

OREGON HEALTH & SCIENCE UNIVERSITY ORAL HISTORY PROGRAM

a project of OHSU's Historical Collections & Archives

an interview with:

Donald G. Kassebaum, M.D.

interview conducted on: November 7, 1997

by: Joan Ash



2020 Oregon Health & Science University
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SUMMARY

Dr. Donald G. Kassebaum begins the interview with a short summary of his early life in Portland before joining the University of Oregon Medical School, first as a student and then as a professor in the Department of Medicine. He mentions some of his early mentors, including Dr. Howard “Hod” Lewis. Dr. Lewis, concerned about Vietnam and the possible drafting of recent graduates, sent Kassebaum and his classmates to the Portland VA for residencies. Kassebaum gives a short history of the relationship between the Medical School and the VA Hospital.

Kassebaum talks briefly about his research activities and his role in curriculum development at UOMS as a faculty member. By the 1970’s his role had shifted from teaching and research to clinical activities and hospital administration. He discusses the crisis in administration that nearly precipitated a loss of accreditation, and his role in improving the fiscal situation of the University Hospital. As hospital director, he also played a key role in the consolidation of the various schools into a University in 1974. He gives his impressions of the presidency of Dr. Lewis “Bill” Bluemle, and contrasts Bluemle’s style with that of his successor, Dr. Leonard Laster.

Kassebaum shares his thoughts on the perceived failings of early administrators at UOMS: insularity, a lack of vision, disrespect for volunteer physicians, reluctance to grant admitting privileges for private physicians. He notes his own efforts to mend town-gown relations through continuing medical education programs and outreach to HMOs, as well as through his service on state committees for health planning.

In closing, Kassebaum praises recent developments at OHSU and looks ahead to a bright future under the presidency of Dr. Peter Kohler. He singles out the move to public corporation status, the development of an AHEC (Area Health Education Centers) system, and the current curriculum as particular points of pride.

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Interview with Donald G. Kassebaum, M.D.
Interviewed by Joan Ash
November 7, 1997
Site: AAMC offices, Washington, D.C.
Begin Tape 1, Side 1

ASH: I'd just like to spend maybe the first ten minutes talking about your biography: where you were born; your medical school education; events preliminary to your various positions at OHSU.

KASSEBAUM: I was born in Portland, Oregon, in May 1931. I lived in Southeast Portland and attended Washington High School, from which I graduated in 1949. We were the Forty-niners. Then I went to Reed College and subsequently entered the University of Oregon Medical School, as it was called, in 1952, and graduated in 1956. I did a residency in internal medicine the first year at the Veterans Administration Hospital, because that was during the Vietnam War and many of us were waiting to be deployed; so Dr. Howard P. Lewis, who was the Chairman of Medicine, had those of us who were likely to be called up start a year at the VA Hospital rather than at the University, because he was hedging his bet that we were likely to leave the program after a year.

Several good things were accomplished at that time. I and a few others were the first University of Oregon graduates in the residency program at the VA, so we tested and found very agreeable VA-centered graduate medical education. We also proved to Dr. Lewis, who had been a skeptic about VA-centered graduate education, that it worked well. And, then, when we were not deployed to Vietnam, but in fact deferred for the rest of our residency training, we came back and finished our training in internal medicine at the Medical School.

I was interested in cardiology and pursuing an academic career in cardiology, so I did a year of clinical cardiology fellowship under Herbert Edward Griswold, who was the Chief of the Division of Cardiology. I had an Oregon Heart Association clinical fellowship, and then, as was the custom at the time for those of us seeking academic careers, I became a senior post-doctoral fellow of the National Heart Institute and had a fellowship training grant at the University of Utah College of Medicine in the Cardiovascular Division under Dr. Hans Hecht, and I worked in the internal medicine department of the great Maxwell M. Wintrobe, the hematologist and Chairman of the Department of Medicine.

That was between 1959 and '62, and in 1962 I returned to the University of Oregon Medical School as a newly minted Assistant Professor in the Department of Internal Medicine, in the Division of Cardiology, and established a research laboratory for cardiovascular electrophysiology in the brand new Research Building at the time. I think I had to sit out a year until the Research Building was ready for occupancy when I returned in '62. But with research grants from the Oregon Heart Association and my own RO1 grant from the National Heart Institute, and then support as a collaborating investigator on the Medical School's very large program project grant, I conducted research in basic

cardiovascular physiology for, probably, a decade. Then I began to do clinical cardiology research, studying electrophysiological methods of diagnosing coronary disease and following the results of cardiovascular surgery. I became increasingly involved in teaching cardiovascular physiology, clinical cardiology, cardiovascular pharmacology in the new conjoint pathophysiology course.

