HISTORY OF MEDICINE IN OREGON PROJECT

ORAL HISTORY INTERVIEW

with

Ralph Crawshaw

Interview conducted February 14, 2007

by

John Ulwelling and Roy Payne

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Transcribed by: Teresa Bergen

[Begin Track One.]

MATT SIMEK: John, you're on.

JOHN ULWELLING: Okay. We are at the Oregon Medical Association. It's Valentine's Day, February 14, 2007. I'm John Ulwelling, the president of the Foundation for Medical Excellence and I have the great privilege of interviewing Dr. Ralph Crawshaw, a highly respected doctor who has practiced a very, very long time out in Oregon and other places, which we'll find out more about. And I've had a long-term relationship with. And if we talk in terms of Valentine's Day, I would always like him to be one of my Valentines. And I'm going to introduce him, talking about Ralph and asking questions of Dr. Crawshaw has been a wonderful opportunity to learn about his amazing career. And Ralph, where did you start with this?

RALPH CRAWSHAW: John, it's so clear to me, I want to start with you. I want to start with my earliest memory of you. And that's sitting in the back seat of a car, driving back from a legislative meeting down in the state legislature. And we got into a real big argument. I can't remember particularly, but I think it had something to do with the pronunciation of "Multnomah," the Brooklyn side against the genuine Oregon side. And we went on from there. And what I gradually learned about you was that you are uniquely qualified to look at doctors. You have experience as a teacher, you have experience as a lobbyist, and you have experience with the disciplinary side of medicine, in depth. And so anything you ask, I'm going to answer out of complete respect for your profound help to the profession. Now what do you want to know?

ULWELLING: Well, you've always been very successful in getting me to talk. And your event triggers my event. Meeting you, I have two memories. One of the AMA conference in Hawaii. [indistinct] And I also remember the house of delegates, when you were present and you brought up an issue, but I don't remember what the issue was. But it was beaten back like ninety-eight to two. And I asked you afterwards, you and I were the only two people in the room. I said, "Ralph, why did you do that?" Do you remember what your response was to me?

CRAWSHAW: No, I don't.

ULWELLING: You said, "Well, ideas are like seeds. They have to be spread. And unless you're willing go bring these things up, they'll never be incorporated into the medical culture." And ever after, I thought you were the Johnny Appleseed of ideas for medicine.

CRAWSHAW: [laughs] That is a very fine way of thinking about me. Continue to think that way.

ULWELLING: Well, how did this all come about? I think it would be good to take us all back to the early days. Where you were born and raised.

CRAWSHAW: I was a child of immigrant parents. They came from England, and they were three sisters, actually. My grandmother was one of three sisters who settled in Brooklyn, New York. At that time, Brooklyn was a city of churches. It was a city of hope. It was a great place for them to live. And the result was that I grew up in a neighborhood that was made up of more relatives than just neighbors. Because all three of my great-aunts married, and they all had lots of kids. And those kids had kids. So whenever I got fed up with my mother or somebody, I could always go get a substitute mother, just like that. So you know, life was pretty easy that direction. [laughs]
But there was tragedy. The tragedy was, I had a sister who was born before I was. And at the age of three, I was still not born, she died of diphtheria. And in those days, it was a three-day down. My father took her to a children's program someplace and some kid coughed on her. And she came home and pretty soon she had a fever. And my father went for the doctor and asked him to come and look at my sister who was dying. The doctor said he might, but he never did.

And that about destroyed my mother. She was just heartbroken at losing her daughter. She went to the Bible, and opened the Bible, and read, "Unto you a son shall be born." That's me. And let me tell you, that's a burden, coming straight from the Bible. [laughs] Oh, lord. You've got a kind of issue that removes you from making a lot of decisions. It was decided early on that I was going to take the place of that doctor who didn't come and save my daughter. Now it wasn't that bloodthirsty of a decision, but that's what it was.

So all along, I was to be a doctor in a family that didn't have a college graduate. My father had taken one year of night school beyond high school. And he was a court stenographer. Brilliant man in his own way. He was the most educated man in the family. So that when my generation came along, we were pioneering going to college and that sort of thing. And I was hot to go. When I was in high school, I got so fed up with high school, all that dinky business, when you could go home and read the book in a night. The whole textbook was there, you could get the whole thing in a night. And then you had a year to sit around and think about it.

So I asked the professor, the principal, if I could have permission to take all the exams for all the years and get the hell out of there. [laughs] He was an open-minded man. He let me. So I took the New York Regents for two years at one time. All I did was read the books. And that's all they wanted me to do. I graduated when I was fifteen years of age into a family that was struggling with the Depression. We didn't have a penny.

The state of New York had a college, Alfred College, where they had ceramic engineers training for no tuition. That was, I wanted to go to college, and it was a place where you could go without tuition. We'd have to put the doctor in the background a while. And I went there, and I did well. I didn't like engineering particularly. I liked people. I liked literature.

Incidentally, my father made a habit of reading to me. And from the age of about five, he read me the complete work of Dickens, in the evening. We'd get together, my mother and father and me, and he would go on about *Pickwick Papers, Little Dorit,* or something, and that all became part of our family talk. Like you and I with our ability with–

ULWELLING: Medically related things.

CRAWSHAW: Medically related things. I'm eighty-five years old. I get blocked at times. [laughter] And it takes a tremendous amount of forgiveness for the fact that I can't think as swiftly as I used to think. And I'm not good at forgiving myself. [laughs] It makes me angry.

Where I was, he also took me to museums. He fed my curiosity in the most nutritious way. So going off to become an engineer, all right, I'll do it, draw all the diagrams and things. But I got a chance to transfer, because an uncle thought it might be better, to Middlebury College in Vermont. And I always had an affinity for the New England sense of literature and their respect for knowledge known and used. So I really enjoyed myself there until the Japanese blew up Pearl Harbor. And that was–

ULWELLING: What year would you have been in?

CRAWSHAW: I was the class of '43, I would have been. But after that, it was a matter of signing up for the draft, which I did. I can give you my number, 12124442. It's really on my cortex, that sort of stuff. And I was–

ULWELLING: So you still stayed in college–

CRAWSHAW: I stayed in college for about six months more while they got organized. And then I volunteered for the ski troops. I was picked up out of Middlebury and sent to Camp Hale, Colorado, where I spent considerable time dragging stuff up and down mountainsides, including movie cameras, so Errol Flynn's picture could be taken by Movietone. Anytime you see any of those famous pictures of people on the hill, always think of the poor guy who's got to carry that camera up the– [laughs]

What I began to realize was, I got transferred there from the infantry itself. We had pretty rough training. One of my sergeants got killed going through the combat course. I wasn't interested, really, in killing Germans. I figured there were a lot of Germans being trained to kill me, and they really didn't have a good reason to do it, and I didn't have– so I transferred into the medical corps. And I was a medical aid man. I was there, and this wasn't going much of anyplace.

So I called up a classmate of mine in Middlebury who was then a first-year medical student at NYU Medical School, and said to him, "Hey, Stuey, I'm not getting anywhere here. I'm just going overseas shortly, and I'm going to be dragging around. I'd like to do something more."

And he said, "Hold on, and I'll go down and talk to the dean." And he went down and talked to the dean. And the dean looked up my medical aptitude test, which I'd taken years ago. And I had the highest rating of anybody in New England. So that convinced

him that I should be pulled out of the troops, which I was. And I was brought back and enrolled in medical school. Always in uniform. Marching around and all of that. So that was–

ULWELLING: Is this 1944 or so? The war was still going on?

CRAWSHAW: Yeah, this is 1944, '45. In those days when you were in medical school, when you didn't do well on a test, you really had an experience which some of our classmates had, being within three weeks adrift in the Atlantic. Because the ship that had taken you over as a replacement had been torpedoed. And you had been left there. You were in a classroom, and three weeks later, you're hanging on to life to a life raft. So that kind of was always, it was quite an incentive to read the books, in that sense.

I made some dear friends there, they still [indistinct] in my life.

ULWELLING: Really? They're still [inaudible] relationships, going back more than sixty years.

CRAWSHAW: Yeah. Stuey (Locker?), he did a lot of, he was a participant in the Olympics. He was a sailor in star boats. But I interned, then, in a place, Lennox Hill Hospital, which was on Park Avenue in New York. Pretty fancy. You can't get much fancier than that. I liked it. They liked me. And I decided there that I would be a neurosurgeon. It seemed to me just nifty to be going in, being able to use your coordination, visualize what you were going to do, and then do it, and have it come out right. So I did what I've always done, and that is, I tried to look the whole field over. And I went down to Johns Hopkins, interviewed them as they interviewed me. I went up to McGill, I interviewed them as they interviewed me. And I'm doing this on a private's salary, you know. I'm sleeping on trains.

