HISTORY OF MEDICINE IN OREGON PROJECT

ORAL HISTORY INTERVIEW

WITH

William J. Brady, M.D.

Interview conducted May 23, 2007

by

Matt Simek

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[Begin Track One]

SIMEK: Okay. This interview with Dr. William J. Brady is made possible by a grant from the Oregon Medical Education Foundation. It was recorded on May 23, 2007, at the Oregon Medical Association, Portland. Matt Simek is the interviewer, and this is tape number one. Welcome, Dr. Brady.

BRADY: Good afternoon, Matt.

SIMEK: Thank you for joining us today. We have, I'm hoping, a lot of territory to cover. And what we traditionally like to do is begin with a review of your early days, from your birth through your early days of school. And then we'll press on from there. So perhaps you can give us a capsule view of your origins.

BRADY: Oh, I think so, Matt. That's an easy one. Born and raised in Northeast Portland, and graduated from Central Catholic High School over in the Southeast part of town. My interest in medicine at that time began, really, because my grandmother's brother was a well known physician in the community. And I grew up with the aura, if you will, of gee, your family had an outstanding physician whose memory needs to be carried on within the family. So I developed an interest in medicine early because my grandmother's brother, Dr. Ernst Summer, whose name occupies one of the rooms here, I just saw outside.

After high school, I went to California, Santa Clara University, and came back to the University of Oregon Medical School, where I spent five delightful years in medical training.

SIMEK: Was there anything in your early life that sort of indicated to you that medicine would be an interesting profession? Or was it primarily the fact that it was already in your family?

BRADY: Oh, I believe the latter, Matt. I was blessed with an interest in science, and I was able to do well along the way in high school, college and medical school. But because of my family tradition, my mother's brother was also a physician who practiced over at Providence Hospital, Dr. Ernst Albers. So I just grew up with medicine. And it was kind of taken for granted that a number of folk in the family might well fall into that career.

SIMEK: And so you went through pre-med at Santa Clara. And then how did you make your entry into UMS?

BRADY: Well that's, I suppose, an interesting story, too. Because for many years, we took our summer vacation up in Central Oregon. The resort that we stayed at every summer was in a location next to a home in which a family also stayed at the same time, same place. And that family had a young man who was exactly my age. And for gosh almighty, all during grammar school and high school, this young man and I spent our summers together, at least several weeks of the summer. And his father was the head of the pathology department at the medical school.

So when I was admitted to Oregon, Dr. Warren Hunter met me, well, actually, at the first gathering of the freshmen medical students at school. Dr. Hunter kind of took me under his wing, so to speak, because his boy, who was exactly my age, both of us were involved in the Korean War. Bud flew a fighter plane, trainer plane, and did not make it out of the war. I was fortunate and didn't have to serve overseas. So Dr. Hunter kind of adopted me in a way as his surrogate son that he had lost.

SIMEK: So his son was a fighter pilot, or a trainer?

BRADY: Both.

SIMEK: Oh.

BRADY: He ended up dying in a training accident.

SIMEK: Oh, I see. What was the resort?

BRADY: It was a place that still exists. Lake Creek Lodge. Located not very far from the Metolius River and Camp Sherman, Oregon.

SIMEK: What struck you about that place? What are the memories that you have from being there year after year?

BRADY: Oh, it was a relatively small group, Matt, of people that went to the resort at the same time every year. We got to know each other. If we were separated for the rest of the year, which we oftentimes were, we'd say, "Well, we'll see you next summer."

And during the war, what my generation calls the war, the second world war, we didn't have the luxury of being able to travel around to a lot of resorts. And this was reasonably close to Portland. So year after year, that's where we went.

SIMEK: It brings back memories of my own childhood, where we went to the same place in Northern Wisconsin year after year. And the sense of community there was very intense. It was a wonderful way for a young boy to grow up, having that sense of community and feeling that. I was curious if you felt that same thing with those people, and you answered that question.

BRADY: Oh, I certainly did. You articulated it, Matt, better than I did. But even to this day, I still come in contact with the young people who were my age at that time, who grew up during the summers and kept in contact in the years after.

SIMEK: Have you kept up that tradition of going to a place, maybe not that place, but going to a place year after year and continuing that sense of community?

BRADY: We have. My wife and I, Matt, are blessed with five daughters. And all during their grammar school and early high school, my wife and I went to the same resort. So my girls grew up with many of the same memories that I have.

SIMEK: So you came out of medical school at UOMS in what year?

BRADY: When I came out of medical school?

SIMEK: Yes.

BRADY: Well my class, Matt, started in 1953. In fact just two weeks ago, we had our fiftieth reunion. But for the reasons that I mentioned, Dr. Hunter's personal interest in my career, he offered me an opportunity to work in the pathology department at the medical school if I would add an additional year to medical school. So I believe I was in, I believe Dr. Payne remembers it well, the fifth year plan. Oh gosh, I think six or seven of us in our class stayed on for sort of semi post-graduate work in physiology or, in my case, pathology.

SIMEK: And your pathology, then, that was your career for a period of years before you went into public office? How long did you practice as a pathologist?

BRADY: Well actually, Matt, my training in pathology began after I finished my internship in Washington, DC. And courtesy, again, of Dr. Hunter, I secured a residency program at the New England Deaconess Hospital, which was and is one of the better pathology training facilities around the country. It's on the campus of Harvard Medical School. And after two years of training in Boston, then I came back home and worked with Dr. Ty Hutchens, or trained with Dr. Hutchens, in the clinical pathology department. Again, at the medical school.

SIMEK: Here.

BRADY: Here. Up on the hill.

SIMEK: Okay.

BRADY: A total of seven years up on the hill.

SIMEK: Okay. What was it that took you into public office? What tweaked your ideas about that?

BRADY: Well, my interest, Matt, in forensic pathology or legal medicine began in medical school because at the time that I took my extra year of work and school, the pathologists, or the pathology students, and there were two of us each year, so that made a total of six of us in the department, did all of the autopsies for the Multnomah County Coroner's Office. So for three years in medical school, I did about 125 or so autopsies each year. And it was fabulous training, because we would go to the different funeral homes around Portland, and bring the autopsy material back up to the medical school, where Dr. Hunter, Dr. Frank Queen, an incredible teacher, Dr. Sam Niles, who's still with us, and Dr. Buzz Meek were the staff, and they reviewed each of our autopsies with us. So that by the time that I'd finished medical school, I'd done, oh, between four and five hundred autopsies, including a number of autopsies in what was then the morgue of the Multnomah County Hospital. And I found it interesting and challenging. And I enjoyed the work, really, more than surgical pathology.