Dr. Lewis had asked me to be the chairman of the Curriculum Committee for the Department of Medicine for a period of time in those years...

ASH: That was in the sixties?

KASSEBAUM: That was in the sixties. We were able to develop a very successful model of integrated pathophysiology, modeled after the Case Western Reserve University system. So that stimulated my interest in teaching and learning, and I developed a very well received elective in clinical electrocardiography that garnered numerous teaching awards: the Allan Hill Award, that annually awards for the elective course. And later I passed the baton on to one of my young cardiology residents and fellows named Jack McAnulty, who has made a name for himself doing those things in recent years.

Do you want me to go on?

ASH: Well, I thought maybe we could go back a little bit, and I wanted to ask you some questions about what made you decide to go into medicine. You were at Reed College. Had you always wanted to become a physician, or how did you make that decision to apply to medical school?

KASSEBAUM: I was interested in medicine probably from the time I read Sinclair Lewis's *Arrowsmith* when I was ten years old and read avidly about medical careers, careers in medical science, and that appealed to me. My intellect is analytical, and I have always liked the biological sciences; my work at Reed was in biology, I majored in biology, and I never really thought of any other career except in the biomedical sciences and teaching and research. I was always strongly influenced by good teachers and mentors and such role models, and wanted to grow up and be like them.

ASH: Who were some of the role models for you in medical school, the most influential teachers?

KASSEBAUM: I would say Howard P. Lewis was probably the most influential. Allan Hill, Allan J. Hill, was another very influential person. He contracted a fatal illness and died and has been memorialized at the Medical School by the Allan Hill Awards that are given each year to the outstanding basic science teacher and the outstanding clinical teacher. But in the days I went to medical school there were teaching giants. They weren't distracted by the mercantilism of medicine. They provided personal attention and mentorship and were truly the role models of dignity and compassion that we're trying to emulate these days when medical education has far more distractions.

ASH: When you went to the VA, from what you said, it sounded like students had not done their internships and residencies at the VA prior to that. Was this a change?

KASSEBAUM: There were no students there on clerkships. The VA system was a system largely of old soldiers' homes until after the war, well after the war, and the Portland VA was just being rehabilitated. Leonard Ritzmann had arrived as the Chief of Medicine, and a number of us were sitting out—you know, we were doing our duty, having either just returned from Vietnam or being deferred or facing call-up and deployment. So these things combined: the Veterans Administration wanted to change the image from old soldiers' homes; the VA central administration was establishing relationships and strengthening relationships with medical schools; and in those days everything came last to Portland, Oregon. So, in these middle and late fifties Portland, Oregon, was experiencing affiliation with the VA, and the full-time faculty—and there weren't very many full-time faculty in those days; they were principally just the Chairs, like Howard—they were very skeptical about the quality of the docs, you know. Many of them were broken-down docs who had maybe lost their license in New York City, and they ended up in Portland, Oregon, you know, staffing a back ward of the VA Hospital.

ASH: They were worried about your education, then?

KASSEBAUM: They were worried about the quality of education, the quality of teaching and evaluation and mentorship. And so all of us brash, young people full of piss and vinegar, raised hell in the VA Hospital. We recognized—the example I gave you, the New York socialite doctor who had lost his license and was on a back ward of the Portland VA Hospital—we raised hell about that and finally got him kicked out because he was a bad doc. And we were idealistic and moralistic, and we luxuriated in that hospital because there weren't a lot of people and things in the way. There were us young docs, like you see on *ER*, and a staff of nurses, and so forth, who really wanted to be tested and feel proud that they were on the cutting edge of modern medicine. So we had a grand time and reported back that it was good enough to assign students. And so on our say, Bristow and I and Leonard Ritzmann and Brent Parker and George Frimpter—all of us went out and became professors of medicine and heads of departments and deans in other places. We got it all started.

ASH: It was a bit of a revolutionary change. Then you went away?

KASSEBAUM: Everybody went away for two or more years, because we were paid very little. My salary as an assistant professor in 1962 was \$11,000 a year. It was assumed that if you were going to be in academic medicine that you had to be able to pay your way and gain standing as a competitive researcher, so you had to go learn to do research. There weren't any M.D./Ph.D. programs or M.S.T. programs in those days, so once you had your clinical training, then you had to go get trained as an investigator.

