Aprix and I, would go to my house. I swear to God, we'd work till twelve at night. And we'd have all of the grades for all of the projects. And we'd, you know, how do you come up with a failing grade? I mean, the kid had a passing grade.

And so the department said, “Well here is the format that we used.” And of course the format worked. He had a failing grade. If this is the weight you get for the—except there were seven other people that had failing grades, if that were the formula.

And we'd go back and we'd say, “Well, what about these other seven?”

They'd say, “Give us a couple of hours.” They'd give them a couple of hours. “No, this was the way we did it.” And then there'd be ten people who should have had an F.

And so the committee came back and found out that there was illegal racial discrimination. And Bluemle was terrific. Bluemle ordered the student reinstated. And ordered the dental school not charge any tuition for him until he graduates.

And graduate he did. So this student went down to Arizona, where he became the dental director for the entire prison system in Arizona. He was taking care of his sister's two kids, he adopted them. Taking care of his kids. And became a very productive, very respected member of the profession. But he wasn't one of them, so he had a hard time.

He wasn't the only one that happened to. I mean, we went after, when I came there, there were three Jewish students. The next Jewish student to be admitted was in late '80s. That sounds crazy.

I talked to Bluemle about that once. No, I talked to Peter Kohler about it. I talked to Peter Kohler about it. I went to him and I said, “We have no African American students. We have no Jewish students.” I said, “We have no Jewish faculty.” I was the only Jewish faculty, fulltime Jewish faculty member. Well, there was one other. That's another story, you know. The other one was Tom Albert. And they have this honorary fraternity. Is it Alpha Omega, Gary? What is it? You're a member.

Chiodo: Is it Delta Sigma Delta?

Rosenstein: No, that's a fraternity. No, what's the one where you have to be voted—

Chiodo: Oh, OKU?

Rosenstein: OKU. OKU. So OKU is an organization, they'll take the top two or three students a year. And then they'll take faculty and make them members. So I looked at this. And every single full professor ever had been a member. Every single associate professor, ever, had been a member. And about half of all the assistant professors were members.

Well we had five dentists who were full professors. That's it. Two of them were the only two Jews, Tom Albert and myself. We also had graduated from Harvard. Each of us, at your twenty-fifth anniversary, the university chooses one member of your class to get the Silver Anniversary Award. Each of us got that for having contributed the most to your profession. So here it was, the both of us had contributed the most to our profession, and we're the only two—

[End Track 1. Begin Track 2.]

Rosenstein: --full professors ever in the history of the school not to be in OKU. Ever. I guess they were saying that this was just a coincidence that we were both Jewish. But I'm not so sure it was. In fact, I'm reasonably sure it wasn't.

And of course the provost then called you. And said, "Get them in." (laughs) Which you did. And we were both—well, no, actually, they never admitted Tom. But they did put me in. But I've never put it on my CV. And I've never acknowledged that I'm a member of OKU. It's the old Groucho Marx story. I wouldn't want to be a member of any group that would have me. But I'm not going to be a member, and I told them I wouldn't put it on my CV until Tom Albert was a member, too. I thought that was outrageous. And I never have. I'm sure that I have whatever they give you, a certificate, whatever.

Chiodo: A key.

Rosenstein: A key? I'm sure I've got it somewhere. I'm not sure where. But it's got to be somewhere in my house. Buried somewhere.

Chiodo: So let's talk about Russell Street Clinic. You hired me in '78.

Rosenstein: I did.

Chiodo: And I started there as a fulltime dentist. And about that time you left to go to Washington, DC, to work for—

Rosenstein: Henry Waxman.

Chiodo: Waxman. For a year. But you were still running the clinic. And when you came back, I challenged you. I said, "If you're going to be running the clinic, you should be practicing dentistry in the clinic." And you hadn't seen a patient in eleven years.

Rosenstein: That's true.

Chiodo: And you said, "You're right." And you then immediately started coming in and shadowing some of us to see what are the current techniques. And within a short period of time,

you were a practicing dentist with your colleagues at Russell Street. Which I will always admire to this day. After eleven years being out of practice.

And then along came the AIDS epidemic. And the clinic, as well as both your career and my career, took a turn.

Rosenstein: Let me talk about that. It's kind of an interesting story. A little bit, just a little bit about myself. I don't like talking about myself.

Chiodo: I can tell.

