OREGON HEALTH & SCIENCE UNIVERSITY
ORAL HISTORY PROGRAM

a project of OHSU's Historical Collections & Archives

an interview with:

Rosemary Toedtemeier, R.D.H.

interview conducted on: November 19, 2019

by: Toni Eigner-Barry, D.M.D.

Interviewee: Rosemary Toedtemeier
Interviewer: Toni Eigner-Barry
Date: November 19, 2019
Transcribed by: Teresa Bergen

Toni Eigner-Barry: My name is Toni Eigner-Barry and I'm interviewing Rosemary Toedtemeier for the OHSU Oral History Program. It is November 19, 2019. We are in the BICC building at OHSU. What or you inspired you to pursue a career in the oral health field?

Rosemary Toedtemeier: When I was in high school, I was a troubled youth. And they had that year when I was a senior in high school they started a program for kids like me. And they contacted local businesses to see if they could place their students in a business and see if the student would like that and maybe adapt to that field. So, I was placed in an orthodontist's office, and I loved it. And they trained me and I worked there for five years. And I think the most rewarding thing about ortho was seeing the self-esteem of the children. Once you finished straightening their teeth, they just sort of blossomed into this young adult that had a lot of self-confidence, which you didn't see before because they felt pretty embarrassed by their teeth. So, it was pretty interesting to watch that transition happen with the kids.

Eigner-Barry: Discuss your work in the dental hygiene field after you received your degree.

Toedtemeier: So, when I first graduated, there were hardly any jobs available in the dental hygiene field. So, I had to do a lot of temping. And I picked up a job in a private practice that was only two days a week. So, I got to work with a lot of different dentists. Saw a lot of different ways people treated their approach to dentistry with patients. And even though it was really interesting, I didn't find it very rewarding or very inspiring work.

And then I remembered when I was in school, Dr. Bob Johnson was part of the Community Dentistry Department. And he talked about Russell Street and the community that they served, and the public health mission that they were on. And said, "If you graduate and you can't find a job, please look us up. We'll be happy to accommodate you into our staff."

So after like about three months, I'm not really enjoying private practice, I did. I just walked into the clinic and said, "I'm here. Dr. Johnson said to show up if I was interested in a job."

And Dr. Rosenstein was there. And he said, "Oh. We need another hygienist. That would be perfect." And he hired me. And then I just stopped doing private practice.

Eigner-Barry: Describe your experience as a student in the OHSU dental hygiene program during the HIV/AIDS epidemic.

Toedtemeier: So, that was, I'm going to start at the beginning of that piece, because dental hygiene school was very challenging. Our third day of school, the dean of the dental school announced that they were closing our program. And that we would be able to finish the program, but they were laying off half of our staff. So, they threw us in classes with all the dental students. And so, here we were getting, here we were undergraduate students getting graduate level classes which were really challenging and pretty intimidating, but actually a lot of fun. And we got to know the dental students pretty well. But that was stressful in itself.

And we started to get into our clinic. Most of the patients were elderly, low-income people in the neighborhood that couldn't afford dentistry. So, they would come into the clinic because they had a lot of time on their hands.

And then we started to get more of the HIV patients showing up. And since we were understaffed, there weren't a lot of our instructors who even knew what to do. So, Dr. Rosenstein actually gave us a lecture on how to treat patients with HIV and AIDS. And he laid out all this information, the medical information, who to contact if you needed to contact somebody.

So I had to take it upon myself to contact their providers, their medical doctors. Find out any information about them. And actually, their providers' offices gave me sort of a two-fold response. The first one was, as long as they don't have a bleeding issue, really, that's the only thing you have to worry about. You're not going to get this, it's going to be fine. You can treat them just like you treat any other patient. Which was good news, because I really didn't know.

And second of all, they were grateful that we were seeing their patients. That they had more opportunities in the community besides just Russell Street, which at the time was, I guess, kind of hard to get into. There was a lot of backup. So, they weren't seen as quickly as they would like to have been. So, they were really thankful that we saw patients at the hygiene clinic. So really, it was kind of interesting to work with them.

Eigner-Barry: How does Portland, Oregon rank in cases of HIV in the United States?

Toedtemeier: Actually, Oregon ranks pretty low. A lot of it has to do with population. We're not as populated as, let's say, New York City or Los Angeles or San Francisco. And so, our rate tends to be lower. And like last year I think it was, we had 5.7 cases per 100,000 people, as opposed to like California, which had 13.6. And even Nevada had like 13.7 per 100,000 people. So, we rank pretty low. However, in the last eighteen months, just in Multnomah County alone, we had forty new cases reported with intravenous drug users. Methamphetamine users and the opioid users. And that's more□the forty-two cases□is more than in the last couple of years combined, with all of the population. Not just the IDU people but also like the sex workers and some of the other marginalized groups.