Bristow and George Porter and others went to the CVRI, the Cardiovascular Research Institute in San Francisco; that was one place. Another place was the University of Washington: Dr. Robert [Ruschmann's?] program in physiology and biophysics. The third place—it was thought of in those days as “the Johns Hopkins of the west”—was the

University of Utah. It was the west-most place that did things like cardiovascular electrophysiology, it was *the* place to go for training in research in hematology, oncology. Most of the other schools, the California schools, had very little going on, and Oregon was a backwater medical school with no allure at all in those things. And, of course, it had to build a faculty and mentors.

The great people that influenced us were clinicians, they weren't young investigators; and we had to come with the ability to earn money for ourselves to set up our labs because the state of Oregon had no money to build laboratories and so forth, and there was no history of philanthropy at that time.

ASH: When you came back and you waited a year for the Research Building to be built...

KASSEBAUM: To be finished so I could occupy my laboratory. That was one of the guarantees. Come back, and you'll have—it wasn't that I twiddled my thumbs. I got myself established: I taught in physiology, I saw patients and all that.

ASH: What about grants?

KASSEBAUM: Well, I came with Oregon Heart Association grants, which I had for a number of years, and, when I finally had my laboratory and could show it off and work in it, then, after a year or so I applied for and got my first National Heart Institute RO1 grant. But, as you know, you have to show your worth before you can get an NIH grant, so this was showing that the work I had done, largely in collaboration with others during my training, I could now do independently. So I didn't lose a lot of time, but I didn't move into my nice, new lab for a year or so after I returned to Oregon.

ASH: Now, this pathophysiology course sounds like it was a fairly significant curricular change for the Medical School.

KASSEBAUM: There had been a major curricular change in the several years before I returned, led by Dr. Walter Lobitz, who was the head of Dermatology; and by Arthur Jones Seaman, who was the head of Hematology; and a group of senior people, who made a major change in the curriculum that centered on the second year, integrating clinical education and basic science education in organ-system blocks, so that when students took up the cardiovascular system, for example, they studied the anatomy and the physiology and the pharmacology. And those of us who had been well-grounded in science—like Bristow in cardiology in San Francisco, and Kassebaum in electrophysiology and electrocardiography, and George Porter in kidney disease and renal physiology—we were then able to have cross-appointments in those basic science departments as well as our clinical department. We did, in the 1960s, what the AAMC's GPEP report advocated twenty years later.

So, unfortunately, that was it for Oregon. It took them twenty more years to do the next stage of curricular reform, but that's okay. We had a grand second-year integrated pathophysiology course that has really stood the test of time.

ASH: You had been, if I heard you correctly, primarily interested in teaching and research, and then your interest shifted a bit more towards the clinical as time went on there?

KASSEBAUM: Well, for several reasons. I got bored in my laboratory doing research day after day on isolated heart muscle cells from sheep hearts, and the frogs and rabbits. The Cardiology Division had also gained a huge program project grant, so there was opportunity to apply research in the diagnosis and the follow-up of patients in that very large program project grant. That was the largest program project grant that had ever been awarded by the National Heart Institute, \$5.6 million, \$800,000 a year for seven years, which was then renewed for another seven.

ASH: Pretty exciting times for you.

KASSEBAUM: And David Bristow was the principal investigator, so he was the honcho of that multidisciplinary grant. It was that grant that brought Al Starr to Oregon from Columbia, and Bristow and I and Starr and several other people were the open-heart team. They did the surgery work, and we diagnosed, worked up the patients, put in all the catheters, monitored them during the surgery and afterward.

Vic Menashe was a part of that crew. He learned cardiology through the backdoor; Bristow and I learned pediatrics through the backdoor. There was no pediatric cardiology in those days. We had to discover it as we went. Now there is a subspecialty in pediatrics in cardiology, as you know. So those were heady times. There were no monitors. I used my ability to solder together an electrometer amplifier and oscilloscope, and we made monitors. You couldn't buy heart monitors, you know, in the late fifties and early sixties.

ASH: You manufactured them yourselves?

KASSEBAUM: We had to do it ourselves, right.

I got interested in intensive care medicine. I was the founder and the first president of the Oregon Society for Critical Care Medicine and one of the founders of the national Society of Critical Care Medicine, because intensive care was just developing. It was being talked about by Dr. Peter Safar at Pittsburgh, and Dr. Ake Grenvik, so I differentiated. I headed intensive care at Oregon and built the first emergency room in a major remodeling process. Because, as I got interested in research and research grant administration and we had to have operating suites, recovery rooms, intensive care, then I became the Chief of Medicine for the then Multnomah Hospital, which needed, in the early seventies, a substantial renovation and remodeling process. So I worked with Jarvis Gould, who was the administrator, and designed the renovation of that hospital, the building, on its fourth floor, of all the intensive care suites, and the then-new emergency room.