And there wasn't an opportunity, really, for clinical pathology the year I finished. So I decided to take an extra year of training in forensic pathology at the medical examiner's office, or the morgue in downtown Manhattan, in New York City. So my family and I lived in New York and I worked in the morgue in Manhattan for about a year and a half.

But my interest in public office was due to the fact that at the time, at that time, the coroner system in Oregon had been abolished in every county but Multnomah. And for a variety of very interesting political reasons, the Multnomah County coroner position remained in the Oregon statutes.

In 1960, the Multnomah County coroner, a very nice gentleman in family practice by the name of Arthur O'Toole filed again to be reelected coroner. But he was busy at the time that the primaries were underway. So an attorney that was also at that time chairman of the Senate Judiciary Committee had an interest in the office for a variety of reasons. And he was a personal friend with another physician who he put in at the last minute as a nominee for coroner. And his name was Dr. Earl Smith.

Burlington Earl Smith was the Multnomah County coroner for the first time in 19, either '26 or '28. And he served as coroner for, I believe, about eight years as a Republican. But I believe in the Roosevelt sweep of 1936, he went out of office, and then went into private practice. [laughs] But the attorney, Mr. Tom Mahoney, contacted Dr. Smith. And at that time, they had ballot slogans. And Dr. Smith's ballot slogan was, "Reelect Dr. Smith Coroner." And there was no mention of the fact that he was last coroner in 1936. And Dr. O'Toole, as I said, was otherwise occupied, and he didn't file a ballot slogan.

So in the Multnomah County election of 1960, Dr. Burlington, or Burlington Earl Smith, MD, ran with the ballot slogan, "Reelect Dr. Smith Coroner." And Dr. Arthur J.

O'Toole had nothing behind his name. Needless to say, Dr. Smith became coroner, which produced a somewhat interesting situation. Because at that time, Dr. Smith was in his early to mid eighties. And he had some interesting challenges. And the office had a number of problems which are interesting, but I don't think they're a subject for public discussion.

But by the mid 1960s, the district attorney, George Van Hoomissen, who later became a candidate for governor and served with distinction on the Oregon State Supreme Court for many years, George was disturbed by the fact that the coroner's office was in disarray with Dr. Smith operating it. And there were a variety of serious problems.

So George Van Hoomissen and I had gone to high school together. And I was interested in legal medicine, so George suggested that I might run for the coroner's office in Multnomah County on the platform of abolishing the office and restoring, if you will, scientific integrity to the office, which a number of people felt that it lacked at that time.

So in the primary, Dr. O'Toole had been contacted again my Mr. Mahoney, and he figured that Dr. Smith had had some problems, so he decided not to run. And Dr. O'Toole ran in the Democratic primary against me. And just to make sure that everything was kind of squared away, a wonderful pathologist from the veterans' hospital, Dr. (Loosely?) ran on the Republican ticket.

So it was an interesting campaign in the primary of 1864. But I defeated Dr. O'Toole, who didn't run a particularly vigorous campaign. And in the general election, the Republican candidate, Dr. (Loosely?), publicly endorsed me. So the general election resulted in my election as the coroner of Multnomah County.

SIMEK: Would you say that's unusual, that an opponent would endorse his opponent?

BRADY: Well, the whole election that year was very, very interesting and unusual situation. There was a layman who ran, was involved in the Republican primary, didn't make it. His platform consisted of, ballot slogan, (?) dead right, and he was going to adjust the morgue to put a restaurant at the top of the morgue, and he would call it the Top of the Morgue. It was an unusual election. It was unusual. These are all true stories, honestly. [laughs]

SIMEK: My goodness. Well, for the benefit of our viewers, describe a little bit about what the coroner's office did in those days, and what its charge was.

BRADY: Well, the coroner is an elected position, of course, with a proud history dating back into England. And the coroner began, or the tradition of the coroner, began in around the tenth or eleventh century. And the tradition began because there were deaths in the English countryside, in the community, that were of importance to the king because there was a, I guess there was a law in English law, that when a knight was killed in battle, or a nobleman died in combat, some of their personal possessions, their horses,

swords, armors, some say their fair ladies, were rendered what was called dodand at the time, d-o-d-a-n-d. And these were confiscated by the king.

Well, over a period of time, people became aware of the fact, or the king became aware of the fact that when this occurred in the countryside, a guy by the name called the sheriff became involved. And the king found out that some of these goodies, if you will, that by tradition or by English law, belonged to him, were going to the sheriff. So the king got upset. And he put his own man in each of the counties. And the king's man became known, of course, as the crown's man, or the crowner, which then was abbreviated to the coroner.

So the coroner, by English tradition, began not because the medical aspects of the death needed to be investigated. But the coroner became involved because of the public interest in the king getting his.

The coroner system in England has since been revised. They hold inquests, and they have quite a strong role over there, even to this day. But at the time in the mid nineteenth century that English law or custom was being transferred to the United States, the coroner system in England was in disarray. And unfortunately, many of the bad aspects of the English coroner system were then transferred over to the United States. And the original coroner statutes in a number of the states, Massachusetts, New York, Virginia being some of the major examples, were poorly written and focused not on the appropriate investigation of death, but focused on the political and remuneratory aspects of the office.

So in the '60s, and, I think to some extent, even perhaps today in the twenty-first century, there are offices, most notably down in California, some in Idaho and I believe some in the south central part of the country, in which the tie-in between the sheriff and the tie-in between the elected coroner, and the focus on the assets of the estate supercedes the investigation of the death.

SIMEK: When I was doing a program on the Constitution for the bicentennial, we did a program called "The Road from Runnymead." And it looked at the English roots of our constitution. And one of the things that we learned about all this through the process was the role of the reeve in each shire, and the shire reeve becoming the sheriff as those words were melded together. And how every shire had its reeve. But then it also, the coroner was the king's representative. And as those were translated into our governmental form, for many, many years, if the sheriff turned out to be some disreputable person and had to be stopped, the only person who could arrest a sheriff was the coroner. As a carryover from the old system.

Now, I don't know that that's true. But that's what we had been told.