Eigner-Barry: Yeah, I think I read something about that in the *Oregonian* that there was a jump among the homeless population.

Toedtemeier: And that's what they think contributes a lot to it is the homeless. And they don't believe that they have resources, so they have to do a lot of outreach to them and find them and get them into care. Of course not only they have the stigma of HIV, but they also have the stigma of being an intravenous drug user. And people already marginalize them. So, it's hard to reach them and get them into care.

So basically like in the six-county area here, there's about eight thousand people living with HIV/AIDS. The metro area. The whole state has maybe, I think, about ten thousand people living with it, and those are in some of the more remote areas. But mostly they live here in the metro area, because we have more resources here.

Eigner-Barry: What role has the OHSU School of Dentistry and the dental hygiene program served in fighting these statistics?

Toedtemeier: Well, while the dental hygiene closed sixteen years ago. So, we don't get to see the patients through the clinic there anymore. However, Russell Street received the Ryan White grant, which allows the dental students to rotate through the clinic. And you helped train a lot of those dental students. But part of the grant is to make sure that they know how to work with people living with HIV/AIDS. So, all the dental students rotate through the clinic all year long for a week each. So, they get to see some of the oral lesions that some of these patients get, what the CD4 counts mean, what the viral load means, why they need to know what the CBC is in order to treat patients properly. So, they get exposed to a lot of that. So, what it does is help stop the stigma that dental professionals have with working with HIV patients, just out of ignorance, because they don't keep up with the information that's out there, the new information that's out there with HIV/AIDS. So, if we train these future dental professionals, then maybe they can carry that on and treat patients in their own practices, and not be afraid. And say, "Oh, yeah, I did this at Russell Street. So, this was not so bad."

And we also, part of the OHSU Russell Street mission is to reach out to our partners in the Ryan White grant and get care for patients that maybe they're homeless and we need to connect them to housing. Maybe they're struggling with addiction issues and we can partner up with Quest and some of the other local services that address those issues with HIV patients. And that's part of what we do is we contact these people. And now that we have a social worker working in the clinic, that makes it easier because the social worker can take on some of those tasks. And they have even more resources available to them through the county than we do just through our HIV partners. So, that's really, I think, a big attribute for the clinic lately that the social workers have now come into the dental school. I think it's great.

Eigner-Barry: What led you to become an educator at OHSU?

Toedtemeier: Well, when I was hired at Russell Street, Dr. Rosenstein was just awarded the Ryan White grant. And there's three parts to that grant. And one of the parts is to train future dental professionals to work with dental hygiene students and the dental students to help stymie the stigma that these professionals carry on with them into their profession. And at the time, there was a hygienist already doing that job. And when I was hired, she decided to leave. She just retired, sort of quietly retired, and then David didn't have anybody to do it. And he just approached me and asked me if I would take this on. And I was like, "Okay. What does it entail?" So I had to do a lot of research on what does it mean to have HIV? What do these numbers mean? What do the medications do to the patients? What are the evolving side effects of the medications? What are the issues that these patients deal with day in and day out? So, it was a lot of work. But finally I felt like prepared enough to go with him to go to the lectures. Because he would always do the lectures to the dental hygiene students and to the dental students on how to work with these patients. And he sort of put an element of compassion in with that. He would show the very first patients that came into the clinic in the '80s, that came in with all these horrible opportunistic infections. And how he impressed upon the students that these are still people. You know, they're people with a terrible illness that they don't deserve. But they have feelings. They're not somebody to be afraid of. They're just like you and me.

And every time he showed that one slide of the very young woman, like she was twenty-three. She was infected by Alberto Gonzales, the first person to—

Eigner-Barry: I remember her.

Toedtemeier: Yeah, to go to jail, to go to prison, for infecting somebody on purpose. He had a picture of her on her death bed. And she must have weighed sixty pounds, and she looked awful. And she's their age. And they would always burst out into tears. So, he sort of impressed upon them, just have compassion for these people, because they're living through a terrible epidemic. So, that really hit hard with me, too, because I realize what he was doing. He wasn't just teaching facts; he was teaching compassion. So, that was hard. But it sort of opened up my heart more to what my job really was supposed to be.

Eigner-Barry: And what a great starting place for the students to come from for their rotation.

Toedtemeier: Oh, yeah. Yep. And they would come in, they were great. They would always approach the patients with really a lot of respect and a lot of compassion. And then when they realized their patients were just like everybody else, then they would joke with them and give them a hard time and do what everybody does. So, that was kind of fun to watch that.