ASH: That was in the early seventies?

KASSEBAUM: That was in the early seventies. Then the hospital was facing trouble from the Joint Commission on Accreditation of Hospitals, and I was a firebrand, raising hell. I was the elected Chairman of the medical staff. Bristow and I had put our jobs on the line in 1990 to insist that the University establish a faculty practice plan. I was appointed by Bill Zimmerman and Dean Baird to design the faculty practice plan. I named it; I organized it; I was its first chairman for many, many, many years. What was it called? I've forgotten what we called it. University Physician Associates, or something like that. But I ran it.

ASH: That was when the JCAH accreditation was in question, around 1975, or was it prior to that?

KASSEBAUM: Well, in 1974, the Oregon Legislature established the Oregon Health Sciences Center and gave that campus autonomy. It was no longer the School of Medicine of the University of Oregon in Eugene, so it became the Oregon Health Sciences Center, and it appointed a new president, Bill Bluemle. Bill Bluemle was looking for the firebrands and the people who might be given responsibility to bring the University of Oregon Medical School into the twentieth century, and I was the chief of the hospital staff, shooting my mouth off, building the hospital, writing intemperate letters to the Dean, the Portland press, and so forth, about the condition of the hospital, and so forth. Then the Joint Commission came around and said: "The hospital is badly managed. It's unsafe, it doesn't meet environmental safety standards, the doctors have no discipline, there's no medical staff organization, they don't complete their medical records, you've got thirty-five hundred incomplete medical records, and we're withdrawing the hospital's accreditation."

ASH: Was it actually withdrawn, or was it a threat to withdraw?

KASSEBAUM: It was a threat to withdraw it unless something changed. So Bluemle, who was the President, and Charles N. Holman, who then was the Dean, and various people put a package together, went back to Chicago, met with the Joint Commission, and said, "We have a plan that will solve all this, and one of the plans is to fire the hospital director." And Bluemle said, "I've reorganized the top administration of the Health Sciences Center, and I'm appointing a guy named Kassebaum as the Vice President for Hospital Services and to be the Director of the University Hospital. Ira Keller likes him and is going to make available one of his young assistant VPs from the bank to show him everything he needs to know about hospital financing and accounting. The guy's doing a good job managing a lot of research accounts, he has the confidence of the faculty, he has written the bylaws and articles of incorporation for medical staff organization, and they've elected him the first chairman. He's developed a practice plan. So he's in a good position, and he'll either be successful or he'll screw it up and die, but it's worth the gamble." And they bought it, and I did it.

ASH: How did you feel about taking on this responsibility at this level?

KASSEBAUM: Well, I thought it was all doable because I am a scientist and I am very analytical. You know, there are two kinds of people. There are analytical people and there are intuitive people, and if you are a good scientist and if you're analytical, you can

understand that you can put it together. Dave Witter had been hired by Jarv Gould as his budget manager, and I'd had of lots of backroom conversations with Dave Witter, and he was building up a hospital information systems group. And I knew that if Witter was there, and we had Ron Schumacher and our hospital information group, I knew I would be successful because I was working my Machiavellian ways, I had the confidence of the faculty, and it worked.

ASH: And at this time what was happening with your teaching and research?

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

KASSEBAUM: The biggest problem in the past was its insularity. It lived in the shadow of the University of Washington. You know, the funny thing is, the Oregon Medical School was established in the later nineteenth century; the University of Washington Medical School popped up in 1948 and just beat Oregon all hollow because they had good management; they were forward-thinking; they knew the world outside; they literally bought the best and the brightest basic scientists and clinical educators when they opened the doors. For years and years and years Oregon was slow to move. It had a series of incompetent deans who were so parochial and narrow in their vision that they paid little attention to the world outside. I did otherwise, and Dave Bristow did otherwise. He was working with NIH study sections.

Those of us who had trained elsewhere and came back were waiting for the opportunity to develop at Oregon the best practices that we had seen as we were evolving our careers.

ASH: So when you were evolving your careers, between the time you started at OHSU and 1975, did you have a lot of relationships with, for example, NIH as well? What was your relationship with the outside world of medicine?

KASSEBAUM: Well, we went regularly to the Federation Meetings in Atlantic City; to the Western Society for Clinical Research meetings the last part of January, first week in February in Carmel by the Sea, Monterey. I ran Herb Griswold's undergraduate training program sponsored by the National Heart Institute, so we had our once- or twice-annual meeting in some nice place like Bishop's Lodge out of Albuquerque; and we were rubbing elbows with our colleagues and we were reading the literature. So we were in touch with the world around.

ASH: Were there others in the Medical School who did not do that?