Rosenstein: (laughs) I grew up in a housing project. Well, I didn't always live in the housing project. We were homeless. You didn't know this. I was homeless when I was a child. I was six years old. We lived on a couch in the backyard. That's not entirely true. My mother, my father and my brother did. I was so young that I lived with my paternal grandparents. I think it was about six months. They were homeless, and I was staying with my grandparents. Although the federal definition of homeless is if you're living with other people, you were homeless. And we were certainly homeless.

My parents were both handicapped. My mother had muscular dystrophy. My father had multiple sclerosis. And we went from being homeless to living in a housing project. We were on welfare. And you know, housing projects back east were those huge, teeming things. There probably were fifty, sixty kids my age in my building. (laughs) In the projects. I kind of got in with the only crowd, I would say the wrong crowd. But it wasn't like there were two crowds. I ended up in reform school for almost three years. Two years and nine months. Not that it has anything to do with OHSU, but I've reestablished a relationship with my roommate from reform school. (laughs) Which is kind of funny.

You know, he came out here with his wife and we were in Hood River. And the waitress said, "You two, it seems like you've known each other a long time."

I said, "Fifty years."

The waitress said, "How did you know each other?"

I said, "We were roommates in reform school."

And he said, "It wasn't a reform school. It was a home for troubled boys." (laughs)

I said, "Who sent you to that home? Was it a guy sitting a little bit above you in kind of a black robe?"

"Well, yeah."

"This home for troubled boys, did it have barbed wire around it?"

"Well, yeah, it did."

"God, that sounds like reform school."

I first went to a dentist when I was in reform school. You know, we couldn't afford anything. It was before Medicaid. And I remember my mother used to see a doctor and they'd give her a prescription and she'd throw it away. This is when you could litter. She'd crumple it up, throw it up the street. (laughs) Even as a little boy, I knew that if they gave you that, you were supposed to take it.

So I went to dental school with one thought in mind. And this has to do with Russell Street. And the thought was I was going to become a very rich person. To me, that meant I'd be able to live in an apartment instead of the projects. (laughs) I know it's going to sound strange, but I never stepped foot in a privately-owned home like this until I was nineteen years old. I

know people might say, “No, I’m sure he was in a home.” No. I never walked into a single-family home until I was nineteen.

So I went to dental school. I started at Penn. And there was an opportunity to do research at Brandeis. A lady had a lot of applications, but she took me. I promised I’d work hard. So she had gotten her Ph.D. at Harvard’s dental school. She asked me one day if I wanted to go to Harvard’s dental school. Well, I’m from Boston. You know, who wouldn’t want to go to Harvard? And she arranged it. I didn’t even have to apply. I just up and, come September first or whenever the school started, there I was sitting there. I remember I got there an hour before class, and I’m the only one in the room. I’m sitting there, kid from the projects. Now I’m at Harvard. My classmates come in. They were reasonable people. They weren’t as bright as the kids I grew up with. They couldn’t survive the way the kids I grew up with survived. But their last names were names that you would recognize. And they were wealthy. And I thought, this is really a rip-off. And I really got angry. And I decided I was going to take my Harvard education and use it to help people who were like myself. You know, who lived in the shadow of life.

And so I went into public health. And when the opportunity came to start Russell Street, I did. We started, we had a special program to take care of people who were handicapped. Go figure. (laughs) You know, my parents were both handicapped. They had that quadriplegic place across the street. And they’d motor over. We’d see those folks.

We’d go out, and Toni Eigner, we sent Toni Eigner to screen handicapped patients and bring them in. Treating homeless patients, treating people who had no money.

And then the AIDS epidemic came along. It was, I think it was an epidemic that was made for someone like me. I mean, here you had everything wrapped up into one. First of all, it was a challenge academically because they had all these strange lesions. What are they? How do you treat them? Nobody knew. And that was a challenge. I always liked challenges.

The second thing was that the homophobia was unbelievable. Unbelievable. Like it was catching. I mean, patients were talking to me about how doctors would say, “No, take the magazine. That’s for you to take home.” It’s not for him to take home. He touched it, so it’s for him to take home. And it was, nobody, I mean, it was awful.

I’m a severe asthmatic. And I was treated by an immunologist. My wife practiced at Kaiser. So I was a member of Kaiser. And my immunologist was the guy treating the AIDS patients at Kaiser. Of course Kaiser was the biggest dog in town. Still is.