So, actually what the grant does is it's just for the six-county area. And the hygiene students come from just the four local schools. So, Clark, PCC, Mt. Hood, and Pacific University. So, I have like ninety-five hygiene students that rotate through the clinic. And since they're only there for one day, I have to really impress upon them, this is about respect and compassion for these patients. These are the things you need to know, but that's really not as important as how you treat the patients. And how to overcome some of their own barriers if they carry their own stigma. How to recognize stigmatizing behavior that they may not even know that they have.

I had a couple of pregnant students come through and their husbands were beside themselves that they were coming into our clinic. And they were very afraid that their wife, with their pregnant child, was going to get this terrible disease. And I have to give them a lot of kudos. They would say, "It's okay. I'm not going to get this. I've been trained well. I know what the facts are. And these people need our help." So I mean, I felt right there my job was done. You know, I just felt—

Eigner-Barry: And did they learn that from you?

Toedtemeier: Yeah. I think between David and me talking to them about what they have to do. I was just really glad that it impressed upon them how important it was that these were people in need, not people to be afraid of and stigmatize even more. So, yeah, I really enjoyed that part of working at the clinic.

Eigner-Barry: The Russell Street Clinic opened in the mid '70s. What is the impact of the clinic to the OHSU School of Dentistry?

Toedtemeier: So, Dr. Rosenstein was chair. I think you guys did an interview with Dr. Rosenstein. He's quite the character. But he was chair of Community Dentistry at the School of Dentistry at the time. And he received a HRSA grant to take over the Russell Street Clinic from Kaiser in North Portland. And the grant was to treat the underprivileged neighbors that lived close to the clinic. So, there was a quadriplegic clinic, there were several mental health halfway homes of patients that had barriers to care. There were a lot of low-income people that didn't

have enough money to see a private practice dentist. And David reached out to all those populations and had them come to the clinic. And the grant covered the cost of living there, of coming to the clinic.

And then when the HIV/AIDS epidemic broke out, David got a phone call from his immunologist saying, "I have this HIV patient. No dentist will see him here in town. Would you be willing to see him?" And David's like, "Of course I will." And so, that's how the HIV patients started coming to Russell Street. David started to treat them because he wasn't afraid of them. And he actually, with all his work with the HIV patients, he actually completed two research grants demonstrating that if you give these patients good oral health care, that their overall health will also improve. So, from there, that's how he got the present Ryan White grants, which actually financially sustain the clinic. It pays salaries and it pays for a lot of our equipment. And it pays for product that we need. So, David did a great service. He was awarded the Congressional Honor Award for his work with HIV/AIDS patients back in the '80s and the '90s. So, we just sort of carried on his mission.

Eigner-Barry: Well, I think about 50 percent of our patients are HIV.

Toedtemeier: Yeah. Fifty to 60 percent, yeah, still. And then, also, Dr. Louis Picker, he's the researcher up there at the OHSU Vaccine and Gene Therapy, he's at the end stages of his development of a functional vaccine for HIV/AIDS, where he's taken the HIV virus and inserted it into cytomegalovirus and actually cured like half to three-quarters of the apes that he was working with of HIV. So, now he's going to start clinical trials pretty soon. And a lot of our patients are very interested in participating in those clinical trials when they become announced. And so, they closely follow Louis Picker's work here at OHSU. And so, he, I know, works worldwide with other researchers on this vaccine to help develop it and, hopefully, at least get a functional cure for patients.

And I don't know if you know what the difference between what a functional cure is and a sterilizing cure? So, a sterilizing cure would be it gets rid of the virus entirely, and now you no longer have the virus. Well, very few people can obtain that. They did that a couple of times doing bone marrow transplants. But those patients almost died because of the bone marrow transplants. And it's a very expensive way, and it's a very dangerous way to treat patients. And his cure would mean that he's beefed up your immune system to fight off HIV. So, you still have the virus, but it's not going to cause you any further problems. It basically attenuates it and weakens it in your system. Your immune system can keep it in check. And so, you're not cured, but you also don't have to take any more of the medications. Your immune system will now be able to fight that off yourself. So, that's—

Eigner-Barry: And you're also not able to transmit the virus?

Toedtemeier: Correct. Correct. So, they can live normal lives.

Eigner-Barry: How has the Ryan White HIV/AIDS research grant helped the surrounding community?

Toedtemeier: Well, let me think. So, the patients, in order not to have the clinic, because we get the Ryan White grants, we are the only dental clinic in all of Oregon to get this grant. So, we can

now see anybody who is infected with HIV in the entire state. They can come to the clinic. But we're the only clinic in the state that receives those grants in order for them to get their dental work done for free. So, the patients themselves asked us not to make the clinic strictly an HIV clinic, because they were afraid it would stigmatize them even further if people thought oh, you're going to Russell Street because you're HIV positive, then that would stigmatize the clinic. So, we still include the low-income people, the mentally ill people, the quadriplegics still come to the clinic. And of course, we open up the doors to OHP patients. So, we have a mix of patients. So, we still serve a lot of the local community members. But you know, the neighborhood is changing a lot and it's becoming more and more gentrified. So, a lot of those patients have been displaced out into East County. But they still take the bus, still take the MAX, they come back to Russell Street.