BRADY: No, that is true. And I can remember, Matt, when I first took the office, that the district attorney, George van Hoomissen, pointed out to me that I was now the only elected official in the county who could arrest the sheriff. The thought never came

up at that time. I think in contemporary times, it's a different situation. But that's another story. [laughter]

SIMEK: It's all very fascinating. History's a wonderful teacher. So now you became elected as a Multnomah County coroner, and with the idea of eliminating that office. Now did that become a statewide function as it went to medical examiner? Or are we still talking Multnomah County even after you abolished the office of coroner and went to the medical examiner system?

BRADY: Well, I–

[End Track One. Begin Track Two.]

BRADY: –abolish the office, obviously, Matt.

SIMEK: No, I don't mean you personally.

BRADY: But again, the evolution of that process is historically interesting because I mention that the chairman of the Senate Judiciary Committee, Mr. Tom Mahoney, was a giant in Oregon politics at that time. And although he supported my opponent in the Democratic primary of that year, subsequent to my election, I made a point to introduce myself to Mr. Mahoney, we'll call him Tom. And kind of an interesting situation arose as I took office, because the salary for the coroner at that particular time was five thousand dollars a year. My wife and I had four children, three and a half, actually, she was expecting. And I took the office with the understanding that the autopsies that had been contracted out on a private basis to an outstanding physician associated with Good Samaritan Hospital, that I would do the autopsies, and the money that had been paid to Dr. William Bill (Lehman?), I would take in a lump sum for doing all the autopsies. And that way, there would be no change in the coroner's budget. And I would have what I thought was a reasonable income of twelve thousand dollars a year.

Well that proposal got immediately tangled up with some county commissioners, one of whom didn't believe that it would be appropriate for an elected official to be paid for doing private work, as Mr. Lehman had done. So he pulled my autopsy salary. So I was now left with an income of five thousand dollars a year. And it was a challenge, to say the least.

Well, Senator Mahoney offered to introduce a bill in the Oregon state legislature to raise my salary. And he offered to raise it, I think he wanted to move it up to fifteen or eighteen thousand dollars a year, which was a lot of money. But I told him no, I had run on the platform of simply taking the autopsy money for twelve thousand, and Senator Mahoney passed a bill that raised my salary up to twelve thousand dollars a year.

And he also supported a bill that abolished the Multnomah County Coroner's Office as a position, and moved it into the State Medical Examiner program effective at the time of the expiration of my term as elected office. So I would have, I would have

quit. The coroner was abolished as of, gee, it would have been January, 1964, when I finished my elected term of office. And the state medical examiner, a really nice guy by the name of Dr. Russ Henry, was running thirty-five of the county offices, and I was running the thirty-sixth. So we worked together quite well. And it was understood that when I finished my term of office, I would become Dr. Henry's assistant. And he obtained a position in the state budget for two people in the State Medical Examiner's Office.

Well, that worked out fine. But then a few personality bumps rose along the way. And Dr. Henry was offered a position back in Virginia. So three months before my term of office, Dr. Henry resigned and the office of state medical examiner was vacant. And the board of, the Medical Examiner Advisory Board at that time nominated me to be the state medical examiner, effective when Dr. Henry left. And I became the state medical examiner.

SIMEK: Now how does the State Medical Examiner's Office relate to the Board of Medical Examiners?

BRADY: No relation at all. The names are confusing. But at that time, I forget who, well, John Ulwelling, for many, many years, was the head of the State Board of Medical Examiners. And John and I worked together. I loved him dearly. In fact, he still is around. I see him socially from time to time. But we had a good cooperative arrangement, but structurally, financially and budget wise, we're totally separate.

SIMEK: Let me go back just a little bit on a more personal basis to you. As you were doing those five hundred autopsies, as a medical student, or in medical school, how did forensic medicine, forensic pathology and surgical pathology differ to you to make the interesting difference tilt you toward forensics?

BRADY: Oh, probably a simple reason, Matt. I always had trouble going into the operating room and doing frozen sections. It was a skill that, for a variety of reasons, wasn't really taught well in the superb training program I had back in Boston. And I really had a lot of deep feeling and concern going into an operating room and looking at a frozen section. The sections, and again, this is a whole different story, the way that I was taught to do frozen sections in Boston, because the head of our department had been there forever, Dr. (Shields?) Warren, long, long tradition. And he had his way of doing frozen sections. He would not use a cryostat. He would not use what was the current technique that produced readable slides. But he had slides that were very difficult for me to handle.

So I became very, very nervous about doing frozen sections. And that stilled my ardor, if you will, for doing anatomic pathology. And back in Boston I found that we were expected to do detailed work on the autopsy. Each autopsy we did, we had to write at least a two or three page summary of the disease process, and with a couple of research articles on the disease process. And I found that far more interesting than surgical path. Just a matter of personal preference.

SIMEK: What kinds of things did you find in– I'm drawing a blank here. In forensic pathology that you found particularly interesting? Was it primarily accidental death? Or intentional harm? Or what were the sorts of things that you came across as coroner?

BRADY: Really, Matt, my love, if you will, or interest in forensic pathology, developed in New York City. I had a, I knew after I finished medical school that I wanted to do year of forensic path, simply because I'd become interested in that. And I was offered a position back in Baltimore with Dr. Russell Fisher, which was one of the top training programs, if not the top training program. Cleveland, Baltimore and New York were the big three at that time, and Los Angeles.

I flew back to Baltimore for an interview. As I mentioned, my wife and I had lived in Washington, DC for a year during my internship, which was one of those typical 1940s, '50s, '60s internships, where you were expected to suffer for no money for a long time. And I have a vivid, vivid, vivid memory of the interns' dormitory, which was not air conditioned in my time in Washington, DC.

So when I went into Baltimore for my interview, I stepped off the airplane in early June and the humidity hit me. And the morgue in Baltimore was not air conditioned. So I thought I'd just go up to New York City to see what that facility was like. I went up to Manhattan on my own, went downtown, and walked into a beautiful new facility, several years old then. Totally air conditioned. And I just walked in the front door and asked if I could talk to one of the pathologists there about a position. And the number two man in the New York Medical Examiner's Office practically stumbled down the stairs because they were looking for some junior medical examiners the next year. And I was offered the position on the spot, which I took.