It was a tremendously valuable experience in understanding they were just people. Wilder Penfield is a name that's historic. Yeah. I fell asleep in his chair waiting for him. He came in, he was the most gentle man, waking me up and letting me get my head back together before he asked me why I wanted to go into neurosurgery. Would it be good for me, and all that kind of stuff.

What happened was, I came back convinced that I should go to Wilder Penfield's, up to McGill, and become a neurosurgeon. Except that I'd been discharged from the army, and I was now on the VA bill that paid for your tuition. And one of the things about that that was good was they gave you two hundred dollars to buy books. Now in those days, two hundred dollars' worth of books was a lot of books.

So I took an afternoon off from my internship and went to Lexington Avenue to a medical bookstore, and spent the afternoon picking out two hundred dollars' worth of books off the shelf. [pretends to grunt from exertion] I got done, I had this big stack of books. And they weren't about neurosurgery! They were all about psychiatry. I said hey, this is a message that cannot be denied.

And from that point on, I continued the process of (going?). I went to Colorado, I went to Michigan, I went up to Cornell, I went out to Topeka to the Menninger Foundation. Find out where I could get the best education in psychiatry. And that was pretty clear in a short while that there was nothing comparable to the brothers

Menninger's approach to psychiatry, because it was not all duded up with a lot of history. These were three men, of course the father was involved in it, too, who saw a dramatic need. And they built their own university with good people. Dr. Carl used to go visit with Sigmund Freud to get advice about how to do it. And that's the way to run a psychiatric training program.

ULWELLING: That's the way you would run it if you had–

CRAWSHAW: Yeah, right.

ULWELLING: Go over and talk to Dr. Freud.

CRAWSHAW: Well, go find the people who know how to do it and ask them.

ULWELLING: Ralph, when you show up there in Kansas, this is like '47, '48?

CRAWSHAW: '47.

ULWELLING: And they had created Menninger Clinic, when was that created?

CRAWSHAW: The Menninger Clinic was created about 1935. And it made a tremendous impression, because it got a big write-up in *Fortune* magazine. It proved to have the most advanced psychoanalytic approach, and the place where if you were running a big company, you'd send your staff to get the proper help. So that was the initial thing was they had that. They also had a sense of independence. There was no board of, the state board of anything. And they drew on all the world. We had in the course of my being there, I'd say, 150 students, interns, residents in psychiatry. And they were from Denmark, they were from England, they were from Germany, they were from Japan, they were from Brooklyn, they were from Los Angeles, they were from Chicago. What a mix of people!

ULWELLING: It was an international center for psychiatry.

CRAWSHAW: It was an international center for psychiatry. And all of those friends that survived, they're still friends, it was that coherent. And unfortunately, the whole Menninger thing has fallen to pieces. It's all gone down to become part of Baylor, and that's a whole other story.

ULWELLING: At the time, your sense was this was the preeminent place to be trained.

CRAWSHAW: Yeah. If you wanted to know how it's going to be done ten years from now, or twenty years from now, go there. One of the things that I told myself is I was getting the best education that you can get in psychiatry, which also meant that I should not ignore what the worst education in psychiatry could be.

At that time, I had married Carol, and she was pregnant, and we were making, together, about twelve hundred dollars a year. Pretty hard to be living on that. So for the

third year of my psychiatric training, I decided to come to Oregon. And I would get a job here. Now there are a couple of reasons why I chose Oregon. One was, hey, they gave you, I think it was ten thousand dollars a year, your room and board, servants, a car. [laughs] The Menningers gave you a lot in your head, but not much in your pocket.

Now there was another reason why I came to Oregon. That is that when I was a lad, very young lad, before I knew how to read, my father would take me to the movies. In those days, there were no talkies. There was only written out. And he would read all the subscripts to me, so I could know what was going on. And there was a newsreel. The newsreel had this great white triangle. Just the biggest white triangle you could imagine, with a little tiny dot up at the top of the triangle that swung back and forth and back and forth, and (shooshed?) right up to the camera, snow and everything. I turned to my father and said, "Where is that place?"

He said, "Oh, that's Mount Hood, and that's near Portland, Oregon."

"Dad, I'm going to go and live the rest of my life there!" [laughs] And I did. And I never regretted it. Never! Because often my training, when I had a, as a school student, if I had an assignment, "Develop the natural resources, write a paper on the natural resources of X, Y or Z," it was always on Oregon. So I was always building to that, to being here. And so, actually, it was '50 when we moved here.

ULWELLING: So this is right before the Korean War.

CRAWSHAW: We drove here from Kansas and went by way of Montana. Went to the park there. And as we drove into the park there, the guy said, "Welcome to the Montana state park, and to the new war that has started this morning with Korea." And that was it. So I went down, we went to work, I went to work in Salem. And then Bates was, oh, man, the tales you could write about that!

ULWELLING: I know him from afar through you and many psychiatrists. The state hospital, etcetera, and *One Flew Over the Cuckoo's Nest.* Now here you are, going from Menninger–

CRAWSHAW: That's right.

ULWELLING: –to this world, a very practical, patient and not necessarily–

CRAWSHAW: It was a cuckoo house. It was a cuckoo house, and I wanted to be in one, so I would have that–

ULWELLING: Experience how it is.

CRAWSHAW: How it is. Instead of always being in the upper ranks, looking down, I could look both ways. We never used the swimming pool, because it would take a lot of heat to warm up the water. And EKG machines were never used, not EKG, EEG machines were never used, because if you train one of the staff to use an EEG machine, you were threatened to lose him within six weeks, he'd go get a good job, doing the– [laughter] So we've got to stay ignorant.

ULWELLING: Now in those days, how many patients were at the state hospital?

CRAWSHAW: Oh, I know it's a guess, but I'd say about two thousand.

ULWELLING: Yeah, it was huge.

CRAWSHAW: It was huge, and we had about six or seven people. You were a duke. They presented you with this house. And then you had a whole retinue of people who were a little brain damaged, but very nice people who had no place else to go, so they were going to spend their whole life there. And they would mow the lawn, or they would bring you strawberries, or they would take care of installing the washing machine. There was never any question of cost or anything like that. It was very much like the Middle Ages.

But there was a war going on, and I'd gotten medical education at the expense of the government, so they rang my bell, and pretty soon I was in the navy. And I was assigned to Vallejo. And I spent a year–

ULWELLING: That's going to Vallejo, California?

CRAWSHAW: Vallejo, California, to the hospital there, as a psychiatrist. Dealing with the casualties coming back from Korea. They'd fly in and land there, and then they'd do a little dance, and we would get all of the psychiatric, we would then send them around the country. I was there for a year. And then after that, I was transferred to Paris Island, in South Carolina, where the Marines were putting together their answer to the world conquest. I hesitate about it, because it such a dreadful experience in terms of hearing the DIs screaming, "You're going to keep marching, you're going to keep marching," when the temperature is 103, 104, and knowing that you're the duty officer that night, and you're going to be on duty taking care of maybe twenty or thirty cases of heat exhaustion. And that's, you had nothing to do with being sensible.

One case that was particularly strange was this fellow came in complaining of vague symptoms, so he was immediately diagnosed as heat exhaustion. And the treatment was you put him on a gurney, you covered him with a wet sheet, then you packed ice all over him, and you took his temperature regularly. When his temperature came down to 98, you stopped the treatment. This guy had gone through that process about five times. What he had was pneumonia. [laughs] It had nothing to do with the heat. And he said, [in strained voice] "I don't think that's helping me very much." [laughs] I remember him so clearly.

"We'll send you to the hospital. You're not going back to duty." So that was–

ULWELLING: That was a difficult period.

CRAWSHAW: Yeah. That was a very difficult period. And you know, part of the difficulty was Dr. Will Menninger was very much in charge of all of psychiatry in the armed forces. He was the one who ran psychiatry in the army during World War Two. He had experience with it. So he'd come flying in on a flying fortress. Land at Paris Island

and invite me up to have lunch with him and the commander. [laughs] And I'd go in my shiniest uniform and go up. And he'd put his arm around my shoulder, a good old boy, and then he'd fly off, and I'd go back down into the– it was the madness, the military. I'd spend days at the PX doing inventory. I had got an MD degree, and yet I was an officer, and it's my responsibility to make sure that all the comic books were accounted for. And you did it.

So when that was all over, I went back to the Menninger Foundation.

ULWELLING: When you say "over," does that mean the end of the Korean War?

CRAWSHAW: Yeah.

ULWELLING: You finished the Korean War there?

CRAWSHAW: I finished the Korean War.