And so he called me one day and he said, “No one will take care of my dental patient. He’s got dental needs.”

I said, “Well, have him come over to the clinic.”

I think you saw him first. I don’t think. I know. But one of my proudest moments in terms of having hired the right staff is, I thought well before we have this patient come, we’ll get our staff together, and we’ll get the county health officer, Charlie Shade. Remember Charlie? What a wonderful human being. Very active in anti-capital punishment movement, amongst others. He saw that as a health issue, which I think it is a health issue. I mean, people die from that. (laughs)

And so he came over to meet with our staff. And he talked about HIV. And you know, I think this is when it was called GRID. Gay-Related Immune Deficiency. It wasn’t even called AIDS or HIV then. And he talked. And he said, “Does anyone have any questions?”

And Colleen – was that her name – she was the only one that had a question. She said, “What can we do to make sure that we’re helping them?” And that was the only question. There was no, you know, will I get it, how do I protect myself. The question was, what can we do for the patient?

And so we started to see AIDS patients. And I decided that since I was the boss, I ought to, I would just see AIDS patients if, in fact, it was a risk. And we developed an expertise, you and I together. Along with Murray Barkley, who was head of the path department. We'd see these things and we'd take a biopsy and we'd bring them up to Murray and he'd explain everything to us. Pretty soon we were writing the manuals on how to treat AIDS patients because we had the experience. And patients were coming from all over. Idaho, Montana, northern California. Most of Washington. All of Oregon. And it was the most rewarding work I ever did.

I remember one time a patient said something to me that to this day, highest compliment. He said, "You know, David," my patients call me David, "you have a huge reputation in the gay community because of the work that you do here." He said, "And everybody respects you because you treat us like everybody else." And he stopped and he said, "Of course, you treat us like shit, but you treat us like everybody else." (laughs)

Chiodo: It's true. You're equal opportunity that way.

Rosenstein: But you know, you really could feel good about yourself, treating people who were HIV positive when no one else would. The dental school wasn't treating them. They will tell you that they did. They didn't. They'd refer them all to us.

I sat down with the new dean. And the first thing he said to me, the first meeting with him, his name was Hank Van Hassel. First meeting, "Why are you treating AIDS patients? What do your normal patients say about that?"

And I looked at him. I remember this conversation. And I looked at him, I said, "Dean Van Hassel," I said, "I was a dental student in 1966 when there were dentists that said that they wouldn't treat African American patients because they were concerned about what the white patients would think. Well today, you can't get away with that." I said, "The day will come when you can't get away with not treating AIDS patients." Well, of course it did with the Americans with Disabilities Act. Well, we had the Americans with Disabilities Act and the dental school still wasn't seeing patients. One reason why I wasn't getting along with any of the deans that followed Lou Terkla.

Lou Terkla certainly would have made sure that we saw them. He would have said, "We're training people. We have to train them to take care of all patients."

I didn't get along with any dean after Lou Terkla until they made you dean. (laughs) And since we're being candid, I want to tell people what you said to me when you became dean. We were having lunch down at Fong Chong's and you said to me, "I want you to start coming to faculty meetings."

I said, "Jesus, God, I'm not going to do that. Why do you want me to do that?" Do you remember this?

And you looked at me and you said, you want them to not only see you as the dean and to be irritated by that, but you wanted the faculty to see me in the room as well! (laughs)

Russell Street Clinic was just incredible. We did first-rate dentistry. We really did. We had the best dentists. We had you and we had Toni Eigner. We had Bob Johnson. How you get anyone better than that is beyond me. We had people who really were incredible dentists, who cared about patients, who did the right thing. Who wanted to help people. And it was just a, I look back at that now and I say, they paid me to do that?!

And of course, that was another issue, the pay. I used to periodically go into whoever was the dean, except Lou Terkla, and threaten to leave if they didn't give me a raise. And of course I

was bringing in, the school was bringing in 4.2 million dollars a year in outside funding, of which 1.9 came from me. So when you're bringing in close to half the money, you get to, they may not like you. They may think you're a jerk. But they all know that the president wants that money to keep flowing. And so I'd threaten to leave and they'd give me whatever raise I'd ask for.

I remember one dean looked at me and said, "I can't give you that raise. You're going around saying that I'm going to fold like an accordion."