But the New York office, at that time, Matt, was headed by a man by the name of Dr. Milton Helpern. And Dr. Helpern was one of these really, really larger than life human beings. And during the time that I was there, about eighteen months or so, he became my father. We just developed a very, very close personal relationship. He taught me more about medicine, about legal medicine, about testifying in court. Taught me more about being a decent human being than any other physician than I have ever come in contact with in my life. And he filled me with an understanding of what death investigation service to the community really means. And it just carried on.

SIMEK: And what does that mean, in twenty-five words or so?

BRADY: Less than twenty-five, it means serving the community, Matt. It does not, in my opinion, mean focusing on murders and sensational cases. Those make the headlines. Those make it into court. But they are a fraction of a fraction of a percentage of our work. in Oregon, we have, gee (?), between twenty and thirty thousand deaths in the state of Oregon every year. And of those twenty or thirty deaths, there have never been two hundred homicides. Usually there are around a hundred and fifty homicides. So the work with death investigation is not the stuff that you read about in crime magazines,

and I've been written up in a lot of them. Not what you read about in books, and the same story there. It's about working with the families, with the people who want to know what happened. And it's about providing a service to the community. I know I'm preaching, but I feel very strongly about that.

SIMEK: What are the kinds of things where the M.E. office might not be? Which is more typical, not being involved or being involved?

BRADY: Oh, not being involved. Because most of your deaths occur under medical care. Either occasionally outside the hospital, quite often, in the hospital. And these are handled by the attending physician. The community and the family are appropriately served by the men or women physicians who have been caring for this patient. And that's easily 75, oh, 70, 75 percent of all your deaths are under the care of a physician. So the medical examiner, coroner, is not involved in those.

SIMEK: And the other 25 percent?

BRADY: Those are the ones that come into our office, the overwhelming number of which, of course, are unexplained, unexpected sudden natural deaths. Where families find that their mother, their father, their child, their brother or sister, has suddenly died. And they want to receive appropriate service. The appropriate service oftentimes is an autopsy. But more often than not it's simply an examination of everything involved, certification of the death in a compassionate, human, rapid, effective fashion, and telling the families that we're a government agency, you pay our salaries, and what can we do to help you out? That's what it's all about.

SIMEK: There were about three or four questions that came out of that. I'm going to try to remember what they were. Are there cases that the M.E. office would get involved in that occurred death while under physician's care?

BRADY: Oh, yes. Very definitely. At the time that I operated the office, Matt, I had, I think, excellent relations with all of the hospitals in town. And the challenge, if you will, of medical legal issues arising in hospital deaths is real. There's no question about it. There is a perception, real, perhaps more concentrated in some people than in others, but nevertheless there is a perception that if a patient person dies in a hospital, and the examination, the autopsy, the investigation is conducted only by the men and women in the hospital, that that raises some clouds. It taints it. It gives some people concern.

So the hospitals, at the time that I was head of the office, would routinely call me anytime that there was a death within a hospital involving the possibility of, I shouldn't, I'm avoiding the word "malpractice." But anytime there was a possibility of a physician-related surgical situation, medication situation, potential error on the part of some of the staff, that our office would be called, and we'd do the autopsy.

One of my most vivid memories was a good friend of mine who I still see regularly was the anesthesiologist for another good friend of mine who was an orthopedic

surgeon, in which a procedure was being done. And for a variety of reasons, something when haywire in one of the machines that the patient was being supported by. And the patient died of a massive air embolism. So that autopsy was done right in the operating room. All of the physicians were there. And it was a question of observing that the heart had been filled with air as a consequence of a leak in one of the tubes.

SIMEK: So I assume by extension that this would also apply to things like mislabeled drugs, where you would do the analysis of tissues and find incorrect drugs or mislabeled drugs, or mistakenly administer drugs or other causes besides the surgery.

BRADY: Well, there's no question about it, Matt. But the way that you phrase the question is the public perception. But the reality of it is, the question is, was there an incorrect drug? Was there an overdose, an excessive amount? And the answer in 95 percent of the cases is no, there wasn't. Everything was done correctly. However, the medical examiner as an independent agency doing the autopsy, doing the testing, is in a far more comfortable position to offer that opinion than would the hospital pathologist, the hospital lab. And the hospitals, at the time I operated the office, felt grateful for our removing that cloud, if you will, from their staff.

SIMEK: One of the reasons I asked a little bit ago about your relationship with the B.M.E. was because the B.M.E. will often investigate licensure issues based on complaints. And I was curious if the M.E.'s office was ever in the position of initiating a complaint with the B.M.E. about a particular physician's misconduct or repeated error or whatever it may be, and open a question as to licensure of a particular physician, and whether that happens at all.

BRADY: Well, I can't speak for whether it happens now or not, Matt. But at the time that, the twenty years that I operated the office, I never had to report a physician. The hospital staff does a good job of placing [policing?] their own. Very, very good job. And I have the highest respect for the staff supervision that exists in all of Portland, Oregon's hospitals. But does our work support some of those investigations? Of course it does.

SIMEK: Let's back up once again, if we can. I'd like to know a little bit more about the political process that abolished the coroner's office and led to the M.E. system. How did that all come about? Who were some of the players in that?

BRADY: It, Matt, occurred really in three phases. The first phase occurred in the early, or late 1950s. I can't give you the precise date. But in Linn County, Albany, Oregon, the coroner's office had rotated between two funeral homes. For four years, one held the position. And then there would be a contested race and the other funeral home held the office for four years. That had wavered back and forth until at that particular time, the most expensive county political race in Oregon occurred when two funerals in Albany ran against each other for the position of coroner. And there was just no question about why they each wanted to become coroner. Because it meant, at that time, increased business for their funeral homes.

But there was a public outcry. A number of the newspapers, a number of the concerned citizens. And a very, very outstanding physician by the name of Homer Harris, who at that time was the pathologist with the Oregon State Crime Lab, all joined together to go to the legislature, with the medical society. The Oregon State Medical Society. And I forget who were the leaders at that time, but there were a number of men. Very, very strong men. Worked with Dr. Harris and the other members of the community to go down to the Oregon legislature and say, “Ladies and gentlemen, this has to stop.” We needed a medical examiner.

And it was interesting to go back to some of the tradition of the medical society. The summer lectures, my mother’s uncle, each year are given in May, associated with the state–

[End Track Two. Begin Track Three.]