ULWELLING: So the Korean War is over, you go back to Menninger–

CRAWSHAW: Yeah. With my wife.

ULWELLING: And did you get your residency? Was that completed then?

CRAWSHAW: Yes, yeah.

ULWELLING: So you're now–

CRAWSHAW: One of the things about it was that when you serve in the army, for instance, when you volunteered out of college in World War Two, if you lack ten hours or six hours or something for a degree, wham, they gave it to you right away. And the same thing was with that. It didn't mean you didn't take exams, but you didn't have all the [indistinct]

ULWELLING: You're saying well, you didn't get your hours, and everybody's saying, "Oh, fine, you're done."

CRAWSHAW: Right. They'd say, "Hey, you've got a lot of experience. Let's see what you're really doing." So my wife was pregnant again, and we went back to–

[End Track One. Begin Track Two.]

CRAWSHAW: –the Menninger Foundation, where I was now on the staff. And that was a different kind of experience. We were dealing with lots of people, movie stars. Jane Froman was a patient of mine. She'd been in an airplane accident in the Bay of Lisbon, where the ship, the plane went in.

ULWELLING: She came out partially crippled.

CRAWSHAW: Yeah, she had part of the equipment, the wooden seat went right into her muscles of her legs. What that served was to know that even if you're a movie star, you hurt just the same way anybody else does. And I think that was very useful for me in being able to deal with a wider kind of panoply of human suffering. And also it was again having all the equipment there. You know, assigned patients to do jobs, "Oh, you don't feel so good today? You get out and start chopping wood, that's what you're going to do."

[protesting in reluctant patient voice] "My father won't let me, you know–"

Cut that. [laughs] That would be one thing. Or we want a neurologist to really go over you in a superb way, we've got them. So that went ahead–

ULWELLING: What an extreme, going from Paris, South Carolina, with the Marines, back to Menninger Clinic.

CRAWSHAW: Yeah. Well, it was, it was very mixed up. Because at one point there, when I first got out, I wanted to open a practice in Washington, DC, but that didn't work out well. So I figured I had to go back and get it. Dr. Carl was just so welcoming, saying, "Yeah, yeah, you've been through [inaudible]

ULWELLING: And was Oregon still calling you, after your experience here, to come back?

CRAWSHAW: Yeah. Well, it never stopped. That was the ultimate calling. And a couple of people, Harry Spring, for instance, was a year ahead of me. And Harry Spring came here and opened a practice. He did mostly shock therapy, not psychotherapy, but he was here, and I was at (Mares?). And after a couple of years there, I came here. I guess I came here in '60. I came in '60, and immediately got involved with the community side of it.

There was one community child guidance clinic. Morrison. Morrison. Carl Morrison. And the minute I came, they took me on. And they not only paid me in the morning to look at kids, but they let me use the office in the afternoon to see my people. It was a very nice way of getting started. A fine way. It was always, I have no complaint about Oregon. [laughs] I've been blessed.

There was a time in Oregon, which is not at present there, when it was still the wave of natural resources, moving everything. You know, trucks going up and down the highway had these great big logs on them. There were wigwams burning the old stuff. The whole city smelled with the odor of wood burning. And it was just a few years before that when people literally heated their homes with firewood. So it was all, you know, if you wanted to get some property, I didn't have any money, but if you wanted to get some property, you wanted to go out of town and buy a couple of lots, what did they charge you, two hundred dollars a lot or something? [laughs] Now you have to go borrow from the Chinese to have enough money to– But all of that, you could go down to the coast, and it was natural for our children.

And the other thing I should say about it, they had so many opportunities for somebody who wants to take advantage of them. I fell in with Jack Murdock. He was one of the board members of the Menninger Foundation. He'd always had an interest in the

dynamics of people. So Tektronix was having employees with problems. So he and I got together, he gave me fifty thousand dollars for me to open the Tualatin Valley Guidance Clinic. And I went to work there one day a week paid and three days not paid, and hired a social worker and a part time psychologist. And we got an old real estate office that somebody had abandoned. And I hired a really fine woman to run things. She ran the office. Mrs. McLean. Boy, she was a good one.

And this was the real West. I'd be seeing a patient and the sheriff would arrive with his guns out. Literally, with his guns out. [imitating gruff sheriff voice] To tell me I should not be seeing this patient because there is a summons out to get him, and we're going to get that son of a bitch. [laughter]

And then the commissioners. They got wind that I had–

ULWELLING: This would have been the Washington County commissioners?

CRAWSHAW: Washington County commissioners. I had set up a graduated scale. For people who couldn't pay, they didn't pay. People who could, they paid more. The people who could really pay, it was twenty-five dollars an hour. Well, when the commissioners heard that, they called the governor and they asked what they had to do to get rid of me. They just saw it as some kind of bleeding the public. And twenty-five dollars an hour was just about paying the cost of taking care of that person. It's been that way, was that way.

But now, that clinic, and this is a tremendous sense of satisfaction here, that clinic has got its own nature. It's got its own life. It was formed in 1961 with a budget of fifty thousand dollars. And now, in 2007, the budget is fourteen million dollars a year. And they make the budget.

ULWELLING: Say the new name of it, what it became.

CRAWSHAW: LifeWorks. LifeWorks is the name that it's changed to.

ULWELLING: Which is really now providing mental health all over the state.

CRAWSHAW: They're all over the northwest of this state. From Astoria all the way down to Clackamas County. And what they're doing is they've taken on the meth mothers, the women that get hooked on meth. They've taken on the elderly, the people who are, how do you say it, losing their memory? [laughs] I just demonstrated it. [laughter] And they're really trying to be a better part of the community.

But the best part of all of it is, people like you, John. And by that I mean, you've got an open mind. Oregon has an open mind. I couldn't have ever done this if I stayed in New York. I could have stayed in New York on Park Avenue, and now have a boat tied up in the East River that would take me regularly to Bermuda, and I'd be ten times less happy than I am here, where I have a car with a broken taillight. [laughs] There is a kind of gestalt, a kind of spirit that's possible, it isn't always present, but it's possible in Oregon, that hey, we've come a long ways.

When you're in New York, you can't say we've come a long ways. You start out on Montauk, boy, it's 118 miles into the city. But here, we've started at Montauk Point, and we're three thousand miles ahead of where we were. And it's that sense that maybe

we can do a couple of things more that really change suffering into vital power, constructive dealing. And that's what good thinking is made out of. It's awareness of suffering, and how to handle it. So how could I, I mean, I really plotted it out the way it should be plotted out. Maybe not an A+, but it's certainly a B+ for living the life. [laughs]

ULWELLING: [inaudible] [several voices]

CRAWSHAW: So, John, we come full circle now. We got introduced in the back of a car coming up from the legislature, and maybe we'll get down to the legislature. What I'm trying to get to say is that the Foundation for Medical Excellence is a unique organization. Should I say a little bit about how it got formed?

ULWELLING: I think you should take me back a little bit to where you came to Oregon, because I think, let's go back. I see these multiple roads you went down. Practice of psychiatry, I think we've looked at, so that's one. The civic medicine is, I'd like to take you down that road a little bit, too. Then maybe we can do these others if we go down the road looking through (?) the Foundation. I'm chuckling myself because two lunches ago, you've got this thirty-five year, at least thirty-year history of lunches and breakfasts. You were saying to me, "You know, I hardly ever reminisce."

And I said, "That's correct. And now we're getting a (?) opportunity to do that." As you look at psychiatry when you started off here, I mean, it goes back into the '50s for you, where is it going? I think it would be good to give your almost sixty-year perspective on where it was when you started and where it is now, and your observations on it.

CRAWSHAW: Well, I can't be as optimistic as I would like to be. And it's got a profound philosophical reason. Namely that psychiatry is partially humanism and partially science. And as long as it's got a balance between the two, you know you're okay. But when the pediatric psychiatrist is pushing, oh, block on it, because I detest– Stimulating drugs–

ULWELLING: Like Ritalin?

CRAWSHAW: Ritalin stuff. You know, the kid does better on the Ritalin and all of that, but you're just burying the problem, whatever it is. In that sense, we're doing a lot better, because we're selling a lot of Ritalin, or we're pushing a lot of Ritalin. And I don't want to sound too gruff or harsh about it, but as I've heard, when I was training for psychiatry, three-quarters of the training was the human relationship, and a quarter was the physiology. And those numbers have just turned the other way around. Now three-quarters of psychiatry is the physiology, and about a quarter of it is the human relations. And that's what you would see as psychiatry.

But what I see as psychiatry, and that's civic medicine, and that is the influence that thinking people, particularly thinking psychiatrists, can have on the community. That's what's really important. There's so much going on in this community that we don't get under the surface.