KASSEBAUM: People in my generation began to do that; the people before me—Oregon was very inbred, you see. Dean David William Eccles Baird, a great friend, the father of my best friend, Mike Baird, but—he kept saying how he thought that Oregon was just fine. It had been fine for Dr. Bilderback, and it was fine for him. He was not a visionary. There was no strategic plan; there was no vision; there was no sense of mission. It was simply keep your head down and don't make waves. Take advantage of opportunities.

The school was able to cash in on the capitated grant program of the sixties when federal policy provided money to expand enrollment and build buildings; so Oregon expanded its enrollment from 75 a class to 115, and built a wing on the University Hospital, and built the Basic Science Building. And they were very supportive of the program project grant. But there was no institutionalized vision.

The vision came from departments. Wally Lobitz came from Dartmouth to invigorate teaching in the Department of Medicine and the Medical School, and Arthur J. Seaman came from Cincinnati. So Oregon was beginning to attract people from elsewhere around the country and was waking up in the sixties.

ASH: Then, what was it that precipitated becoming a health sciences center prior to Dr. Bluemle? You were there.

KASSEBAUM: There were several reasons. First, there was a critical mass by the early seventies on Marquam Hill. There was a medical school, the nursing school had awakened, in the Dental School was Lou Terkla, a really moxie dean; the Crippled Children's Division was very successful; and a big program with outreaches; there were two hospitals, the Multnomah Hospital, the University Hospital.

I had been writing, publishing letters to the editors, working with the Board of Commissioners of Multnomah County about the awful support they were providing for that hospital. You know, "You should close the door, do something, sell it to the state." So I was able to work closely with Dean Baird, then with Dean Holman to develop a scheme by which the state of Oregon bought it for a buck. And my job, when I was appointed hospital director, was to coalesce it. One of the first things I had to do was get in touch with the Marriott Hotel guest relations program to start teaching people to say "yes" and "thank you," and it was called guest relations. You say "yes," you say "thank you," you give them one-stop shopping. You do not say, "You hockey puck! Why did you call me? I don't know anything about your goddamn account. Call accounting." Bang.

ASH: This is Multnomah County Hospital. Was it still a hospital for indigent patients at that time?

KASSEBAUM: It was until it was bought by the state, and the state had to agree to continue that practice in large measure, within the limits afforded by the state of Oregon. But I was the principal person that worked that deal, and it fell to me to bring them together as a University hospital, and to name them. I said, "Well, I don't know how to name them. We'll call one North and one South." That's how they're named, and that's what it was. It may still be that way.

ASH: It is. And now there will be Doernbecher, separate.

KASSEBAUM: Right.

ASH: So what was it that brought Bill Bluemle? Someone had to make the decision that a president had to be hired.

KASSEBAUM: Well, the deal was that the campus on Marquam Hill should be autonomous. Chancellor Roy Lieuallen, Chancellor of the State Board of Higher Education, was strongly in favor of that, because he wanted a single voice of advocacy and a voice for the budget, and so forth, from Marquam Hill. He didn't want everybody working around him, you see. There were eight institutions of higher education with Oregon Health Sciences Center, as it was called, in 1974. And he wanted a single voice from Marquam Hill. Previously, he had the Dean of the Medical School and the Dean of the Dental School and one or two other deans working around him, and, yet, every other institution was a cohesive institution. The University of Oregon in Eugene and OSU in Corvallis, and Portland State: he didn't have four voices, five voices from each of those. So he wanted a coherent expression.

He also wanted, and this was going on around the country at that time, to develop the model health sciences center: the health sciences centers around the country, they have a president or a vice president of health sciences who gets collaboration and interdisciplinary effort between the health professions. It all makes perfect sense that they should work together on behalf of the greater whole, and we came together, and we were very simpatico.

I helped get Carol Lindeman to come: the brightest light in nursing-school deaning. Lou Terkla was there for many years, succeeded by a right-thinking person. We liked the head of Crippled Children's. I've forgotten what his name was [Dick Sleeter]. He was succeeded by Menashe, but he was a super guy. And I then took the Hospital.

We needed a new Medical School Dean. Bob Stone came. He was a pain in the neck, but he was a pretty good Medical School Dean. He got along well with us, but he was a tough guy. And Bluemle came from the State University of New York, Syracuse campus, where he was the president of that campus. And he was there, then, from '74 until—I've forgotten. He was there three or four years, because I had about three or four years with him, and then he peeled off and became the president of Thomas Jefferson University in Philadelphia. He didn't like the parochialism in Oregon; he didn't like the Legislature; he didn't like the mindset. He thought that the faculty were weak and the chairs were weak, and he was right.