And I looked at the dean and I said, "I swear to you I never said that. What I said was, if you're smart, you will fold like an accordion. What you're going to do, I don't know." (laughs) That's a true story. That was a \$10,000 raise, \$9,000 raise. That was a \$9,000 raise. Because the dean had given someone in my department who was a friend \$3,000. And I wanted to have three times that. I called it punitive damages. (laughs)

Chiodo: So you left a national imprint. You received an award from the secretary, the assistant secretary of health. You've received awards from organizations outside of dentistry for your work. Tell us about the national influence.

Rosenstein: I did. You know, I got the secretary's award with the guy who developed amfAR, you know, Elizabeth Taylor's organization. And there were several other people there. The ecumenical ministries award, and Harvard's Silver Anniversary Award. A whole slew of them.

I started the HIV/AIDS section at the American Public Health Association. There's a scholarship in my name. (laughs) I still give it. I go there every year to give it. And I say the same thing. "Don't you just love the name of this award?" (laughs) Well, it's not all I do. It comes with a cash award for the person who has the best research article on HIV. And I always say it comes with a cash award, it does come with a cash award, \$500. I always say, "And the cash award's five thousand." And the students' eyes light up (laughs) and everyone looks at me, shakes your head. It's not five thousand. That is part of my personality.

I've been very fortunate to have done that. I served on the National Commission on Vision Health, and done a number of things nationally. But I just love the work with HIV, because this is a group of people that have been discriminated against.

And the other thing is, you know, in the early days, you remember all our patients died. They were all dead in a year. No one, every day we'd come in and somebody would have died and it was just terrible. Now it's not a common occurrence. But it happens.

Students used to ask me, we used to lecture around the country. And people would say, "How do you dissociate yourself from the patients? They're dying, they're going to die."

And I always used to say, "Well, if you can do that, you should become a lawyer or a real estate agent." Of course, now that my daughter's a lawyer, I don't say that. Although my daughter only defends federally charged criminals who are charged with capital cases. So to me, she does what I do. She's trying to save lives, save health. (laughs) You know, keep people alive and make sure that they can continue breathing.

The Russell Street Clinic is just a, you know, it's a legacy. Whether it continues, doesn't continue. It's just something that you really could be proud of everybody who worked there. Everybody who worked there was working hard, helping people. And it was interesting. You remember that the Urban League used to enroll our patients. Freddie Pettit was in charge of the Urban League. She went on to the Kellogg Foundation. We ended up getting a Kellogg Foundation Award, a grant, to train people to work in health centers.

But I remember one time talking to her and someone had made a complaint about the clinic being racist. And she just said she threw them out of the office. (laughs) I mean, we really, you know, I think people in the community knew what we were doing, and they knew we were doing the right thing, and knew we were trying to help people. I still can't believe I got paid to have this kind of a career, you know. I did nothing I would do differently. Not a single thing. I mean, career-wise it's really, really, I'm just really satisfied with it.

Was I happy about some of the things that happened at the dental school? No. I mean, some of the things were crazy. Sitting in a faculty meeting and Phyllis Beemsterboer, who was the associate dean for academic affairs, had a mission statement. And the mission statement said, "We value diversity." It said a couple of other things. And the faculty voted to remove that. I mean, one faculty member stood up and said, "Well, do we value being Italian?"

Chiodo: Well, I do.

Rosenstein: (laughs) You know, you keep saying Italian. And you're only half Italian. I met your father. But your mother was really the parent who I will most remember. I'm going to tell you what I used to do. Gary used to take care of his mother, of course. Gary takes care of everybody. But he would bring his mother to the university to see somebody. One of the physicians. And Gary's mother was a health food fanatic way before any—

[End Track 2. Begin Track 3.]

Rosenstein: --anybody was. And I would know that his mother was coming in. And every single time, without exception, every time, I'd go buy a candy bar. And I'd take one bite and I'd leave it on his desk. And then he'd come into his office with his mother. And I'd say, "Mrs. Chiodo, look at what your son eats." (laughs) And she'd start in on him.

And he'd say, "Mom. He does this every time."

And honest to God she would do this. She would say, "I know. But you still shouldn't [unclear]." (laughs) Every single time. She was just a delight. I was very sad when she died.

Chiodo: And we're still friends after all that.

Rosenstein: We always will be. People ask me what my relationship with you. And I said, "It's somewhere between a friend or a brother, I'm not sure which." But it's something like, somewhere in between.