Let me just give you an example and you won't miss the point at all. And that's James Chasse. There was an individual without a home, suffering from schizophrenia, walking up and down the street, and emptying his bladder on a tree or something, which enraged the police. They called for them, and they beat him up. They kicked in his chest, and he died the next day. Now the role here, the proper role here is not to bawl the hell out of the doctors. It's to find out why they were so inhuman. Now what you discover gradually is that the police department is in trouble. The police department, first of all, gets the mayor to tell us [in extra deep voice] that he's going to spend forty thousand dollars to train the police so that they do not do these terrible things again. Can't you see the policeman having to go up to a lecture, and some psychiatrist saying, "Don't kick patients."

The other thing was in today's paper. Seventeen people are retiring from the police department. Why are they retiring? It's because it's so advantageous to their retirement program, they're retiring. And the other part of the story is how they have to restructure the whole thing. What about the guys left behind? They've got a heavier load, they've got lower pay, they've got less recognition, and they're going to get new bosses. Don't you think that has something to do with kicking in the side of a chest of a poor son of a bitch schizophrenic? That's the kind of connection that I'm really after.

You know me. I had breakfast with lots of people. I am, I use the word advisedly, a catalyst in the community. I've had all the mayors meet, at my expense, for breakfast, to discuss some of the water problems that we've had. And they all like it. [in deep mayoral voice] "Well, we get together like this."

"When?"

"Oh, when we have a convention."

You know what those kinds of things are like. "Let's go have a drink at the bar, Charlie." No, these were real, sit down, let's spend an hour and a half looking at how do we really charge for water, and who's paying what to whom for what? That kind of openness.

?: We need that.

CRAWSHAW: Just so much, particularly, now this is the worst part of this, is to convey to you how I detest our national policy of cultivating fear. We are in a world of terror for the political advantage of the people who are regulating the terror. And I don't mean people overseas. That's awfully difficult for a psychiatrist to be so well aware of that and just keep his mouth shut. Maybe I'm not keeping it shut here. [laughs] So that kind of movement, I think of, is really a natural growth on my own part. I came to Oregon to work in the worst psychiatric place there was. Not because I wanted to save souls; I wanted to have perspective on what is bad and what is good. And I got perspective on what is bad and what is good. And there's a lot that's bad that doesn't need to be bad. Am I too emphatic here?

ULWELLING: Not from my standpoint. (Please go right on?)

CRAWSHAW: And what is it going to take to make a difference? It's going to take people standing good for their values. You want a really honest police force, you've got

to have really the guts to listen to those men and women when they start complaining about what's going on, rather than just oh, they're a bureaucracy and they've got a lot of money. We've got to be a lot more human towards all the people that are around us. We need to ask ourselves, what is an honest cop? What would I do if I was a cop? Would I be honest? Those kind of questions can go to a whole lot of other spheres.

And the one I'm focusing on the most is, what is it to be an honest doctor? And that's a mighty difficult subject these days, because the doctor is now an employee, by and large, of a managed care company. It's changed its name, but not its fur. It still bristles at the idea of no profit. And what does it mean to be a doctor when you feel so driven that you have to be seeing a patient every fifteen minutes. "I'm sorry, Mrs. Smith. Yes, your son ran away and your daughter's pregnant out of wedlock. Why don't you see if we can't get you an appointment next month sometime?" You know, that kind of stuff. [laughs] That's what I think is the future of psychiatry, for me. I can't say for the world.

We'll go down another line, as far as my private psychiatric practice was concerned, I always thought of those people as supporting me financially, and doing so many damn things I so enjoyed doing. For example, traveling the world. I've been around the world both ways. And I've been around the world one way, stopping off at ministries of health to ask them how things are going in their country. Now that sounds impossible. How the hell does this guy do that? It's not a big deal.

I got interested in 1963 in how the largest medical group, the largest medical administration, which no one can guess who it is, operated without Hippocratic oath. Now the largest medical organization in the world was, and still is, the Soviet medical establishment. It's no longer called Soviet. Well, I began looking in the newspaper for the names of Russians in Russia who were interested in the problem. Pretty soon, I had a couple of names. I wrote them. They wrote back. Pretty soon I had some more names. I wrote them. Pretty soon I had a whole group of people who were inviting me to come to Russia. I went to the Washington Soviet Exchange people. That's where the money was in those days. They financed me going to the Soviet Union four different times. One time, I took the editor of the *New England Journal* along, just so I'd get a clear view from his perspective. It doesn't take much to do a hell of a lot, if you really are interested in those kinds of problems. And it goes on and on.

But the thing that is unfortunate is I run out of steam. Oh, boy, with this system that I've got, if I had the energy that I used to have, I could work eight hours in the office and five hours down here in the OMA. Fifteen-hour day, nothing. Now I'm taking a nap. [laughter]

ULWELLING: It's 1:31.

CRAWSHAW: We can only go two-and-a-half more hours. [laughter]

[multiple voices, inaudible]

ULWELLING: You just ask him one question and he's got wonderful, wonderful things to say. [inaudible] We'll continue on, and depending on how long–

?: Good. Sure, I'm happy to do that.

ULWELLING: You've got such great stories and so much insight. You not only tell a story, but–

CRAWSHAW: You know, we talked about Bariaski's story in Russia. I never told you what the translation of the word "bariaski" is. "Bariaski" is birch tree. You want this story? Should I give you this story?

ULWELLING: Sure.

CRAWSHAW: When I was in the Soviet Union, I had an assigned interpreter. She was also an agent of the KGB. She told me as much. After she left me every day, she went and reported on me to the KGB. Which wasn't unusual. Because on the phone, the phone would ring and this voice would say, "Go back out of this country as fast as you can. You're not wanted here." She was a real sweet woman, and she had a son, you know, her husband had disappeared. You can see the whole story. And her son was interested in scuba diving.

So I asked her if there was anything I could do for her when I got back. "Well, if you could get a subscription to a magazine about scuba diving, that would be just the most wonderful thing we could have."

Incidentally, another time, another trip, a woman asked me for a subscription to the *New Yorker*. I don't know if it got through. But anyway, I said, "What would you like?" And she thought about it. I said, "Would you like some books?" She was a very bright woman. She had a real sense of literature about her. And she wrote, poetry, I think. She never shared it with me.

So I took her to, or she took me, to a bookstore in the Soviet Union. A bookstore in the Soviet Union is cordoned off by the police because you have such a demand, and such a low supply, that is, everything except propaganda. We didn't go to the propaganda store. But if you want to buy something by Goethe, or Robert Louis Stevenson, something like that, they had books about this in Russian and in English. But to go into that store, you have to stand in a line that goes around the block. And then every time two people come out, two were allowed to go in. That doesn't go for people who have the curse of the KGB. All she had to do was go up and show them a sign and zing, we were in.

So I said, "Go ahead, pick out all the books you want. And I'll take care of them." I had this big roll of rubles that I wasn't going to do anything with. Because when you're exchanged that way, they give you money so you can– So I couldn't get rid of the rubles better than to give them to her. So she picked out all these books of Mark Twain, a whole twelve volumes of them and Oscar Wilde, and began adding it up.

And she saw that it probably came to, I don't know, maybe three hundred dollars in her turn, which was a fantastic amount of money. She says, "No, I don't want it. I don't want it. I'll tell you what I'll do. Let's go to a bariaski store."

Now a bariaski store is a store that is maintained, or was maintained in the Soviet Union for people who were not Soviet citizens. It's for all the guests, the visitors, the tourists. And there is all the select furs, all the select silk shirts, all the hand carving and all of that. So, bam, we were off to the bariaski store. And I went in and said, "I have a

wife who is very similar to this woman in size. Would you get her a few dresses and things?" They fitted her all out, under the guise that it was my wife that was going to get it. [laughter] And there's a woman, I don't know her name anymore or where she is, but there's a woman in the Soviet Union who if she precedes me to the pearly gates, she's going to be there standing, "Come on in, come on in." [laughter] That was fun.

ULWELLING: You've had all these wonderful international experiences going back forty years. And I know you still have great interest in international experience for medical students. How would you characterize your forty years of international experiences, Ralph?

CRAWSHAW: That's an interesting question. What do you mean by characterize? The why of it?

ULWELLING: The why of it. What did you lean?

CRAWSHAW: Oh, what did I learn? Oh, I learned that there are nice people and sons of bitches all over the world. And the greatest lesson to learn is there's a little bit of God in every human being. So when I was in South Africa, and I was interviewing the minister of health, and he had two black men with submachine guns standing behind him, telling me that I should get the hell out of the country–

[End Track Two. Begin Track Three.]