ASH: Weak in what sense?

KASSEBAUM: They were inbred, they were inbred. In those days they just kept appointing from within. They weren't really strong, competitive appointments. Bill Krippaehne was a sainted guy; I loved him as a mentor and colleague. He was a terrible Chairman of the Department of Surgery. We had a very bright guy, Bert Dunphy, come from Boston, and he just overwhelmed the Oregonians because he was from outside. Oregon was a steppingstone for him. He was there for two or three years as Chairman of Surgery, and then he became a distinguished chairman at UC San Francisco. Englebert Dunphy. He

wrote, he did research, he was an incredibly bright person. Then we fell back to Bill Krippaehne, a local boy, and surgery research went on hold.

ASH: Then, during the time when Dr. Bluemle was President, you were one of the vice presidents?

KASSEBAUM: My title was Vice President for Hospital Services, and I was part of the executive team. We had our regular weekly meetings with Bluemle, and Bob Peterson was the VP for finance. A good friend. It was Peterson and Stone, the Medical School Dean, Bob Stone, Carol Lindeman, Lou Terkla, I, Vic Menashe, who succeeded the former head of Crippled Children.

ASH: And so your charge, then, as a group was to pull together the university?

KASSEBAUM: Right. It became, then, a year or two later, the Oregon Health Sciences University. First it was called the Oregon Health Sciences Center; then it became a University. Then Bluemle left, and then the awful Leonard Laster arrived. I put up with him for seven years, and then left and joined the train of people leaving. The most evil person I ever knew in my life.

ASH: To go back, though, to the days with Dr. Bluemle, were you on the search committee or did you have a say in who the president, the first president, might be?

KASSEBAUM: Um-hmm. I wasn't on the search committee, but I had a say.

ASH: You felt that you did.

KASSEBAUM: If you talk to anyone who knew me then, I had a say on everything, whether I was asked for it or not. But, yes, I had a say. I met him, and so forth, sure.

ASH: So how do you look back on the Bluemle days? Do you think he was successful in what he set out to do?

KASSEBAUM: He reformed the campus, so I would have to say he was brilliantly successful, because that reformation has lasted to this day. Before Bluemle, it was a medical school, a dental school, a nursing school, a crippled children's division, a bankrupt and dysfunctional hospital. You know, it had no future at all. He coalesced it into a health sciences university. It was Bill Bluemle's charisma that got Ira Keller and the chairs of Jantzen and the U.S. and First National banks and everybody else together to bring that about, to finance it, to get things going.

He established an Advisory Council that was ceded decisional authority by the State Board of Higher Education. It was Bill Bluemle that restored the credibility of the Oregon State Legislature. I went, now as a vice president, and presented the case for the Health Sciences Center over and over again. The first time I went, the Ways and Means Committee, subcommittee on education, just started to beat up on me terribly, saying, "Why should we

believe you? We have no confidence in crummy management, the deans, a dysfunctional hospital, losing money every year, complaints from patients, and so forth. What are you going to do about it?"

I thought for a minute, and I said, "Senator, should the sins of the father be visited upon the son? I didn't make that mess, and I have given up my academic career to be a top-level administrator to try to solve it, and I need your help to do so." And he stopped them.

The chancellor, Roy Lieuallen was sitting behind me, and he thought, "Oh shit, you've done it now, Kassebaum." But he came down, and he looked me in the eye, and he continued that biblical quotation, and we became fast friends. And I kept my word.

He teed off at me because I had the temerity to say, "Dave Witter and the people I had been working with for three months say that we are facing a \$7 million revenue shortfall at the end of this biennium. We have a year and a half to go, and that the way to prevent that is to install an automated patient accounting system, because I've learned that the hospital doesn't know what its costs are: it has no cost accounting, it can't bill anybody, it's been billing people these antediluvian charges. Five dollars for a visit and twenty dollars for a hospital day. Just completely arbitrary. These are not modern practices, and I've spent three months, now, learning about enterprise accounting, and we can't go on."

And this guy said, "Well, we just gave you \$300,000 for a new computer." I said, "Sir, I must remind you, you gave that to my predecessor, who didn't know what was needed, and I'm sorry to tell you that won't do any good at all. So you either believe me and trust me and the information we're laying before you"—and Mr. Ira Keller and these other people, the president of Jantzen and the presidents of the U. S. Banks and Weyerhaeuser and all these people that Bluemle had gathered together. So they bought it. "That's the only way we know to do it, it's the way other hospitals are going." And they bought it.