BRADY: –with the medical society meeting. And this occurred, I can remember, when I was in medical school. It would have been in the mid 1950s. Dr. Russ Fisher, who was the chief medical examiner of Baltimore, I mentioned him earlier, was brought out by the summer committee to give the summer memorial lectures that year on medical pathology and on the medical examiner coroner system. And he was introduced to a number of the legislators, courtesy of the state medical society. And the bill went through Salem with no problems.

But, excuse me, there was the one problem. The chairman of the Senate Judiciary Committee would pass the bill out only if Multnomah County was exempt. And there was some fiscal rationale behind that, because this was clearly the most expensive and largest office. So when it came out, the state medical examiner’s system was established throughout the state, with the exception of Multnomah County. The change I’ve discussed a few minutes ago when I ran for office.

But then in 1972, the attorney general, Lee Johnson, was given the charge of rewriting the Oregon state criminal statutes. It was a massive rewrite. And Lee Johnson and I are, were and are, in fact, I saw him not very long ago, are still personal friends. And Governor Tom McCall and a number of other men in his office were, I’d say good, good friends. So as the rewrite of the criminal statutes began, I got the bright idea of, well, so long as ladies and gentleman we’re doing this, why don’t we rewrite the Oregon state medical examiner’s law and piggyback on the rewrite of the criminal justice code. And they said fine, go ahead.

So I asked the prosecuting attorneys, district attorney’s association, for some help. And a district attorney from Albany by the name of Jack Frost said he would volunteer to write the law.

So for about four or five months, Jack and I met every couple of weeks, starting off with a blank sheet of paper, to completely rewrite the 1858 coroner statute. And we

did. And we took it down as part of the rewrite of the criminal justice code. And it sailed through the legislature with only two objections. The Senate majority leader from Malheur County was concerned about the fact that some of the sheriff's responsibilities might be delegated. So we had to kind of work a bit with that and still leave the sheriff on the advisory board.

And at that time, state representative Vera Katz, who represented the Portland district, did not believe that the statute should include the medical examiner's investigation of abortions since the 1972 Supreme Court decision had just come out. And I said fine, we'll just remove our authority in that area, which Representative Katz wanted done. And it sailed through the house.

SIMEK: Is that still excluded?

BRADY: Oh, sure.

SIMEK: So that's something that's a little too political for the office?

BRADY: Oh, I think it probably would be. The 1972 Supreme Court decision, I think, rendered it all moot. But prior to that time, abortions were a significant medical and criminal problem that they are no more.

SIMEK: How was your view of being in the public eye? How did you take that? I assume, maybe incorrectly, but I assume as coroner and then medical examiner, you liked doing the job and didn't particularly want to be in the public eye, even though you were an elected official. But that it would occur from time to time. And how did you react to that when it did become?

BRADY: Well, it's not a question, Matt, of reacting. I think that any operation, be it government or private, is best to be proactive. In other words, what I've said, and I feel very strongly, is that there are two or three million people in the state that pay the salary of the medical examiner. The whole office works for these people. And to the extent that you can effectively communicate with them, seeking their input, negative, positive, communicating with them what your goals and what your philosophy of the office is, that it works out just fine. So I was very active in working with the newspapers, not to get my name on the front page, but simply so that the community, through the news media, television, whatever it may be, would understand where their tax dollars were going or were not going.

SIMEK: Now as Multnomah County coroner in an urban environment, then you make the switch to statewide medical examiner. And that brings in a rural aspect of it. How do you compare the urban and the rural when it comes to investigating death?

BRADY: Matt, you've gotten a very, very good point right there. And there is a significant, significant difference. I love the rural aspects of the job, what you've just referred to as the rural aspects. Because in Oregon's communities – thirty-six counties,

hundreds of towns – we established a program that put a physician in each one of these communities as the person who would direct or supervise, with help from the state office, the death investigation program.

And again, this is a touchy point with a number of people. But I feel very strongly that if you convince the, what you've described as rural communities, that you do not have a fortress Portland, if you do not believe that all wisdom resides in Portland, but go out to these communities and work with them. Number one, it's tremendously rewarding. Number two, it produces a very great deal of respect and understanding in those communities, as opposed to the send it all in to us, which instinctively creates a them and us atmosphere.

We had, at the time that I left the office, I had 250 physicians working throughout the state of Oregon in what you've described as rural communities. And I designed a physician-based state system, unique, really, in the country. And it worked wonderfully. I loved it.

SIMEK: Anything more on that? Because I really want to ask you about that. And I'm going to try to find the name of it here. Seems to me you wrote a very unusual paper on the medical/legal death investigation, 1965. And was that the first time that had been done in Oregon?

BRADY: Oh, yes. Virginia, Matt, has a physician-based system. And again, it's historically. When I trained in New York City, the on the scene investigation was done by physicians. So that the year that I spent in Manhattan, two or three times a week I would travel, be driven in a car, throughout Manhattan to investigate the medical examiner deaths on the scene. And if myself and my partner, the two junior M.E.s weren't doing, it, we had other physicians who would go out and do it. So I was trained and grew up with a physician-based system. With a simple philosophy that I still believe in to this day, that death is not a crime. Death is a medical problem. So have it physician-based. A trained physician can make all of the necessary decisions.

And as I said, Virginia worked, did work pretty much on that. New York City did. But not very many other states around the country. And I put in what was for many years considered a model program for the regions I mentioned.

SIMEK: We talked about the media a little while ago, and I'm curious as to your views of media's typical understanding of death issues and investigative issues, and how do you, how would you grade the media through the years on reporting coroners' issues, or M.E. issues?

BRADY: Well, it depends on what kind of a media we're talking about. If we're talking about a national media, or the media that you and I look at when we're standing in a supermarket checkout stand, that's one thing. It's sensation. And sensation sells.

My experience with the media, and I wrote a chapter in my book on this. In fact, I wrote part of a chapter, but the editor of the *Oregonian, Oregon Journal* at that time, wrote the other part of the chapter. And I believe that, I believe very strongly that the men and women in the media are people who are trying to do a good job. They really are trying. They have a focus and training, which I respect. But to the extent that you communicate effectively with them, if you take their questions and you explain what's going on, and if you are absolutely honest across the board, the news that comes out to the public, your communication with your employer, all of the people, can be very effective.