CRAWSHAW: –and get back and get those goddamn white doctors in the U.S. to treat the black doctors better, I could see a little bit of God in that man. [laughs] Not much. No, I never, let's see if I ever felt threatened. No, I don't think I ever felt. I was careful. In Johannesburg, you had to be. My wife was more threatened than I was. Careful about after dark being the only white person in a crowd of five hundred blacks. But in Zimbabwe, my wife and I got on a bus together. Of course, there were no taxis from the airport, and we were the only white people on this bus that was, you know, they were all hanging off the side and everything. And that was the most joyful ride. They were all laughing and singing, so glad to have a couple of white folks ride in their bus.

ULWELLING: Would you talk a bit about being a citizen of the world? What could this forty years, and all the exchange programs, and visiting ministers of health, how did it change your perspective?

CRAWSHAW: Well, it makes me very much at ease when I'm dealing with knot headed people. Because there's so many of them, and I've had so much experience. Who tell me, "All we need to do–" As thought that was the way the world ran. All we need to do is never clear. You have to really think and think and think if you're going to make any kind of difference at all. You have to think in broader and broader terms, and you have to think about who can you trust and who you shouldn't waste your energy trusting. That's a skill that you eventually take naturally. I can get on a bus or train and have a feeling about a particular person that's driving the train that I'll be lucky to get off alive. But that

doesn't happen very often. But I guess I'm just saying that the broader your experience, the more work it is to keep sorting it out. And avoid generalizations as much as possible.

ULWELLING: That's part of [inaudible] needs to change.

CRAWSHAW: Good God.

[End Track Three. Begin Track Four]
[End Tape One. Begin Tape Two.]

CRAWSHAW: –haven't refused it yet. And I have another one, which I'm carrying around with me now, that's got four, no, it's got six chapters, and it needs four more.

ULWELLING: Okay, we're rolling.

CRAWSHAW: Okay.

ULWELLING: So we're on tape two. It's February 14, 2007. We're at the Oregon Medical Association headquarters and I'm John Ulwelling, the president of the Foundation for Medical Excellence. And I've got the great pleasure and privilege of interviewing Dr. Ralph Crawshaw for posterity's sake. So Ralph is now eighty-five years of age. He'll be eighty-six in July. Now you were mentioning during the break about, asked me about the sixteen most important people of Oregon.

CRAWSHAW: I didn't say that.

ULWELLING: What did you say?

CRAWSHAW: I said ask me about the sixteen people who *run* Oregon. They're not important in the sense that I heard you say. The sixteen people who run Oregon are the people who make up the minds about whatever is going to be decided. I don't know if I can say it clearly enough, but it depends on the problem. There's a different sixteen for most problems. There's a couple people who always will be one or another of the answers. Answerers.

But what you do when you come up against a problem, I wish I could think of an example, well, yeah. Setting up the Tualatin Valley Guidance Clinic in 1961, you know, to have a good friend like Jack Murdock take me onto the Millicent Board, that's the board that preceded the Jack Murdock Trust. He took me on the board, and then offered me fifty thousand dollars to start. It would be a very foolish thing to think that that would make a clinic possible. What you have to find out is who has the territory mapped out ahead of you, and what do they want to do with that territory.

One of the things I missed, I mentioned before, was that if I started charging more, the service cost, I stirred up the county commissioners. And they were one of the sixteen, one of those commissioners could really sabotage the whole thing.

The other part was, it was very important to have this effort seen in extra, outside of Oregon, that is, it was very important to have this seen, portrayed in publications, in

correspondence, and in verbal meetings so that it would get back to the medical school, so that it would get back to the mayor, that it would get back to the governor that he didn't have to be afraid of this. He was safe if he wanted to give it a pat on the back.

And that's the whole kind of understanding. If you've got enough people giving you a pat on the back, your project is going to really prosper. This is in contrast to getting out in front of the project and explaining how the sons of bitches have given up and they're not helping me, and nobody wants to really change, and we're going to hell in a hanging basket. All that kind of approach is just piling up resistance that you don't need. So whatever you, if you want to put in a new highway down to the coast or something, hey, there's sixteen people who can make that go or not go. Or if you want to build a new park in town, or something like that, it's your responsibility as a leader not to stir the people up, but to find the ones who are going to carry the leadership. That's one part of it.

ULWELLING: One thing that you decided to do someplace in your career, and I'd like to know when, is, and it relates to what you were commenting earlier about civic medicine. That is, specifically related to a physician, in this case, you, that you made a decision about how much you practice medicine and how much time you try to contribute back to the community. When did you decide that, and what is the ratio?

CRAWSHAW: It's a hard one. I've got an intuitive answer, and a concrete answer. One, when I was in Middlebury, I remember that I took Friday afternoons to go down to the social work department, the county social work department, and mentor kids. I don't know why, but down there. And I would hang around with the kids, that sort of thing. Now how that was decided, I don't know. But the other part is, you've got to think of me always as in that Brooklyn family. When I am in that Brooklyn family, I'm taking care of my folks, and my folks are taking care of me. What happens now, it's not a Brooklyn family. It's now an Oregon family.

When I see the horror of going out to Hillsboro and going to one of those farmworker camps and looking in one of those rooms where twenty people live day and night– well, not day, because they're out working in the fields. Twenty people to a room. Hey, they're part of my family that I don't like having that happen to.

Now how does that get back to your question, how do you decide how much time? Well, I guess the way you decide is you understand time differently than most people do. Most people say to you, "I don't have time." Do you understand what an inane statement that is? If you don't have time, you're dead, or you've given it away. I don't know how you can think of not having time. I've got time, but it's what I do with it that's so important. So when I have time, I've got to figure out whether I'm going to the OMA and shooting my lungs off into this machine [laughs], or should I stay with my computer and try and get my email straight, because I've got a lot of people out there on email. And it's my time. And I got a lifetime. [laughs] Maybe very short, but I've got a lifetime of time. Whereas it would be so easy to say, "Now that I'm eighty-five, I don't have any time anymore. I kind of hang around."

ULWELLING: I'm so glad to hear this answer, because I've always wondered why it bothered you when people said, "I'm sorry I couldn't do that, Dr. Crawshaw, but I didn't have time."

CRAWSHAW: [laughter] If you don't have it, where is it?

ULWELLING: What would you say in terms of both sides of the relationship in terms of civic medicine specifically related to physicians. So if we took a thirty-year-old physician graduating from a psychiatry resident today and you sat down with this person, what would you say to them about civic medicine and the mutual benefit of having them commit time to greater society?

CRAWSHAW: Well, it gets kind of clichéd there. I'd rather start with a third-year medical student, rather than a thirty-year-old. But what would I say? I would say, can I free associate? What I would say is how depressed I am. They'd say, "Depressed? I'm not depressed."

I'd say, "But don't you understand that most doctors today are depressed? This is unlike the way doctors were fifty years ago. Fifty years ago, earlier than that, back to Benjamin Rush, they were all spit and vinegar. They were really fighting at each other. They really had a lot of zip. But you know, everybody's suffering from not having enough time. Everybody's suffering because they have so many people in the office. Everybody's suffering because there's so much information available. Hey, fellow, get a hold of yourself!" If I had the feeling he had the character to hear me, that's where I'd go. "Come on, let's look at this."

And it's so true. This is a pervasive depression among physicians that they've lost some kind of control of themselves as physicians. And they're not equipped to look at it. And I think that's one of the reasons why international health is so big these days. I'm less and less interested in, that is, "I'm going to go to Zambia, I'm going to get all the people that have AIDS to get the drugs, and they'll feel better. And my, I'll feel better because I've given them the drugs that's going to make them feel better." Hey, that is the way it goes. You've got a community. You have a whole civitas. You, the doctor, has to have a kind of honesty about how much your patient gets. And that's a very difficult question. Because it's easy to say, "Oh, my, give everything to the patient." The hell you do. This is going to end up (a fight?) [laughs]

ULWELLING: You've had this distinguished career as a psychiatrist. And at the same time, simultaneous with it, you've had this incredible career within medicine, and also civic medicine, as you've defined it. So thinking back of all that you've done, and the area of rehabilitation of physicians. That's part of your journey alone, isn't it?

CRAWSHAW: Yeah. Yeah. Yeah.