Eigner-Barry: That's impressive.

Toedtemeier: They've been seen there, I know, they've been seen there since the '70s and they're not going to change because this has been their dental clinic. It's been their home all these years. And they're very happy with the care that they get there. So, you know, we still serve the community that way. A lot of loyalty to the community, and vice versa.

Eigner-Barry: When you first started working with the HIV grant, what did you find unique about this population?

Toedtemeier: That's kind of a hard one. So, the most unique thing was, I was a little taken aback by how grateful they were that I would just touch them. That really surprised me. Nobody has ever said, "Oh, you touched me. You're not afraid of me?" No, why would I be? I mean, that really surprised me. But it just let me know that the stigma concerning them being modern-day lepers really sank into their psyche that they identified themselves that way.

Eigner-Barry: Maybe they hadn't had very many healthcare providers that really cared about them.

Toedtemeier: About them that way. They would speak of, especially dental healthcare providers, that the dental healthcare providers would make them appointments at the end of the day, or when the clinic was closed. Or that the hygienist and the dentist would double glove and drape the room in a lot of plastic, and unnecessarily clean things afterwards. Or, sort of announce to them in the waiting room, "So, how long have you been HIV positive?"

And one of my patients laughed and said his response to this receptionist was, "Well, as long as I've known your husband." And he just sort of tried to take it in humor. Because he was horrified that first of all, she outed him. And that now she's identified him as a leper in their dental office. And he just got up and left after that statement.

So, they were used to being sort of stigmatized and thrown out of offices. Or made to feel very uncomfortable and unwelcome and would just leave. So, for me to touch them and give them the care that they needed and do the best I could for them was really a surprise to them. They were a little taken aback by that and almost didn't trust it at first. And then it took them a while to trust me. And then, of course, you know the rest of that story. They got very attached to me.

Eigner-Barry: I do. I do. And that leads to my next question. How did the patients respond to you as a healthcare provider?

Toedtemeier: Okay, so at first, so when I first got hired in the clinic, the one thing that I noticed was that the trauma suffered by the patients was pretty palpable. They had suffered a lot of loss and grief. And they, too, were worried about that they would get, that they, too, would die because of the lack of medications, the lack of care that they were receiving, the substandard care they felt that they were getting. And so, I believe that their fear made them very belligerent. They were used to having to fight to get the care that they needed.

And so, when I was first there, they were really uneasy with me and were pretty belligerent with me, and I got yelled at a lot. There was a lot of distrust with me.

Eigner-Barry: So, that's kind of a tough nut to crack. How did you do it?

Toedtemeier: It was really hard. My brother-in-law died of HIV/AIDS complications. And I noticed that he did a lot of the same thing. He did that, I mean, with his family, too, even though they were real welcoming with him, he still felt that somehow maybe I would stigmatize him because I didn't know him that well. And he was still trying to hide who he was from me. Because he didn't know who I was or what I did. He just knew that I was his older brother's new wife that probably doesn't know anything about me, or has judged me, or who has not accepted me for who I am. So, when he died, you know, I was pretty close to his partner, it was kind of difficult. And just realized that this is some pain that I just have to work through. This is their pain. It's not my pain, even though they're projecting it onto me. It was actually pretty hard.

So what I learned to do was just start to touch them on the shoulder when they started to get belligerent. I would just touch them with my bare hand. Or I would take their blood pressure and hold their arm up and say, "Just relax into my hand so I can get your blood pressure, because you're getting pretty excited. And that's going to give us a false reading. So, just let me hold your hand here." And that would relax them. And some would start to cry because--

Eigner-Barry: What a breakthrough.

Toedtemeier: It was. Yeah. I finally realized okay, this is how I'm going to have to do this is just get them to relax with me. And even if I didn't get any dental hygiene work done for the day, we made that breakthrough of trust so that they would come back for their next dental hygiene appointment, and sort of carry on from there.

And sort of once I made that breakthrough, they started to tell me their stories. Oh my goodness, so many stories of pain and suffering. How their families first of all wouldn't accept them for being gay. And then the stigma of having HIV was really overwhelming for a lot of these families. And they ostracized these poor people. Wouldn't invite them, isolated them, wouldn't have anything to do with them anymore. Wouldn't let them visit their nieces and nephews. If they had been married before, a lot of their ex-wives wouldn't let them have any contact with their children anymore. They were afraid they were going to give it to their kids. So, there was a lot of heartbreak. And those kind of stories.