SIMEK: When you and I were talking on the phone, as I recall, we had a very brief discussion about, it wasn't even a discussion, it was just in passing, about current representations of what medical examiners' offices are. And I wonder if you can even tolerate to watch television portrayals of examinations.

BRADY: Oh, I don't know if the verb "tolerate" is appropriate. I watch very little. My family and I watch very little television. We have five daughters. The girls, from time to time, encourage us to sit down with them and watch *CSI* or some of those other crime shows, which are not realistic. I just, I don't, well, I wrote some *Quincy* shows when *Quincy* was big. And I enjoyed working with the staff and the writers of that show. But television focuses, condenses a story. And it's appropriate. But *CSI* is not realistic, no.

SIMEK: Every now and then when you see, "Well, send this DNA over to the lab and let's get the answer back tomorrow morning." And it just doesn't happen that way. [laughs]

BRADY: No, it doesn't, Matt.

SIMEK: And some of the other portrayals of their computer forensics, and so on, I mean, it's almost laughable. [laughs] But the public likes it.

BRADY: Oh, the public loves it. It's hands down, I think, one of the most, if not the most, popular program on television. I do not at all care for the portrayal of the physician who is doing the autopsy. And going into investigation and areas that I don't think the physician has any business going into.

SIMEK: Such as?

BRADY: Oh, we're removing this and going from the observation of an injury to the conclusion that this injury would have been produced by that knife or that particular person. That type of linkage can and is important. But not the way they portray it.

SIMEK: That just brought to mind another question that just slipped away. Are there any that you think do a better job than others?

BRADY: Any?

SIMEK: Any kinds of media portrayals.

BRADY: Gee, I worked with a number of men and women that have written books. And Rule, of course, comes to mind. And I think these authors make a very serious effort to write something that sells, that's basic. But also make a serious effort to be factual, precise, and accurate. The newspapers, well, I believe very strongly that if you treat them openly and honestly on a case, they will produce a, I think, a good level of communication with the public. To the extent that you tell them, "No," and "Back off," the communication oftentimes can be very bad.

SIMEK: It often struck me in dealing with Hollywood, the box office drama, how interesting it is that–

?: Excuse me, I'll stop you now. We are at a tape change.

SIMEK: Time to change? Oh, okay. Good. I want to see if I can find a box to put my–

[End Track Three. Begin Track Four.]

?: We are rolling. And slate it, please.

SIMEK: This interview with Dr. William J. Brady is made possible by a grant from the Oregon Medical Education Foundation. Recorded on May 23, 2007, at the Oregon Medical Association, Portland. Matt Simek is the interviewer, and this is tape number two. Well, we had a nice break there, and some nice stories.

BRADY: Let's define "nice." Some stories. [laughter]

SIMEK: Try to recapture some. Now you're still active?

BRADY: I'm still practicing. You bet, Matt. Yes.

SIMEK: And what kinds of things do you do now? You're not in the medical examiner's office. Is that correct?

BRADY: Correct.

SIMEK: You're private practice.

BRADY: Correct.

SIMEK: So what kinds of activities keep you occupied?

BRADY: For quite some years, Matt, I've been doing most of the autopsies on people who have been exposed to asbestos, and who are involved in the asbestos litigation. So I do a significant number of autopsies on people with mesothelioma, with asbestos related disease. And as you suggested earlier, there are deaths within the hospital that for a variety of reasons the hospital is uncomfortable with doing. And a number of the hospitals around town will call me up and ask me to do those.

And I review cases for attorneys. Primarily civil issues. And I do a reasonable amount of testimony in criminal cases. Most of the heavy duty homicide trials that occur in the area, at least, are run through my office so that there's not a question of inadequate counsel. I do a lot of those.

SIMEK: One of the questions that we tend to like to ask most of our interviewees is if you can identify some of the big names in medicine in Oregon in the past two hundred years. Not that you knew them personally. But who do you think are the real towering personalities, and what were their contributions? And then I'd like to ask you the same thing on a personal level about people who were your mentors, and people who affected and influenced you. But first of all, let's start on general terms.

BRADY: Well, golly, Matt, there were certainly what you and I would describe as giants in medicine. And my recall for names is honestly not that good. You and I talked previously about my mother's uncle, Dr. Ernst Summer, who I had the pleasure of spending some time with when I was a very small child, and whose wife lived in our home for quite some years, so I know that story. In fact, I've written an article on Dr. Summer. And he played a role in our whole family.

Dr. Tom Joyce was a surgeon in Oregon at that time with Dr. Summer. And my understanding as a non surgeon was that he did a great deal of teaching for a whole generation of surgeons. And the men in internal medicine – they were mostly men – and surgeons are well known to people who have specialties different than mine.

In terms of my particular specialty, Matt, Dr. Frank (Menny?) up at the medical school, who was the head of the pathology department, and who really developed an interest in his successors, Dr. Warren Hunter and Dr. Homer Harris, developed an interest in legal medicine, were just wonderful men.

In pathology, Dr. Jeff (Minkler?) at Providence was a giant in the field of neuropathology. Dr. Bill (Lehman?) down at Good Samaritan, Dr. Vince Sneeden, and probably the most, or what many of us regard as the most outstanding pathologist of his generation was Dr. Joe (Nolgren?) at St. Vincent's, who not only trained several generations of outstanding pathologists, he trained them in being human beings in addition to being good scientists and pathologists.

SIMEK: A number of times you've talked about U of O Medical School, and later, OHSU. And of course you're an alum of UOMS. And I'm curious as to once you got into the professional nature of the coroner's office and the M.E. office, how you

related to OHSU as opposed to the rest of the medical community in Portland and the rest of the state.

BRADY: Oh, I related very, very well, Matt, because the men in those days were all men up on the hill, were folk that I had either gone to medical school with, or, when I took my clinical pathology training up on the hill, I spent time with them. And I knew them on a very personal basis. And Mike Baird, Dean Baird's boy, was in my class. All of the men who were the leaders in the medical school during the '50s and '60s, I knew personally. And these were men who when they had questions about my work or cases where I had questions, we communicated, gosh almighty, I'm sure oftentimes several times a week on the phone. I had wonderful relations with them.

SIMEK: Are there particular things that stand out in your mind in terms of unusual contributions made by any of the people that you knew that you just thought were especially outstanding?