We really had a good group of people that worked in our department. Our department was kind of separate from the school. We were mostly over at the clinic. Research projects on HIV were all over at the clinic. And I had an office at the school, but didn't, you know, I taught one course and didn't, wasn't in close contact with the faculty. I didn't have a whole bunch in common with rightwing Republicans. They didn't have a whole lot in common with leftwing Democrats. So I think it worked out for both of us that I stayed over at the clinic.

The school did change its character. When Lou Terkla resigned and Van Hassel came, I didn't get along with Van Hassel. But he introduced the concept of having research people at the school. I would say he did two things to really move this school forward. One was he, three things. He brought research to the school in a big-time way. The second thing he did,

unfortunately, he brought people who were kind of at the tail-end of their research career. So that, you know, then they weren't doing research, and now you were burdened by their salary.

But the second thing he did was we had an accreditation visit. And God bless Lou Terkla, he was a wonderful human being. But the accreditation committee was not right in a number of their comments. And Lou Terkla would have fought them. And Van Hassel's view was, we're going to do what they tell us to do even though it's baloney. And I think that was the right move, and that allowed us to get beyond the accreditation process and move forward without a fight.

The third thing he did was we had these Measure 5 cuts. It was three biennium which is six years of, if my memory served me correctly, it was 5 percent cuts each year. It could have been ten, but I think it was five. And the medical school and the nursing school responded by cutting admissions and cutting faculty. And Van Hassel had the foresight to increase the class size, knowing that that would bring more tuition and more clinical revenue. And so I think that that enormously helped us. He was a very bright guy. I may not have gotten along with him, and he was very volatile. But he did things for the school that were very good.

I have to say, I got the largest bonuses because I got the most money, bringing in the most money. Even though he hated me, and I hated him, he was very fair to me. With the exception of the incident with you where he wanted to have you hire somebody and replace a competent person with someone who really probably couldn't have done the job that well. You know, that was an outlier. It was interesting.

My son became a physician. He was giving a little thought to dentistry and wanted to know about Oregon's dental school. I didn't think that would work out for him, for any number of reasons. Although at the time, he was a registered Democrat, which he didn't have a choice. I gave him his registration to fill out. He said, "Dad, you already checked the box that said Democrat."

I said, "Son, do you want to live in our house or not?" (laughs) Of course now he's a physician and he's a Republican. But I don't think that he would have fit in being, you know, he went to a place where there were a whole bunch more Jewish folks, and a whole bunch more people who were not necessarily rightwing Republicans.

I'm glad I came here. I came here for two years. My wife was finishing optometry school at Pacific. And those two years turned into forty. I think this is my last year. But I've been thinking this is my last year for a long time. But I think this is my last year.

And there have been, I did a lot with the medical school, Department of Public Health particularly, in the very early days when Harold Osterud was there. I keep saying that Lou Terkla was the most decent, honorable person I ever met. If he's not, then it would be Harold. And we just really worked well together. And I really enjoyed that experience. And did a fair amount of stuff over at the medical school. I enjoyed that. It's been a good career. I think we've helped maybe, I don't know, a couple of hundred, three, four hundred students become public health dentists and work in health centers. I don't know how many people I got into the National Service Corps scholarship program. I was an interviewer for the program. And you would get a scholarship based on the interview. So I'd give them practice interviews. (laughs) And try and help them get National Service Corps scholarships.

I was one of the founders of the National Network on Oral Health Access, which is the organization that represents dentists that work in community health centers. So I know people in every state. And they know me. And a recommendation from me would ordinarily get somebody a job. And I was happy to do that. And place students at health centers. It was good for us, it was good for them.

I remember having some students that I thought could work by themselves. And others that would need some help around them. And you could find a health center that had a bunch of dentists who could help a person who needed help. And you could find health centers with one dentist where this person would work out real well. You'd go to these meetings and you'd see these people years later. It's pretty rewarding.

There was clearly a time when OHSU had more students going on into graduates in dental school, going on in community health centers, than any school in the country. That's certainly not true now, there have been changes. But it certainly was true when you and I were steering people there.

And I think that's what Russell Street was meant to do. It was meant to be a model of how you could do really first-rate dentistry for people who ordinarily wouldn't expect to have anything first-rate. And then you were showing the students how to do it. And I don't know how many students said, "Gee, I heard this is a clinic, and clinics are where you do lousy work and patients don't appreciate it." And somehow there's this myth. Students come in and say, "Yeah, the faculty all say that if you don't pay for it, you won't respect it."