And then in the 2000s when I was there, the medicines still weren't that good. They were just starting to come out. So, a lot of the patients were still dying from terrible opportunistic

infections. So, they got to the point where these patients would come in and say goodbye to me before they died. The ones that knew that they didn't have very much longer to live would just make an appointment just to come in and say goodbye, thank me for working with them, thank me for caring about them, and that they just wanted to know how grateful they were. It was hard. I'd cry. But that's what they would do.

Eigner-Barry: And they would give you a hug.

Toedtemeier: And they would give me a hug. Others, after they had passed away, apparently had mentioned me on their death bed. And made their relatives come in and give me one of their memorial service cards. And said, "I want Rosemary to have this. I want her to know that I was thinking about her before I passed away."

I even had one mother call up□this is really funny□she goes, "I promised him I would call you. I have no idea why he wants me to call his dental hygienist because I don't have that connection with my dental hygienist, but he wanted you to know that he was thinking about you before he passed away. And he wanted you to know that he was gone."

And I was like, "Oh, thank you. We had a pretty special relationship, him and I."

Eigner-Barry: That's really significant.

Toedtemeier: So, I got a lot of that from their family members when they were told to come in and approach me, they were very confused as to why this dental hygienist would have such a connection with their family member. But it was also hard to watch that many people die. I wasn't used to patients dying like that. I'd worked with kids my whole life, and kids don't die like that. So, to have that number of patients come in dying, I almost quit. Because it was almost unbearable. The grief started to become unbearable. But then I sort of worked through that and realized it really wasn't about me, it was about them and their connection to the clinic. And it was important to have them to come back to the clinic and feel welcome at the clinic.

Eigner-Barry: And you were helping them with their journey.

Toedtemeier: And helping them. Yeah. Because you know all the turnover with the dentists. At least I was the constant that was there to bridge for them.

Eigner-Barry: You were. You were.

Toedtemeier: And talk to them about—

Eigner-Barry: And that leads to my next point. As a dentist at Russell Street, I know that you saw your patients every four to six months. And I came to rely on you for a wealth of information. You always seemed to know about medical changes, their social history, and any particular difficulties they were having. How did your patient relationships evolve over time?

Toedtemeier: Yeah, just that. We ended up starting to become more old friends than a patient and provider relationship. Sort of the same relationship they had developed with their long-term HIV doctors that had basically saved their lives when everybody else told them they were going to

die. And their HIV doctors would step in and say, "You're not going to die. We're going to make it through." And they walked them through those hard times. And it was the same thing. The attributed that, also, to me. So, they came to trust me and share a lot of their personal stories with me.

So when dentists would be frustrated saying, "This patient never shows up," I could sort of fill in the background story of what was going on. "Well, yeah, their partner just died. And they're trying to bury him, and their family is showing them a lot of animosity and wants to take away the housing, because it was the partner's house and they don't want anything to do with the surviving partner anymore." And so, just living through that grief. I had to make the dentist understand that these are not our normal population that's out there that even though they have a family member die, they don't go through the same type of grief process that these patients go through. So, to make providers understand their background stories was really important, because then you could be compassionate and say oh, okay, I get that, well, let's just find somebody else to come in in that place.

Eigner-Barry: And this is part of the reason you were so key to the clinic. Because these are the things you always knew that usually aren't in the medical record.

Toedtemeier: Right. Right. And even some of their squabbles between patients, some of them would not be seen in a clinic with another patient. So, I'd make sure that they didn't get scheduled on the same day. Or at least one would get scheduled in the morning and one in the afternoon, because there could be a lot of tension amongst some of them when they just broke up with another partner. And it was sort of a small community of patients that we saw.

Eigner-Barry: It was priceless. It was priceless information that you had.

Toedtemeier: So, it was kind of interesting to have all of that insight into them, and just sort of manipulate things around to make it an easier process for them to come to the clinic. So.

Eigner-Barry: Discuss your cultural and clinical education of dental hygiene students in treating patients with HIV.

Toedtemeier: So, when I first started teaching, I thought my job was to teach them how to do dental hygiene. And then after working at the clinic for a while I realized no, that's really not what I'm supposed to be doing here. After listening to David talk about his relationship with the patients, and the relationship I began to develop with the patients, patients don't really care what dental hygiene services they're getting. They're just happy to have somebody touch them and be willing to see them. They were more interested in is this provider going to stigmatize me? Is this provider going to discriminate against me? So, I had to make the students very attuned to those sensors of the patients. Because if they had some quality about them that could be perceived that way, patients would shut them down and walk out on them. And then of course they would feel terrible and didn't know why this was happening. So, it was more about education about compassion and learning, self-learning, self-reflection on what looks like stigmatizing behavior? What am I doing that this patient could perceive that way, and how could I approach it differently? So, I gave them some tools in order to do that. So, we had less and less of that as it went on.