ULWELLING: And you've had suicides. Let's go down this impaired physician route and now calling it physician wellbeing. When did you become interested in physician [indistinct]

CRAWSHAW: Oh, I think I always was. I don't know how to say that. Well, one thing I have, and I'm blessed with it, and I'm cursed with it at times, is a tremendous curiosity. And this, I thank my father for. But I have a curiosity about why people can have so

much and be so dissatisfied. And that's what led me, I think, into the impaired physician. Here he is and he's got a spotless education, he's got the respect of the community, he's got money in the bank, he's got a cabin down on the coast, or a boat, or a cruise or someplace. And he's unhappy! He's so unhappy, he's going to kill himself. Man, that is really a question that I like. I don't want to put on anybody, but isn't that a (real poser?). It has a number of different answers. But the first thing that has to happen is the doctor has to be prepared to look at his life, instead of wailing about he hasn't got enough something. And the way you get doctors to look at their lives, it's tough. But it's by having them do it as a group.

To make this a little more concrete, let me go back and explain the origin of the AMA Impaired Doctors group. And that started as a result of–

ULWELLING: The Friends of Medicine.

CRAWSHAW: Yeah. That started as a note in the newspaper that eight doctors on the board, medical examiners, during the course of, I think it was twelve months, killed themselves. And when you take eight doctors against three thousand doctors, and you start working that, you've got a suicide rate there that is mighty high. And that was in the newspaper, and nobody said boo. And it stirred my curiosity. My curiosity got together a crew of psychologists and other psychiatrists. And we went together, and we went back and we did an autopsy, psychological autopsy on all of those suicides. Then we did a psychological autopsy on the survivors, and we began to put together what was going on. And that was that the system was killing them.

If you had a patient who didn't like you, and reported you to the Board of Medical Examiners, at that time, the Board of Medical Examiners would immediately take away your practice privileges. So suddenly bang, you're held up in the air. And then they would investigate those practice privileges over a period of six months. And during those six months, the doctor was high and dry. He couldn't do anything. And that's when the depression really took form. What he did was, he got in his pajamas and he watched TV. And after a couple of weeks of that, [makes gunshot noise], he's dead. We got that down pretty good. And the BME made the adjustments immediately.

But we also moved that into the AMA. We did our autopsies all over the United States. I remember flying up to Alaska to interview a widow. And it is so important that we know that our intellectual work is as nutritious for us as our regular food. And that we really have to look at that diet in a way that's going to make us flourish, not grow big ears or bad livers and stuff.

So that's how that, and I guess what I'm explaining is that by putting dynamics of physician depression into terms that the AMA could appreciate, they can appreciate what it would be to be stuck on a couch watching TV when your bills are all going on. That really made a big difference.

And out of that grew the Friends of Medicine, who were an anonymous group of doctors who were available to help find out, and I think the key to the Friends of Medicine was the quality of people who volunteered when they saw that. Now I'm blocking out his name.

ULWELLING: George Robinson.

CRAWSHAW: George Robinson. What a fine man. I mean, he could quote poetry that was appropriate. [laughs] So, and when those people were given the tools, hey, the thing began to get together. It was exciting. And that's all been taken apart, pretty much so. You know, we had the mini internship, which was to do a little something about letting a significant member of the community spend a day with a doctor. It could be an ophthalmologist or an obstetrician, or a general practice person. It could be anybody. An insurance salesman or a commissioner would be assigned. And they got a feeling for the whole thing. My God, when the AMA got this, are you aware of this, John? They just took off. It was all over the country, until we got the business of confidentiality. And the fact that this might interfere with confidentiality just destroyed the whole problem of being human beings in a human city acting in a human way.

?: There's so much more!

CRAWSHAW: I don't know.

?: Let's pause tape here. [inaudible] Tape two, continued, (?) new interview.

ROY PAYNE: Roy Payne, taking over the interview from John Ulwelling. And hoping to follow up on some of the tremendous presentation that Ralph has presented in this time. And I think, perhaps, the first thing that I'd like to open up for you is the Foundation for Medical Excellence and your participation and development of the program, which you had been deeply involved with over the years.

CRAWSHAW: Well, it follows right from what we were talking about, and that was the suicide story. And John was new to the Board of Medical Examiners, and he caught the real bad end of that study, which is, "We now have evidence that the BME is killing people, and what do you got to say for it, Mr. Executive Director?" There's nothing that could be said for it. But he did very well.

We met and had lunch a couple of times and I said, "John, the Board of Medical Examiners has to have a research capacity."

And he said to me, "Ralph, there's no Board of Medical Examiners in any of the forty-eight states that have that."

And I said to him, "This is the time to start."

And that was really the beginning of the Foundation for Medical Excellence. That need for the sophisticated problems of leadership, morale, death, all of that was just a little too deep and too sticky for the OMA to be able to hang in on. And it was absolutely not something that the medical school wanted to deal with. If there was a suicide at the medical school, and I know this from experience, it would be covered immediately. And just nobody would say anything more about it. They'd just go on.

What happened was, that John took me seriously when I said, "You've got to do something."

He went to the board members who were on the Board of Medical Examiners and said, "We've got to have some kind of outfit that will parallel the Board of Medical Examiners and not be under the domination of the government." Because the Board of

Medical Examiners is an office of Oregon state, and all that. He said, "Would somebody want to put up some money?" And at that sitting, at that table, everybody present wrote a check for a thousand dollars. And that was the beginning of the Foundation for Medical Excellence.

I didn't have much to do with it from there on out. I think I was busy trying to keep the suicide project going with the AMA and that sort of thing. But the Board of Medical Examiners, of course, he's a much better source of knowledge about that than I am, it began to look at leadership. And it looked at leadership intensely, and to good advantage. Because the lack of leadership was a symptom of something going on within us as a profession that was not quite right. I can remember at that time going down to Salishan and the AMA would send out people who would teach us how to talk on TV. How to repeat the word, how to use your hands, how to look at the lens, and all that stuff. But that really wasn't what we're after with leadership. That's good if you've got it.

What you want in leadership are people who understand that they are going to be leaders, and they're going to be up against opposition, and they're going to not back down. And that's not part of what a lot of doctors like to do. They like to go with the crowd. Go along with it.

So the Board of Medical Examiners, I'm confused there. The Foundation for Medical Excellence has had a whole series of leadership meetings and courses and developments, which have been very well received, and I think have contributed to leadership.

From that, other things have evolved. And John, again, would be better at talking about it. One that I'm particularly interested in is the Collegium for the Study of the Spirit of Medicine. John Benson, who was formerly at the medical school, and I, felt there was a need for a group to meet bimonthly for breakfast to discuss ethical problems and political problems that we had. The group was intended to be no larger than twelve, and it never has. And it was an invitation. Mike Garland is one, Paul Hull is another, Fran Storrs is another. Civilian, Steve Greg was another. A couple of people didn't work out and left. But ever since that five years ago, we have met regularly once a month, on a Friday morning, from 7:30 to 9:00, and went to work on a tough subject.

For example, last Friday we discussed efficiency and professionalism. Now how much should the doctor be an efficient person, getting things done, and how much should the doctor be a less than efficient person, taking care of the patients' preoccupations. And there are some good ideas.

Walt McDonald, who's a former head of the board, American Board of Internal Medicine, presented a paper that he'd written on the subject. And we'll continue to chew on that. So that's where the Foundation for Medical Excellence is going.

The Foundation for Medical Excellence is also right now soliciting money to have scholarships to help medical students meet the extraordinary expense that they have in medical school. I'm not much for that. I mean, I put in some money. But that's a money problem. They solve themselves. They have to solve themselves. There is also an attempt to, not an attempt, there will be two fellowships for medical students to go overseas. This is to help get a little broader education for people who would like to have a broader education.

There is a whole series of lectures that are given. For instance, the Ralph Crawshaw lecture has been eleven years now, and brought editors from Europe, all over

the United States, because I believe editors are the most powerful people in healthcare. And they've given talks. This next lecture is in, I think it's April eleventh, or something like that. We'll be up at the hill, and it will be with Senator– I'm just getting tired, I can't think of it. Senator, what's the name of–

PAYNE: Republican or Democrat?

CRAWSHAW: Republican.

PAYNE: Current or past?

CRAWSHAW: Now. Present. Nobody knows the present? [laughs] Gordon Smith. Thank you. Gordon Smith's son committed suicide. And this has been a kind of, not kind of, this has been a trial for Gordon Smith to speak out for recognition of depression. And he welcomes the chance to give a Ralph Crawshaw lecture. Many people have come for these. So that's another thing that the Foundation for Medical Excellence has been up to. Its future is psychologically–

[End Track Four. Begin Track Five.]