BRADY: Oh, golly Moses. I can't focus, really, Matt, right now, off the top of my head on individual situations. But as I said, the people that trained me up on the hill, the pathologists, Dr. Warren Hunter, Dr. Frank Queen, Dr. Sam Niles, they were wonderful teachers, wonderful examples.

SIMEK: Let's go back just a little bit again about the politics of medicine. It's clear, perhaps more and more, that politics and medicine are hand in hand. That medicine is not any longer the pedestal kind of occupation that it was once considered to be. How do you see the medical politics evolving in years ahead? Do you think that, well, I don't know exactly what to ask along those lines. But I know that the politics and the medicine seem to be mixing it up a lot more now than it used to. And I'm wondering if you have a sense of where that's going. Whether politics is going to dominate medicine, or whether it's going to be something that they can work together to the benefit of the general public.

BRADY: Well, Matt, I honestly would have trouble answering that question since I'm not in the private practice of medicine in the sense that I'm not in a hospital-based pathology setting. So the interaction of the men and women in the hospital-based service is an interaction that I'm just simply not familiar with, nor have I been in that situation during my professional career.

In terms of the political change that bothers me the most, or the biggest change that I've seen, and I'm not sure where it's going to go, is the adversarial relationship that has arisen between the legal community and the medical community. And far be it for me to point fingers, and I'm not going to. But in years past, where attorneys in communities were and still are respected, important public leaders and citizens, their interaction with the medical leaders in their communities were good. In fact, I can remember being a speaker at a number of attorney-physician gatherings in Eastern Oregon where the community attorneys and physicians felt comfortable with one another, and interacted well.

For reasons that I think we all understand, there seems to be an increasing divide and increasing unwillingness to understand the positions of each of those people. And I think it results in harm, in many cases, in most cases where this occurs, harm to the community. But it's a trend that I'm, certainly we've seen in the past few years. Where it will go, I don't know.

SIMEK: Have you seen the results of shifting economics in your line of work? The payments for medical services?

BRADY: That's not an issue, Matt, that I'm involved with.

SIMEK: Okay. I was just thinking about what we were talking about with Medicare and autopsies.

BRADY: Medicare doesn't cover autopsies. [laughs]

SIMEK: Let's see. In your time as a forensic pathologist, are there any overall lessons that you have come to think that we could all learn as a result of what you've found in your work?

BRADY: Oh, I think, Matt, that the most important lesson is one that we learned in kindergarten. And that is that if you treat people as loving, caring human beings, whether it be in medicine, whether it be in performing an autopsy or communicating with the family, that's what life's all about to me. I know this is a bit of philosophy. But I think that's what becoming a physician, whether it be a physician with an odd specialty or not, is all about. And it's a reason why I make quite a point when I'm interacting with people in court or depositions or whatever, not to be identified as a forensic pathologist for the CSI reasons that we've talked about, but rather to be identified as a physician who cares about people.

SIMEK: It's really interesting you should say that, because I had debated on whether asking a forensic pathologist about doctor/patient relations really made any sense. But you just made it make sense. Because it's not just the, it's not just the autopsy victim, or subject, that is your patient, but the family and the public.

BRADY: Oh, absolutely. Absolutely. All of the years that I ran the office, Matt, I had a framed aphorism on the front entrance which I'm very, very fond of. It's taken from Sir William Osler many years ago. And it simply says that, "Amid an eternal heritage of sorrow and suffering, our work is laid." And that is certainly no more true in my line of work than anywhere else.

SIMEK: Would you mind, for the purposes of the microphone, just saying that again? And trying not to bend over as you say it.

BRADY: Oh, sure, sure.

SIMEK: It's a wonderful quote.

BRADY: It is. It's one that I feel. Well, as I said, I framed it, and it was in the entrance to the office for years and years. And that simply says, I forget which of Osler's books this came from. But he simply said that, "Amid an eternal heritage of sorrow and suffering, our work is laid." True of all physicians. Certainly true of our specialty.

SIMEK: Very true. There's one more, I don't know if you're going to be able to delve into this, but I'm just curious because of your interest in history, I wonder if you can go back beyond, even beyond the twentieth century, to what medical examiners' or coroners' work was in the 1800s. We're going back as far as Lewis and Clark for this project. And obviously it was very rudimentary then. If you had a gunshot wound to the chest, chances are, they'd figure out what killed you. But there were so many other things in that time, when medicine was so rudimentary. Can you give us a sense of any of that history back then, that you may have been a student of in your time?

BRADY: Well, I'm not necessarily sure, Matt, I'd be a student of it. But I have spent enough time working with the history of the coroner system in Oregon to know that, as I said, traditionally, the elected coroner in Oregon was a funeral director. And the funeral director, a number of them had other interests. But by and large, most of the men and women who were in the funeral industry wanted to do the right thing for the families that they were serving. So they interacted quite well with the physicians in the community who were willing to work with them.

Finley's Funeral Home and Holman's Funeral Home, I think, are both examples of men, families, dating back to the nineteenth century that had a role in the coroner's office. Rufus Holman was elected coroner in, I think, before the turn of the century, after the turn of the century. And these people, I never knew them, but from reviewing their work, they were men and women who cared about the people, cared about their community. And they wanted to do the best they could for the family, and if that involved the family's wanting to have medical questions asked, they would turn to physicians.

SIMEK: Another question just came to mind when dealing with that. I'm curious as to how the medical examiner, the coroner's office, acted during things like epidemics, when there were massive deaths due to disease. Did you have a particular role in that other than certifying cause of death?

BRADY: Well I've been blessed, Matt, with never having to be involved in an epidemic. But I have been involved in a significant number of mass disasters, if you will, which are airplane crashes. And that becomes a very, very challenging, and very interesting action on the part of the medical examiners. The cause of death is generally not an issue. But identification, safeguarding personal possessions, interacting with the families that want identification, is a role that I believe the medical examiner occupies, certainly as Chuck [Charles S.] Hirsch operation back in Manhattan did a few years back, did very, very well.

SIMEK: I remember a case, in fact I knew some people who were on Captain McBroom's airplane that went down just short of Portland. United Airlines flight that went down just short of Portland airport. Must have been almost twenty years ago. More than twenty years ago.

BRADY: More than twenty years ago.

SIMEK: Oh, my goodness, I'm dating myself here.