They didn't have to give us a dime, because I gave them a pro forma that showed that if they would authorize purchasing a three-and-a-half million dollar system which we would finance by bond borrowing—and the Chancellor said it looks good, and the Vice Chancellor for finance said it'll work, and we did it. And at the end of the biennium we didn't have a \$7 million deficit; in fact, we had a \$1 million balance in the bank, and I made money every year.

ASH: That's quite a success story.

KASSEBAUM: Well, it wasn't original with me, it was using the ability to analyze and good science and studying what is the successful practice elsewhere. But I learned that we didn't have any proper automated accounting. My first reaction was, well, there are successful hospitals out there. Find me one that looks like us, and let's go copy them. We don't have time to invent the wheel ourselves. And after a few weeks, my staff said, "North Carolina Memorial Hospital in Chapel Hill is just like this. Same size, same relationship to a medical school, same size medical staff, same kinds of patients. They have an accounting system they installed a year or two ago, and they have all the documentation. We've

discovered the consulting group that doped out their pert chart on how it all has to sequence and fit together, and we can hire them.” I said, “Let’s go visit them”—Witter will tell you all this story—and we did it.

You know, it wasn’t exactly like you were the first man on the moon. You just were using your smarts, and you were looking outside, and you were trying to take advantage of the successful solutions that had worked outside. Now we refer to stuff like that as best practices.

ASH: Benchmarking.

KASSEBAUM: Benchmarking, and so forth, you see. But Witter thought like that. We say you have to think out of the box. The problem with Oregon is it never thought out of the box during the Baird years and the Charles Holman years. You know, I took care of David William Eccles Baird. He was, as I say, Mike Baird’s dad. He watched me grow up from a teenager, and I took care of him until he died. So we were great friends, but he and I always differed in terms of vision and in investment—real investment in the future of the Oregon Health Sciences University.

ASH: You had to move very quickly at that time, because you were facing this \$7 million shortfall in a year and a half, did you say?

KASSEBAUM: Right.

ASH: So you did move very quickly.

KASSEBAUM: We started collecting our bills [laughter]. We had accounts, revenue and receivables, you know, that were nine months old, and the benchmark is your accounts shouldn’t age more than sixty days, two months.

We were getting robbed blind. There was no security. We had inventories, huge inventories. I had to set up a security program and put cameras around, and we watched the employees of the kitchen on their kitchen breaks swiping the frozen turkeys, and we watched the housekeeping people swiping all the new laundry and linen. This was considered the political patronage, the old Multnomah County Hospital. They just stole you blind. So every year we were losing hundreds and hundreds and hundreds and thousands of dollars of supplies and equipment, and so forth.

ASH: So you were tightening up. You were tightening up business practices, along with security.

KASSEBAUM: Right, because you asked, “How did you do it so quickly?” Well, you do it so quickly because so many things were wrong, and once you started to analyze, you could put a lot of these things right very quickly.

ASH: You didn't receive any formal management training, and, yet, I think what I hear you saying is that your analytical skills, that you had learned in basic science research, were transferable to the management arena. What made it possible for you to switch gears like that?

KASSEBAUM: Well, remember that over the years I was learning about the hospital. Remember, I said I was the chief of staff to Jarv Gould, worked with him preparing his budget and going with him when he had to represent it to the Board of County Commissioners. I had worked in the design of remodeling and the financing of remodeling, so I was learning how to do capital planning and budgeting and how facilities designs work, from schematic design to design and development to working drawings and so forth. I worked with the National Heart Institute in the design of MIRUs, Myocardial Infarction Research Units, the design of those things. So I was learning a lot of those things as well.

ASH: So this presented you with an opportunity to apply what you had learned.

KASSEBAUM: Right. And I knew how to hire good people, you see. Witter and Ron Schumacher and the hospital information group. These were systems engineers, and you could say, "Diagram for me the flow of things. I don't know why we charge people what we charge people. Can you tell me what is the basis?" They'd say, "There is no basis. They drew it out of a hat." "Well, how should it be done?" "Well, here's the way it's done in other places." So they would tell me, and I still have the books [shows books].

ASH: *A Handbook of Health Care Accounting and Finance.*

KASSEBAUM: These were my bibles. But all of these books, you see: Peter Drucker on management. Those aren't the originals; they're later on. But I like that sort of thing.

ASH: And you had a natural bent and inclination. From my point of view, it sounds like there was also a lot of heart in it, in that you had been here hoping for change for a long time.

KASSEBAUM: Well, I started going to that school in 1952, and I had a lot invested in that school. I never wanted to leave that school. I'd be there now if it weren't for Leonard Laster.