And I said, "Well, you know, if you go in the back on any particular day, you're going to see homemade cookies and brownies. Some days you'll see piles of flowers." One of our patients works at some sort of a place where he has access to these things. They bring them in. I said, "You go into a private office and you're not going to see cookies and cakes and homemade tacos and enchiladas in the back. And we have that every day from patients saying thank you."

What people don't understand is that people who are low income, don't have money, they're not dumb. They have to be brighter than most people or they couldn't survive. Most of the middle class folks wouldn't be able to survive on the income that they survive on. They wouldn't be able to figure it out. They're poor because they have no money. (laughs) That's why they're poor. And it's a tough life. I know it was tough for my parents. It was tough for my neighbors. Tough for my friends. And I was determined that if we could do something to make life better for people who grew up in the shadow of life that we were going to do that, I was going to do that. And we were going to do that. And I did it with you and with our team that worked with us. All of whom cared about the patients. Wanted to do what was best.

You know, the dental school, I just wish they would have been more diverse. I wish they would have taken more African Americans, more Hispanics. More people who were undocumented. Give them an education. Let them go out and help people. There's a myth that if you take people from those backgrounds, they're going to go into private practice and be rich and not give back to their community. That's a myth. People are more likely to go back if they come from that community. But the dental school, it wasn't a priority.

I remember talking to people on the admissions committee about some students. One was Abel [Ahumada Alaniz], he became, I think he's the head of the prison system dental program here, I'm not sure. But trying to explain how here's a kid who couldn't speak English when he came to this country. And was taking care of, I think one or two kids and his grandmother. Working fulltime. I don't remember what his academic average is. Let's say it was a 3.4, and let's say that the dental school wanted a 3.6. How do you compare a 3.4 from a kid who couldn't speak English and has to take tests in English, has to take care of two kids and a grandmother and work fulltime, how do you compare that with a middle-class kid's son, a dentist's son, who's not working and able to devote fulltime to his studies. And yet, I talked to the admissions committee and they go by grade point average.

I remember clearly, clearly talking to the head of the endo department and having him say, “The only thing that’s important is grade point average. That’s how I’m going to select.”

I said, “Isn’t there a difference between a kid working fulltime and a kid whose parents are paying for the whole thing?”

“No. I’m just going by grade point average.” And they did that because they wanted to make sure their kids got in. And his kid did get in. His kid’s a great dentist. But the poor kid’s kid would have been a great dentist. And this is a state institution and the poor kid’s kid had a right to come here. And they weren’t coming here. And that’s wrong.

At the medical school for a while they had a, I remember this because I was chair of the Affirmative Action Committee, they actually had a policy of favoring physicians’ kids. You don’t have to give any physician’s kid any kind of extra consideration. Why would you give a physician’s kid extra consideration over some, over a bus driver’s kid? The bus driver is paying state taxes, paying a higher percentage of their income in state taxes. And his kid doesn’t get the same consideration as a rich kid’s kid? That’s not right. That’s not right at all. But I never made the rules. They never let me. It would have been different if they would have let me.

Morgen Young: Well, I have some questions.

Rosenstein: All right.

Young: You chaired the department, correct?

Rosenstein: I did.

Young: Could you speak a little bit about that? Maybe mention some faculty you hired, changes you implemented or wanted to implement that never happened?

Rosenstein: I hired the first African American dentist, fulltime. I hired the second African American dentist they ever had. I hired the first woman African American faculty member that the dental school ever had.

Young: Could you say their names for the—

Rosenstein: Sure. Sure. Ed Ward. Chuck Toney. Bev Chiodo. (laughs) It wasn’t Chiodo back then. Beverly Bizzell. You know, we tried to do that. We tried to hire people who were gay, because we were treating so many people who were HIV positive who were. The HIV epidemic is different. In New Jersey, in DC, it’s primarily people who are drug users. In Oregon, it was exclusively for a long period of time, gay men. Or wives of gay men. And I wanted to make sure that our department was reflective of the community. I also kind of had, you know, it’s interesting for me to see. I worked for Henry Waxman, House of Representatives. He is a first-rate person. What a wonderful human being! And he really tried to do what was best for the American public. He really did. Wonderful, wonderful person.