BRADY: Yes, I date myself, too. No, I recall that vividly. My family and I were having dinner one evening when the phone call came in. And myself and two other staff members from my office drove out to the airplane scene that particular evening. And I'll never forget the airplane sitting in the midst of trees! [laughs] It's not where an airplane belongs. But we were able to, fortunately, there were relatively few casualties. They all, the folks that got killed in that crash were the people in the first cabin off to the right. Because when McBroom took the plane in, it broke up. But the people in back got knocked around a little bit, the people on the front side of first class came out okay, but the plane hit a fir tree and took out the whole right front part of the plane, and those were the ones that we had.

SIMEK: And that's why the flight engineer was the only crew member who had died. I mean, the cockpit crew.

?: Survived.

SIMEK: What?

?: Wasn't he the one that survived?

BRADY: McBroom, the pilot survived.

SIMEK: Yeah, the pilot survived.

?: Okay, I'm wrong.

SIMEK: Well, and I'm also obligated by virtue of the fact that this seems to be something that attracts people the most, to ask you about perhaps the notable cases in which you were involved. Peyton-Allan and Brudos murder cases, if you would give us just a little summary of those.

BRADY: Well, as you just said, Matt, the medical examiner throughout the world is, through the media, identified with sensational cases. Princess Diana's death, I suppose, being one of the more memorable situations. The ones that I was involved in, and again, I was blessed when I was back in New York. Because the year that I was there we had a couple of really high profile deaths. One of which had a number of books written about it. And I had the privilege of watching Dr. Milton Helpern handle the

media, handle the family, handle this entire situation so effectively and so wonderfully. It was two girls– one of whom was the niece of a famous author by the name of Philip Wylie, and her roommate, Emily Hoffert – met death in a violent way in the Upper Eastside of New York. And it was quite some time before the crime was solved. But seeing how Dr. Helpern, how he worked, how he handled the media, how he worked with the family, was a tremendous training experience for me.

When Jerry Brudos began his killing spree, if you will, around Salem, the role that I played, I think, was twofold. We did the autopsies. And that was, you have to be thorough and careful. But the role that I remember the most, and take the greatest comfort in, was being able to sit down personally with the families and walk them through the information, the data that we had, so that these families would find out what indeed happened to their daughters. And the one case I remember so vividly, an only daughter.

[End Track Four. Begin Track Five.]

BRADY: That they would not get that by tuning in to evening television, or reading about it in the papers, but were able to come in and sit down and hear it firsthand.

The Peyton-Allan case, about which several books have been written, was a tragic death of two college youngsters that were killed. One of them was killed up in Washington Park. The other was killed on the way down to Seaside by three men that were later apprehended. It became a real whodunit. It stretched on for years. It involved a re-autopsy. It involved three court trials with incredible personal dimensions between the district attorney, chief deputy district attorney, Des Connell, and one of the defense attorneys, a Mr. Charles Paulson. Between the judge who had quite a reputation for those particular trials.

So those situations take on a life of their own, which most of us remember from the highlights. But what we forget, tragically, and I don't think we should, is that these two kids, and they're certainly kids to me, then and now, had two families that cared deeply about them. And to the extent that these families and their personal sufferings are separated, I don't think that's the way it should be. But, it happens.

SIMEK: Would you have chosen any other profession, now that you've been in this one for a while?

BRADY: Oh, I loved laboratory medicine. Looking back on it, I began my clinical pathology training just at the beginning of automation. And I enjoyed working with Dr. Hutchens to begin to automate it. And I do miss working in the laboratory. I love computers. I have quite a number at home. I have children that love computers. And I'm sorry, really, that I didn't stay in clinical pathology and work through the computer age. I miss that.

SIMEK: Well, that brings to mind one other question. And that is how has the practice of forensic pathology changed during your tenure? And where do you see it going?

BRADY: I don't think basically, Matt, that it's changed that much. The autopsies for a forensic pathologist are important. They're very important. They need to be done well. They need to be documented. And if they are done well, impartially. And the factual data presented in an impartial manner. Then society and the taxpayers benefit enormously. So I think attentive, caring, well trained pathologists doing medical legal work are and will continue to be important to the community. To the extent that the men and women who are doing this work lose track of the situation that first and foremost they're physicians, then, I think, it suffers. And I hope that doesn't happen.

SIMEK: Is there anything you feel really sad about? Anything really disheartening about having done what you've done for all these years?

BRADY: No.

SIMEK: I was wondering if something along the line of increased use of drugs by young people, or anything else.

BRADY: Oh, drug experimentation, Matt, is nothing new. I was back in Manhattan at the time that the heroin epidemic about which the movie *The French Connection* was made. That was very personal to me because that's what we saw. The medical examiner's office was the bellwether, if you will, of the drugs coming in from France. When the drugs were in short supply, the dealers cut the percentages down. Instead of a three to five percent, it would be a one to two percent. And we would have, oh, perhaps one or two overdoses a day, at the most. And then when the good stuff came in on the ships and so forth, we'd have five to ten drug overdoses a day in the Manhattan morgue. And these are human tragedies.

The problem there, Matt, is that in order to do the work that a pathologist, forensic pathologist does, you have to be able to dissociate. And that's not necessarily healthy. The ultimate in dissociation was the men, women, that operated the Holocaust camps.

The pathologist who cannot dissociate has a lot of problems. When I was in New York, I remember one weekend my partner and I autopsied thirteen crib deaths. These are kids four to six to seven months old. And after doing these autopsies, I would come back home to the apartment and spend the evening with my kids. You have to be able to dissociate. Effectively and honestly. If you get crisscrossed, it can be a big problem.

SIMEK: Well let me turn this back to the audience and ask if there are additional questions.

?: I've just been having a ball. That was great.

BRADY: [laughs]

?: Thank you very, very much.

BRADY: Well, thank you for the invitation, Roy.

SIMEK: It wrung me out, too. I thank you very much for your willingness to come down and be so frank with us.

?: You want to do an end slate on it?

SIMEK: Yeah. Unless there's anything more.

BRADY: No, no, no. Well I appreciate, Matt, your staying away from the issue that I said I wanted you to stay away from.

SIMEK: I promised I would.

BRADY: You very effectively did that.

SIMEK: Okay. This interview with Dr. William T. Brady is made possible by a grant from the Oregon Medical Association Foundation. It was recorded on May 23, 2007, at the Oregon Medical Association, Portland. This is, Matt Simek is the interviewer, and this is the end of tape number two of two.

[End Session.]