And one of the biggest challenges with students was I had foreign national students. So, students that had come from countries where they just let HIV to AIDS patients die. Either there weren't any medications or they had a lot of barriers to care issues in those countries. Or the state government didn't really care about those patients. So, they saw patients die pretty horrible deaths. So, they were scared of these patients. They had no idea, this is a first world country, these patients are coming in because they are being treated. We take care of these patients. You're not going to get this. And so, I remember they were so intimidated. So, I would stay with them with the first patient. And once they saw that oh, this patient is normal, this patient doesn't have all of these issues going on, this patient looks just like me, they overcame it pretty quickly and sort of accepted it and then just sort of moved on. it was kind of really interesting to see that change happen in them so fast after being that afraid to see an HIV patient. Because I was told by all the instructors that rotation was the scariest to them. And when they were done with that rotation, it was their most favorite rotation.

Eigner-Barry: Remarkable.

Toedtemeier: So, I was pretty happy that I was able to turn that around for them.

Eigner-Barry: What are some of the challenges and successes of working at Russell Street Clinic?

Toedtemeier: So, you know, staff retention is the biggest challenge at Russell Street. We have a lot of turnover. Our long-term patients are usually pretty stable, emotionally stable. But we have a lot of patients that are not very emotionally stable. Just like from in the neighborhood, seeing the mentally ill patients. Seeing low-income patients that feel they're being discriminated against because they are low-income. Or they feel they're getting substandard care at the clinic when somebody can't give them the treatment that they think that they need, even though the treatment they're asking for can't be done, they think the providers are discriminating against them. So, we have these patients scream and yell a lot. And the front desk has to deal a lot with that. And so, we go through a lot of front desk staff because they just get burnt out on trying to deal with emotionally unstable people.

And we're trying to address that with the trauma-informed care program that was started there. There's a downtime room for staff that's been yelled at. And if they can just go sit and take a breath and then come back to their job, hopefully we've made that a little easier for them. Having the social worker there now to help with some of these patients who get real belligerent. But it doesn't make it any easier on staff. And so, that's why we tend to have a high turnover.

And it's hard dentistry. It's not easy dentistry. They come in with very difficult cases. Dentists are overwhelmed. Patients are very demanding. They think that they can have Hollywood smiles. And that just is not the case. We're about health, not about aesthetics. Aesthetics is a great sort of, what do I want to call it, extra? But it's not the purpose of what we do. So, that's hard to get across to some patients.

And then there's personality conflicts with dentists. You know, dentists tend to be very practical. They want to fix things. Some patients don't want things fixed. And they get really angry about it. And they start screaming and it makes it difficult on the providers. So, that's, I think, the biggest challenge. But if you stay there long enough, I think the reward is the patients themselves. The gratitude that they show, the little gifts that they bring in to us. They bring in

bakery items for us. They tell us how happy they are with the treatment that they get. They hug us. Things that you don't get in private practice. In private practice, you're basically selling a service. And if they don't like the service that you're selling, they're very vocal about it and think that you need to change for them. So, that's not as rewarding. You're just getting paid. And here it's rewarding because you get to develop those pretty close relationships. And you don't get thanked like that in private practice. People aren't very grateful for the work that you do. You're just doing your job, and they're just paying for it, and out they go.

Eigner-Barry: I think that's true. What goals does the clinic have for improving the dental health of lower-income families?

Toedtemeier: Well, I think first of all that our new dental director has not raised the prices, sliding scale prices, which is a big help to the community. Because the higher those prices go, their income does not go up. Their fixed income does not go up. And that would be a barrier to care for them. So, her keeping that on low helps a lot. Referring patients to the dental school. Now we have a better relationship with the dental school. So, now we can send our patients to them. They can get back to us with that information. And I think the dental school staff now really cares about our patients, too. And it's really nice, the good care that they receive up there. I'm happy to get the feedback from the patients and from the staff up there at the care that our patients get. So, that lowers a barrier for specialty care for them, something that we can't provide. I think that's a really good thing.

Eigner-Barry: I think the students also really enjoy their rotation there. The dental students.

Toedtemeier: Students really enjoy it, yeah. They're very thankful for that. And they bring new eyes. And the patients always love the dental students because they're new eyes to look at, somebody new to talk to, and somebody who actually really cares about them. And I think students do a great job with that. So, those things. Keeping the dental student rotation going, the dental hygiene student rotation going, keeping our fees low, opening up the clinic to OHP patients, really helps keep all those barriers to care down so they have access.