CRAWSHAW: –a strenuous one. What has happened is, town and gown has sort of disappeared into the air. Would you say that was true? When we started out, town and gown was a kind of fierce thing. I can remember being collared and taken to a meeting at Good Samaritan, and asked to be the referee between Bob Dow, the head of neurology for Good Sam, and I forget who was the name of that, (Bluemle, Bluemle?). And I'm the referee? That kind of rivalry was wiped out by managed care as far as money is concerned, but not as far as leadership is concerned. And the Foundation for Medical Excellence, unbeknownst to itself, is now instituting a whole better grade of leadership than the medical school is. And I can't say anything better than let's hope that competition gets fierce, so we turn out better and better leaders, some from the school, and some from the (way?). So that's pretty much the Foundation. It's got a great future.

Oh, the other thing you should know about it is, it's two competitors. One is, you would think it would be quite common that there would be other foundations that would be like this. There are not. the nearest thing I can see to something like this is the New York Academy of Medicine. And the other thing, the other organization that is similar is the Philadelphia Museum of Medicine. They have these kind of broad programs and broad views. We're being spoiled. This is a plum tree with plums on it, and not many people know it's a plum tree.

PAYNE: Ralph, for all the years that I've been in practice, and I've been involved in organized, quote "organized," closed quote, medicine, you have been there. You were in the same meetings, and discussing the same things, that I have been interested in. And you have time and time again come up with a viewpoint that I said, oh my god, why didn't I see that? So your experiences in organized medicine have gone on over years. County, state. You may not have been president of the state, but you certainly spent thirty years on the board.

CRAWSHAW: Yeah.

PAYNE: For organized medicine. I want to talk to you about your writing as well, which is a little bit different aspect. Let's start off with organized medicine.

CRAWSHAW: Well, organized medicine deserves a lot more respect than it gets from its membership. It is an essential part of the practice of medicine. And it isn't just a tagalong that asks for money. Roy, you and I have had one real continual conflict, and that is over the OMPAC, Oregon [Medical] Political Action Committee. I feel that when you organize politics that way around the profession, and I've always felt this way, that you weaken the profession. That what we want are physicians who go directly to their politicians, and give their money directly to their politician. And hold their politician directly responsible. I don't want us to get into an argument here, but when we hire somebody to do all of that, we're just like anybody else. We're like the Pepsi Cola people, we're like Chrysler, we're like anybody else. We're just another group. But if we could abandon the OMPAC, and do what I do, the audacity of this, do what I do. And that is, I give the money to a particular person. I write the letter to the particular person. Just imagine if we had the whole profession doing that. What power! So that's where I feel that OMPAC isn't really the thing.

But the thing I think I've really run aground the most on is my perception of greed in the medical profession. I've written about it. I've talked about it. And we had an OMA meeting down at Astoria, as I remember, and I got up and took over the microphone, and I said to them, "You know, I think greed is as much an impairment of doctors as alcoholism is." And I got laughed off the stage! Literally, the whole audience laughed and laughed and laughed, and wouldn't let me talk! Boy, if that wasn't reassuring. I was right! Because they wouldn't let me talk. [laughter] So I've always held that belief that the failure of the physician to deal with his greed is a real weakness of professional character. Because it's there. Everybody has got some.

(Osler?) used to talk about cakes and ale. In those days, you started off with beans and bread, and then you kept working until you could afford cakes and ale. Well, that's another way of saying, let's do a little good for ourselves. [laughs] It got a lot of spread in the giveaway papers, because they could be destroyed. That was, I don't–

PAYNE: Many times, when the debate gets going, you will stand up and take an uncomfortable position. It's fascinating to see this happen. It's a real challenge to see this. Because a lot of times, people turn around to it. It may take a while.

CRAWSHAW: It's the only way they're going to, is if somebody says, "This is where you put your hand and you pull yourself up an inch."

PAYNE: Anything else you want to say about organized medicine? You've been very succinct with it.

CRAWSHAW: What I would like to convey, and I don't know how to convey it is, we can't afford not to have a strong AMA. We can't afford not to have a strong OMA. We

can't afford to let the specialty societies run the whole show. We have to see ourselves as physicians before we see ourselves as ophthalmologists and psychiatrists. And I'm not successful in selling that.

PAYNE: Well, I think you are. I think you [inaudible] been carried to a lot of people. Writing. You are a tremendous author. I have been reading your articles for forty years. AMA, AMA, what was it, (Royce?)

CRAWSHAW: I had *The Jaundiced Eye,* that was a column I wrote for the AMA. And then for seventeen years I wrote for the *Pharos,* the journal for the honor society. I wrote movies, the physician at the movies. I got tired of doing that after seventeen years. And I guess I had a hundred and twenty articles that have been published, and two books.

PAYNE: You also, there was an AMA publication that you were featured in very frequently. Was it the *Voice,* or [inaudible], or–

CRAWSHAW: Oh, yeah, the, it escapes me.

PAYNE: I always looked forward to that every month.

CRAWSHAW: Did you?

PAYNE: You bet.

CRAWSHAW: Oh, I'm sorry. It was a challenge to *Fortune* magazine. It was an attempt to do a magazine by the medical profession that would have the attention that *Fortune* had. And it slips my mind, too, I'm sorry to say.

PAYNE: Anything else you'd like to say about your writing?

CRAWSHAW: Well I've learned that the best way to alienate anybody who is friendly is to tell them that they said something very good, and it should be written down. The minute you ask people, or tell people, that they have the capacity to write, they get all queer inside. [laughs] And never want to talk to you again. That is more provocative to say to someone, "Why don't you write a brief essay on that?" [laughs]

But for me, writing is, I like reading. You have to be careful with it. you can't do it in the middle of the night, because otherwise you'll get up and write things down. So if you wake up and think, oh, that's a good phrase, hey, forget it fellow, it's out of bounds. Because otherwise, I'll be up all night long.

PAYNE: All night long. You'll never go back to sleep.

CRAWSHAW: Yeah, that's right.

PAYNE: Now that goes against my understanding, but I don't write. Now you've been interested in (religious delegations?), and going down and talking to them personally.

What are some of the things that you've been interested in enough to go down the legislature and present to them? Now I've done a certain amount of presentation to committee hearings, and I know that it is not something that one does for pleasure. So tell us some of the things that get you going that you're going to go down there and talk to them.

CRAWSHAW: Well, I'm not going to go anyplace to talk about anything. I've done enough talking today to last for a couple of months. The thing that, the most discouraging part of that is to have opportunity to talk to someone like Governor Atiyeh, and sit down and go over the issues from your viewpoint, and then have him– Yeah, you know, you haven't got him. You're wasting his time and your time. And that's [indistinct]

PAYNE: [indistinct]

CRAWSHAW: Right. So then the other part that is still part of that is when you get excuses, some of them are so lame. When you find out really why they weren't there, [in deep voice] "I have a business meeting up in Portland, I can't be there." You find out that the business meeting was they had to appear before their program TV political setup, you know. They had to appear on their own TV program in order to push their election. That kind of stuff.

I guess the thing that's difficult for me is not their dishonesty, but their unnecessary dishonesty about such insignificant things.

PAYNE: Now you talked about dealing with editors and that the editors are the key of much of the leadership.

CRAWSHAW: Yeah.

PAYNE: Now are there other facets of the media that have anything comparable to dealing with the editors?

CRAWSHAW: No, no, no. You know, perhaps you don't, why, in the whole Soviet Union, there are no presidents, they're all secretaries? Because Lenin decided that the guy who controlled the written word was the fellow who was going to make the difference, who was going to be, so the secretary of this, and the secretary of that, means that guy owns the pages. In American medicine, the guy who owns the pages is the editor. And he's going to say what's going to be said. When we have direction about certain drugs, it looks like oh, we discovered something, I'm very suspicious that oh, somebody's pushed that so it looks like a discovery. And I don't want to call them all miscreants, that they're dishonest or anything, but power corrupts. All power corrupts.

PAYNE: How about events in the evolution of medicine over the last (twenty-eight?) years? What are some of the things that you have felt are outstanding in the development of medicine in the last hundred years? Can you repeat what you've already said about them, but what are some of the big issues and bumps and grinds?

CRAWSHAW: Well, I think one of the really big issues is this strange desire for certainty. A hundred years ago a doctor knew that 30 percent of what he said was correct, and 70 percent was bullshit. And he didn't know which was which. And he went ahead and did what he could do, in terms of being honest about what he knew. Now, that need is to be certain. I have to know for sure you have pneumonia. And once I've done that, I've done my job. Once I've done that, I've been a good scientist. Once I've done that, I don't have to be any kind of a physician after that. That's, I think, through the whole recent development of medicine.

So that a doctor who had a patient come in, and you've changed the coumadin level a little bit. You just sit and you listen to the hard life that the patient has. Her son is doing time or something. You feel guilty for listening to the lady have turmoil and unhappiness about her son doing time. That guilt is so, so unnecessary. It's really the halo that medicine has is to understand that suffering is all around us, and it always will be. And we're privileged, really privileged, to be able to listen to it and to appreciate it. Now I'm sounding like a theologian. [laughs] But you asked. When you get in those generalities, that would be.