And you know, there are so many people I’ve met who work for the state dental school or the federal government who think that because they’re in charge of an area or the school that it’s theirs. It’s not theirs, it’s the people’s. It’s the state of Oregon. It’s the taxpayers in the United States. And I always viewed it as this, I didn’t own Russell Street. I may have started it, but it

wasn't mine. So I had people working for me that I couldn't stand. I had a dentist and I couldn't stand her. God, I couldn't stand her. I don't think I disliked her as much as she disliked me. But I certainly did dislike her. And she was incredibly productive and wonderful with her patients. And people who worked for me at Russell Street as dentists worked on a year-to-year contract. I could have let them go without giving any reason. I didn't have to give her a reason. And I wouldn't have dreamt of letting her go. It's not my right to get rid of her because I don't like her. She was a state employee. If she was doing the job that she was supposed to do and doing it well—in fact, I paid her more than anybody else. Except for you. And she deserved it.

And you know, you get these folks who think they own it. And they don't own it. It's owned by the state. It's the state's property. It's not their property. They don't see it that way.

Same with the admissions committee. They never saw it that way. They would take people they wanted. They wouldn't look at it and say, hey, this has to be representative of the state. We have to do what's right for the state. They wouldn't do that.

We had some specialty programs that would particularly take people from out of state so they wouldn't stay in the state when they finished their training and compete with their buddies. And it was a formal policy to take one endo resident from Canada. The head of the department was from Canada. And you know, that's just not right. I mean, if the state is paying for this education, the state should benefit from it. I always felt that way.

And for that matter, the dental school was not taking all of the Medicaid patients. You had to be a Medicaid patient enrolled with the Oregon Dental Service, which was, Oregon Dental Service was an organization that was started by the dental association. So if you were in another plan, they wouldn't take you. But the plans were all for state Medicaid recipients. You should be taking everybody in the state. You should be taking people who don't have Medicaid and have no money. You're a state institution! They don't do that. I guess I see things a little bit differently. I must be really strange to think that if the state is going to support something, it should be for the state.

But we always had a diverse department. Always had a diverse department. Always made sure that people were treated equally. (laughs) As I said before, not necessarily well. But they were treated equally.

Young: What first attracted you to Oregon?

Rosenstein: If I tell you the truth—(laughs) It was the furthest we could get away from my wife's family. We were living in New Jersey. I was at Fairleigh Dickinson. And we were newly married. Wanted to kind of get away. I had to find a place where there was an optometry school and a job for me. I had a great job where I was. I loved it. Running a clinic for methadone patients. And I really, really enjoyed it.

And the first place that offered me a job where my wife could finish her optometry education was Oregon. Pacific University had an optometry school. So we came out here. We were going to come out here till she finished, and then go back east. But that never happened. Forty years later, we're still here.

We left when I went to work for Henry Waxman. That was exciting. That was a lot of fun. Kind of fun to go to the White House for meetings and to sit in your little cramped office and have all these corporate folks come see you. Make a phone call to somebody. The head of a hospital. "He's in conference right now."

"Just tell them that Dr. Rosenstein from Congressman Waxman's office called."

“Just a second.”

You know? (laughs) That was always fun.

You through with your questions?

Young: You mentioned that you did research. Any standout research projects you were involved in?

Rosenstein: A couple. One I think would have been terrific. I always believed that people who had a deficient immune system, with all the organisms in the mouth and all the infections that you could get, if you could get them under control, that your overall health would improve. And we had an NIH R01 research grant to do that. Which unfortunately was right when the protease inhibitors, the highly active retroviral therapy came along. So all of a sudden—(laughs) Fortunately, people were living. But whatever difference—

[End Track 3. Begin Track 4.]

Rosenstein: --might have shown up was just masked by the protease inhibitors.

The other one was Gary's idea. And we had a couple of patients, they weren't our patients, but we knew of two patients who ended up in the intensive care unit because they had a root canal that went bad who were HIV positive. And they had a deficient immune system. So the question was, should you be doing root canals on people who were HIV positive. So Gary and I, it was Gary's project and I worked with him on that, and found that you were slightly more likely to have a successful root canal if you were HIV positive. (laughs) Compared with people who weren't HIV positive.

Chiodo: We also did the diabetes project.

Rosenstein: The diabetes project. That was yours as well. But the point of the story with the root canals is what it really said was this is a disease, HIV, that means that if you have an opportunistic infection you were in trouble. But the ordinary infections were not a threat to you. So people could get routine dental care without any problems.