Eigner-Barry: Can you share some memories of your training at OHSU in the dental hygiene program?

Toedtemeier: I can. I really enjoyed the program. Even though it was very challenging and hard, it was a great program. And it's sad that it's closed. So, one of the biggest things we got to do was work with the dental students. We got to work as a team with them. And we could discuss patient cases. And just developing that relationship, you could carry that relationship with you out into the real world, out into the professional world. Because dentists understood the training that we had. And now that connection is gone. The dental students don't work with dental hygiene students anymore, and so they have no idea what dental hygienists are trained to do. And there's more of a disconnect that way which is a shame.

But one of the great things about the OHSU program is that we worked with the oral pathologists. They took us to the pathology rounds. And so, we got introduced into how some of these oral diseases killed patients. And we watched the student pathologists talk about those things and maybe what could have been done better to prevent that issue. And we even got to

exchange information with the pathology students. That was, I think, one of my most wonderful experiences was doing that.

And all the researchers taught the class. We had a pharmacologist teach us pharmacology. So, he knew all the latest drugs and medications. The biochemists taught us all about nutrition and how that affected oral health, and sort of the diseases from malnutrition. And the hygiene programs now don't have those resources. They just have dental hygienists teaching those programs. So, I don't think they get the quality of education that we did at OHSU, because we had access to the medical school. We had access to the pharmacy school. We had access to the nursing school.

And one of the things that we did as students was we went on community-based rotations. So, I went to the Oregon State Prison, oh, about six times. And that was sort of eye-opening to go and work in a clinic based in a prison. We walked through the general population, since it was a minimum-security prison. And it was very strange to be women walking through an all-male prison, because they would whoop and holler at us as we walked on by. But the prison guards had to count our instruments. We had to go through a bunch of bars, you know, they'd open and close the bars behind us, that was pretty intimidating, to get to the clinic. And then the clinic itself was in pretty sad shape. We were wiping things still with alcohol. That doesn't kill everything. And the prison guards would stand with the prisoners when we were working with them. And the prisoners, in order to get treatment by us, had to be on the good list for two years. So, they had to behave for two years before they were even put on the list. So, sometimes these men waited three years just to see a student hygienist. And then we would clean their teeth. And while we were cleaning their teeth, the prison guard would interrupt and say, "I need to see your ID" to the prisoner. They would do this whole shakedown, which took away time from us treating them, because we only had so much time. I just thought, okay. But it was an eye-opener for me to see what it was like, life in prison. It was kind of sad.

And if one of our instruments was missing at the end of the day, let's say the assistant who was sterilizing our instruments, if that was misplaced, they locked down the entire prison until they found that. Fortunately, that never happened to us. But we had heard stories about previous dental hygiene students that had done that, and they were locked into the prison till ten o'clock at night when, you know, a dental assistant finally said, "Oh, here it is! I found it! I misplaced it." That's pretty traumatic to go through.

But I think one of the best experiences I had was with the area health education rotation that I did down at the Grand Ronde tribe. So, I was assigned to the Indian reservation, where I went and I lectured to, I did oral health programs with little kids, the little preschoolers that talked the Klickitat language. And I had an interpreter. And I'd never heard that language spoken before. And it was really cute. It was like little ducks, because they cluck when they talk. And it was really interesting to see that language spoken. I got preschoolers, the little elementary school kids, the high school kids, the middle school kids I lectured to.

And then I worked with the elderly in the dental clinic. And even came up with a game. They hated going to the dentist. The elderly hated seeing the dentist. And so, I came up with the Fear Factor Dental Program. Where I took the dentist in, actually talked him into putting whipping cream on his head and having the patients throw Cheetos at him. And whoever stuck the most Cheetos to his head won a bunch of dental hygiene products. So, they were really happy to pelt this dentist with things. He was not very happy when he realized what I had done to him. But it was fun, and I really enjoyed that rotation and realized just in these rural communities their

lack of access to dental care is pretty tremendous. They don't get a lot of dental care out in those areas.

And so, I think all of those things, when the program closed, were sort of lost. But it was a great experience for me. And I pretty much hold that program close to my heart because I enjoyed it so much.

Eigner-Barry: That's good to hear.

Toedtemeier: Yeah. It was a great program.

Eigner-Barry: Discuss how the evolution in electronic records has impacted patient care at Russell Street.

Toedtemeier: Oh, so much. So, it really improved our relationship with the dental school. So, in 2016 is when we finally got electronic health records down at the clinic. So, before that, it was all paper charts. And if you wanted to talk to somebody at the school you would have to call up the department, leave a message with the receptionist. And maybe or maybe not that message got passed on. Or if it did get passed on and this provider was trying to call you back and you didn't, because you couldn't talk to them because you were working. And then there was a lot of back and forth, back and forth before you finally were able to speak. So, that made it really difficult to access the specialists that way.