So, have we worn you out? He said with a creaking voice.

PAYNE: No. Well, I bet we've worn you out.

CRAWSHAW: Yeah, I'm pretty close to it.

ULWELLING: Oh, is it my turn? Let me think for a second. In your career here, you've seen a lot of things that I'm sure you felt very much advanced the cause of medicine in this state, and other bumps in the road that have slowed it down. Can you give a few examples of each of those?

CRAWSHAW: Yeah, but first, would you please edit out the word "bullshit?" I'm a great believer in using the word "bullshit," but I always have to preface it by quoting the Princeton philosopher/professor who's written the definitive book on bullshit. I don't want it to be seen as anything that is to be just run off the corner of your mouth. It's a very important concept. So please eliminate it. Now you want to know, again.

ULWELLING: The bumps and grinds, and the advances. The benchmark advances that you think. And they don't have to be, you know–

CRAWSHAW: The benchmark advances–

ULWELLING: Not necessarily technological or political or financial or, you know, something that has been an advancement. And then things that have slowed it down.

CRAWSHAW: Well, the thing that has advanced it is, the question is, what's advanced medicine? Fabulous income! My God, we've got money! We've got it just pouring out all over the place. We've got so much money, we don't even know what to do. We build trams! Can you imagine a stranger thing than to spend fifteen million dollars on a tram? [in deep, gruff voice] "We doctors have to ride with our feet off the ground." [laughs]

No. You want to know the other side of this? What is the most disastrous thing that's happened to us? We've become, we've become industrialized. We are dealing in commodities. We are elements in the managed care world. We are sluts in a machine system. We are looking forward to the day we can retire so we don't have to be doctors anymore. Isn't that pretty dreary?

ULWELLING: We've asked a lot about doctor/patient relationships. And the importance of that to the healing circumstance. And I would think that you, of all the people we've talked to, would see it as the most (potential?). But perhaps I'm wrong.

CRAWSHAW: Well, it's been asked. It's been asked.

ULWELLING: Don't tell me about it.

CRAWSHAW: All right, I'll tell the camera. The question is, is there anything more important in the practice of medicine than the doctor/patient relationship. Have I got that right? No. Perhaps. Definitely. Yes. [laughs] No, no! When a patient walks into the office, the patient wants to know that the patient is the center of the doctor's world. Hmm. Now we switch over into the doctor's mind, and the doctor's sitting there, and his head is going around, and he's thinking, now what am I up against here? Let's see. She's been in seventeen times, and she has a lot of problems with her blood sugar. Probably that's what I've got today.

And then when it gets to, "Oh, so your blood sugar's sky high, huh? What do you–"

"Well, I just had a plate of ice cream before I came in. And I like baked apples."

Those are people hopping around in all different worlds. And the trick of it all has to be, not to generalize the doctor/patient relationship, but understand that it is a vibrant, alive, beautiful, iridescent sea anemone. I can see it just like moving in front of me. And like any good artist, it's never complete. It's never certain. You do the best you can, and you get the painting to take on the colors and shades you want it to. In that sense, it is the essential. But not many people think that way. They don't think that way. They go to ethics and say, "The doctor should be very careful not to have a couple of bottles of kidney pills that he's selling on the side here, in the waiting room," and all that kind of stuff.

There's a tremendous literature on the doctor/patient relationship. But what it comes down to eventually is having an honest individual who's well-trained, and capable of enjoying his own, or her own, curiosity. That's the way I'd look at it. A sense of humor helps, too.

ULWELLING: Anything else?

CRAWSHAW: Have I worn you out?

ULWELLING: No, no, no, no. No, I can go on probably the rest of the afternoon. There's so many things. I would really like to know about your first experiences, were you at (damage?)

CRAWSHAW: I've never worked at (damage?). I was at the state hospital.

ULWELLING: State hospital. What was your first experience there? What were the conditions that you found there, and how were people treated in that way, and how did the treatment change during your period there?

CRAWSHAW: Well, that's a pretty big question. I'm all over the map. First of all, I was assigned–

ULWELLING: And tell Roy, if you would.

CRAWSHAW: I was assigned, when I went to Salem, for the admissions ward. I don't know why that was. But it was a new ward, it was shiny floors. And things had good staff, and things went along. The regret I had is that I didn't keep personal notes on anybody that I saw. That flow of just plain people, all displayed with some kind of serious problem that brought them to a state hospital, I should have had, in the six months there, I should have had two hundred cases right there. But I didn't. I just listened to them. So that was part of it.

Now, what you knew was what you know everyplace. If you've got money, things are going to be different than if you don't have money. And that took the form of somebody comes in and says, "My father runs the clothing business up in (Port Lindy?), and you go around, he'll get you a free suit or something." Well, I don't want a free suit. But you know that if you want to use resources, this man is going to have resources to take care of his son. That's one thing. And there weren't a lot of those.

You also knew that, I have to be very careful what I say here. Dean Brooks was the operational doctor as far as running the place was concerned. He was the one that played in *One Flew Over the Cuckoo's Nest.* But Bates, Dr. Bates, was the doctor who ran the thing. Dr. Bates was an ophthalmologist. And it was a cuckoo house, and they knew it. And they were proud that they no longer made all the patients put all their shoes in one pile at night to prevent them from running away. I don't know if you can follow that. Everybody got into the ward, everybody took their shoes off. The shoes were all put in a pile and then the morning came, you went to bed with your shoes wherever they were. Then morning came, you got up, and everybody scrambled to get a pair of shoes. And that was the kind of stuff.

And also, about three or four years before I got there, they were using patients as helpers in the kitchen. And one patient mixed in, instead of flour, used something like, some deadly poison.

ULWELLING: Rat poison.

CRAWSHAW: Rat poison. Used the rat poison. And killed off ten or fifteen people. So it wasn't where you wanted to spend a vacation. Is that enough? Is that what you want? What you did as a doctor is you generally took on one or two favorite patients, largely because of their prognosis. Largely because you couldn't abandon yourself to the terror of the pit that you were in. And so you always had somebody that you were trying to get

to the boys' school, or you could get their aunt to pay for the kind to go to Menningers', or something like that. You had that as your kind of drive.

ULWELLING: One of the things we haven't talked about was the medical school.

[End Track Five. Begin Track Six.]

PAYNE: I don't know where you were, what your role in medical school has been, dealing with (?)

CRAWSHAW: I never had much of a role at the medical school. I gave a few lectures in conjunction with things. But I never got along well with the professor of medicine, George Saslow. Every time I met him, he would look at me and say, "What are you trying to do now to us?" [laughs] It wasn't fertile ground.

PAYNE: Starting out on that foot.

CRAWSHAW: It wasn't fertile ground. And he and Maslow, not Maslow, who was the psychologist– anyway, they had a very poor reputation with Jack Murdock. And I represented Menningers', I represented Murdock, I represented change. And I ended up clinical professor of psychiatry. That was, it was token. I did not put any heart in it. That's the way I saw it.

PAYNE: I think we're (learning now?)

ULWELLING: Well, okay, I did want to follow up with another one on the psychiatry. If you can contrast that to today's treatment of psychiatry, and what you think in terms of how the state is treating mental illness. We had the state hospital fifty years ago. We don't today.

CRAWSHAW: Yes we do.

ULWELLING: Yes, we do, but many people who wouldn't have been in the state hospital in earlier time, [inaudible]is that appropriate or not?

CRAWSHAW: Well, you have to know what the largest psychiatric institution in the state is. Do you want to guess what that is?

ULWELLING: [inaudible]

CRAWSHAW: No. Multnomah Penal Institute. When I was president of the county medical society, I got letters from the Rocky Butte prison about how terrible conditions were. So I called the warden and made an appointment and took myself and the board to dinner at the Rocky Butte prison. And he was right! It was terrible. Crazy screaming and yelling and throwing and all that. It resulted, that visit, I think, in the new psychiatric

ward, the new Multnomah County, in the city itself, being a much better place, and much better run.

I don't know what you want to contrast. What we're doing in psychiatry is we're always taking care of the outward shape of things, because that's what taxes get paid for. And we're not taking care of the inward, because that's not what taxes are paid for, and it's very expensive. Psychotherapy is an expensive undertaking. Locking somebody up in a prison, that's got a fixed fee. So.

PAYNE: Yes, sir. Anything else you do want to say?

CRAWSHAW: Oh, yes, there is. I want to thank you and you and you for listening to me. And I want to say that I could not have thought of a better way to live a life. I have nothing but–

[End Interview.]