And ethically, Gary and I had a difference. You know, I think it's the only difference we ever had. Because you believed that patients deserve full disclosure and that, you know, if a patient had a very short life expectancy, you should explain to them what their life expectancy issue was and if they wanted to get a root canal, they could get a root canal. Or a crown.

I, you know, looking back, you were correct. However, there's got to be a however if I'm wrong. (laughter) However, I just didn't think our resources should be utilized by people who wanted to utilize them if the life expectancy was so short that it made no sense.

And so where we disagreed, I think Gary would have said, “No, we're not going to do it.”

But where we disagreed was, I would just say to them, “I want to see how your tissue responds and we'll see in six months.” Feeling that in six months, maybe they wouldn't be there. And they wouldn't. And not give them, not even tell them what their options were. And from an ethical point of view, you and I disagreed with that.

This is many years later, and of course the world has changed in terms of informed consent and what people should know. And your view prevailed. My view was paternalistic and you know, didn't prevail. (laughs)

Young: If you don't have a final question, I have a wrap-up.

Chiodo: Okay.

Young: Where do you see public health dentistry going in the future?

Rosenstein: You know, the private sector, I think, are going to leave any number of people out in the cold. They always have. So in the '50s, they left African Americans out in the cold. Today we're leaving undocumented people out in the cold. There are all kinds of people who need help. Autistic kids that the private sector doesn't want to spend their time on. To this day, a lot of people don't want to take care of people who are HIV positive.

I was shocked. We had so much trouble. When we started the Russell Street Clinic, the private sector were really opposed to us. They said we were taking their patients. I said, "What patients? You want to see some homeless guys that don't have no money? Come. Be my guest. I mean, I'll give you any patient you want. None of them have money. You want to see a schizophrenic patient? Perfect. Perfect. Because I don't need people screaming at me and yelling because they're schizophrenic and they don't understand what they're doing.

And there are always going to be people that are left out for whatever reason. And I think they need to be cared for. And public health dentistry is going to be the place where they're cared for. So there will always be, if you were to implement a national healthcare program like the Affordable Care Act, I think the Republicans will stop calling it Obamacare in about five years, when everyone loves it. (laughs) Maybe we should refer to our social security checks as Delanocare. Franklin Delano Roosevelt Care. But there would be a need to have community health centers. Because there will be people who the private sector will not want to see. The private sector, they want to deal in high-end stuff. Implants and veneers and making your smile look better. In public health dentistry, we want to make sure your kids aren't in pain. It's hard enough to be in school as a kid, trying to learn what the teachers' telling you without having a tooth bothering you. And there's always going to be a need for people who are caring for those folks in society who just need more help, who haven't had the benefits that most of us have had. And you know, there will also be people who will want to go into that field because that's what they want to do.

And why a state institution doesn't encourage it more and try and take people who want to do that. There is one dental school, the Arizona School of Dental and Oral Health. Jack Dillenberg is the dean, founding dean, a friend of mine. Kind of looks like me. He's even bigger than I am weight-wise. He's not taller, he's smaller. But he founded that school to address the needs. And so there were more Native Americans at that school than any school in the country. And the only way you can, you apply, and if you're a good student they'll interview you. The only way you're automatically interviewed is if a community health center recommends you.

So he goes around saying like 29 percent of his graduates end up going to work in community health. And I was a math major in college. He doesn't understand statistics. Because his denominator is the entire class, when his denominator should be the class that are going to work. And if you exclude the people who are doing a general practice residency from the denominator, which you should, because they're still in training, it's more like 45 percent of his class are going and working in community health centers.

I review clinics for the federal government still. I've reviewed over 500. And I sent him an email. I was reviewing a clinic in North Dakota. I know that because it was the last state in the union that I had ever been to. And I sent him this email. And I said, "Jack, I don't know how you did it, but here's a young lady who's the dental director at this clinic. She graduated four months ago from your school. And I've never seen anyone as good as her. I mean, she's unbelievable! She knows what she's doing, she's terrific. She's running this clinic." He sent the email to all of the faculty and students at the school.

But you can have an institution that has an emphasis on something other than trying to get rich, trying to work in the public sector. And if you're a state institution, I think that that's important. I think that you really should try and make sure that the least amongst us are accommodated. And I just wish we would do that. And we don't do that. We don't do that. We don't do it enough. Of course, never could do it enough to please me.

[End Interview.]