And with the electronic health records now, we can share records. They can just get into the record and see what's been done to the patient. They can make their recommendations. We can see what they've done with the patient when the patient has an appointment with them. We can just communicate online with them through the Axiom, the dental software that we use. We can communicate directly with them and talk about things. It's been a wonderful, it's really improved our relationship with the dental school. And it's nice to know that the specialists give our patients such good care, and they take really good care of them, that I feel pretty happy about that now. That they can get care that we can't provide for them, but now the dental school has opened that up to us and continues that relationship.

Eigner-Barry: And we can stay informed effortlessly.

Toedtemeier: Yes. And sort out the problems that they've encountered with our patients that somehow the patients don't communicate correctly to us. And we can see in their notes and talk to these people directly now to see what really were the problems, and try to resolve the issues that way.

Eigner-Barry: What are some advances in HIV care that you've seen over your career?

Toedtemeier: So, the medications have changed tremendously. They research the medications all the time. And the newly released medications are great, because patients just take one pill a day. And now they've even come up with an injectable medication that you can just take an injection once a week. And so, compliance isn't such an issue anymore. The new medications stay in their system much longer. So, if you miss a dose, it's not as critical as it used to be. Because HIV mutates so quickly that if you miss a couple of doses during your month supply of medications,

the virus will mutate. Now you can't take that medication anymore, and then you moved into another medication and had to suffer all the side effects of that medication. Or maybe you couldn't take that medication because now you developed a variant of the virus that is immune to that medication. So, with the new medications out there, they can miss dosages now and it's not as critical. They're making it easier for patients to take. There's not a handful of medications that they have to take. The meds back in the 2000s, they would literally take two handfuls of medication a day and at night, and it would make them very ill. They'd get diarrhea, they'd throw up. They had a lot of gastrointestinal problems, they had esophageal problems from vomiting up the medications all the time. And so, patients missed appointments because they were sick all the time due to the meds.

So over the years, though, with the improvement of the medications, they've discovered, there's a new campaign out there called U=U. And that means Undetectable = Untransmittable. So, over the past like twelve to thirteen years, in seven countries, they've monitored discordant couples, meaning one partner has HIV and the other partner does not have HIV. And with the medications that they're taking, the HIV partner keeps their viral load at an undetectable level so that they have intercourse with their non-HIV partner and don't pass the HIV virus along to their partner with unprotected sex. So, the research says that with like 700,000 unprotected sexual acts in these couples, nobody has gotten HIV. The non-HIV partner never got HIV through these new medications that they keep their viral load undetectable. So, they have a new campaign out there meaning U=U, Undetectable = Untransmittable.

And I think that the media really doesn't focus on that enough, because we've made so many advances. The stigma still is in the '80s. People think you can get HIV by spitting on them. That if you're exposed to blood, that you're going to get HIV. And it's not that way anymore. It's so difficult to get HIV. The transmission is so low with that. And I think if they focus on that, that people will be more accepting with that. Because now you can be HIV positive and get your non-HIV partner pregnant and have a baby and not pass that virus on to your partner or the child. So, those are the big advances that have come along in HIV, the medications.

Eigner-Barry: And so, this kind of leads into this question, and maybe you've already answered some of it. What sort of public education still needs to happen for providers and for patients?

Toedtemeier: Yeah. And that's, I think, I've seen commercials for like Truvada, for what they call prep. So, if you are out dating on the dating sites, and you're not sure if some of these people are HIV positive and you don't want to get HIV, you can take what's called prep. And it's an HIV medication that you take to prevent you from getting HIV. So, that's one thing that at least I see that in the commercials. So, that message is sort of getting out there. You can prevent getting HIV with this medication. You have to come in, see your doctor, see if it's a medication that you can take. But I think that they need to focus more on the fact that if you are undetectable, you are not going to spread this virus. And the U=U campaign needs to be more their focus of attention. I think that needs to get out there more just on public health service commercials that they do on OPB or PBS, that if that information gets out there, I think the stigma will slowly die away. Because it's ignorance that keeps the stigma going.

And healthcare providers don't have enough continuing ed classes in HIV to even know this information. The area health education training center only trains doctors. There's nothing out there for the dentists. So, I've been pushing them to come up with more dental programs so that dentists can be educated in this, and even make it part of their continuing education

requirements so that they have this information so that patients who are HIV positive won't be stigmatized in these dental offices. Because there's a lot of people out there with HIV that need access to care and will now feel comfortable going in if the dentist is more education. You know, our training grant only does so much. So, to expand upon that, I think, would be beneficial to everybody, to really do away with the stigma.

Eigner-Barry: Thank you.