ASH: Now, Dr. Bluemle came, and he made change, and he pulled together a university, and, then, what was it that precipitated his leaving?

KASSEBAUM: Well, those reasons are always very complicated. First of all, he was an East Coast person. He grew up in Pennsylvania; he was at the University of Pennsylvania. He invented the first dialysis machine; he was a distinguished nephrologist. Then he had been a president in New York.

He liked the reforms that he was able to create in Oregon. Then he found that further reforms were very hard because of the culture of the Oregon Legislature, for example; and the parochialism in Oregon had bothered him. And once he found that he had made the big—you know, now we've got the hospital in pretty good economical shape, but it needs to be enlarged, it needs new facilities, and those things did not come easily.

He had a great opportunity to return to be president of Thomas Jefferson University, which is a big university. It has a medical school, but it's a vast university with a history. It was one of the first medical schools in this nation. The first president of the AAMC [John B. Biddle] was from Thomas Jefferson University. Gross was the second president. There he is, operating the Gross Clinic. That's a copy of a painting by Thomas Eakins that hangs at Thomas Jefferson University. So, I mean, he had an offer he couldn't refuse, and he saw that he had made this huge improvement in Oregon, and then it was going to trail off. And he felt more comfortable with people in the East who were quicker studies. So a lot of those reasons, and he left.

ASH: Then how did you feel when he left? Did you have any say in the selection of a new president?

KASSEBAUM: Yeah, yeah, a lot of say. We interviewed a lot of people, and I liked Leonard Laster and was a very strong advocate of Leonard Laster for the president, and he and I got along for probably three years, and then we decided we did not get along for four years.

ASH: So when you say get along, do you mean personally or as far as your beliefs?

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

KASSEBAUM: We got along for, you know, two and a half or three years very well, thinking about the future of the place, you know. Compatible visions. And not just he and I, but he and the rest of the group. But then he began to manifest a personality that became very difficult to work with, and I'm not going to go into all those details, but he began to treat people rudely and offensively, and we would refer to being "Lasterized." And he developed a personality was a narcissistic personality. He felt very self-righteous.

And he was getting a great deal of support, because in the first several years I got him back in touch with Vollum. Howard Vollum had gotten mad at the Medical School when his child was a patient there and died. I said to Laster, "You know, you're new, and the whole place is really new. Why don't you talk to the Vollums? They have lots of money." And the Vollums came through with—what was it?—\$6 million, which was the seed money for the new institute.

Laster did things very nicely with his connections with the NIH; and he milked the connection with Senator Hatfield, who, until nearly the end of Laster, was a staunch supporter. I can remember the day when all of the Vice Presidents and Deans were lined up in Laster's office by Hatfield, who said, "You're giving Laster too much trouble and you're

letting your faculties quibble with him, and so forth, and you either straighten up or get out of here, or I will give all my money to the University of Washington.” So he blackmailed us. And Ransom Arthur resigned; Jim Shore left his Chair of Psychiatry, and he’s now the distinguished chair at Colorado; Bob Peterson left. One after another left. I was the last—well, I wasn’t the last, but I was one of the last, and I was in an untenable position, because the faculty were on my side. Most people were on my side. It was Laster and his protector, Hatfield. John Kendall was the dean, appealing to me saying, “Something’s got to give, because it’s tearing the place apart.”

I had been a hospital director for ten years, and I was drifting farther and farther away from the educational center of my academic career. So Laster and I made a deal. I said, “I’m going to look for a deanship, because we’re just squared off and we were stuck, and it’s very unhealthy and very dysfunctional for the institution.” So I sat out a year, directing an office of health policy, and moved over to the Dean’s Office. John Kendall gave me a nice office, and I found myself a deanship at Oklahoma, which was good for me. I’d been at Oregon for twenty-four years, and I wanted a different experience. And except for the last years when every meeting that the Vice Presidents had with the President would—then he said, “You’re not a Vice President anymore. I’m getting rid of vice presidents”—and he was doing terrible things. And then he fell out of favor and left, and then he was the provost at Massachusetts. And, then, I was the inspector general.

ASH: At AAMC by this time.

KASSEBAUM: Right. I’m the secretary of the Liaison Committee on Medical Education (LCME). And I didn’t have to do a thing. His school was up for an accreditation visit, and his faculty did everything, because he—Leonard—he didn’t have Hatfield, and he was “Lasterizing” people right and left. The faculty at U. Mass in Worcester turned against him, and the top officials in higher education in Massachusetts, they gave him a deal.

ASH: Didn’t they know when they hired him why he was leaving Oregon?

KASSEBAUM: No. They didn’t. One of the biggest mistakes that institutions make when they hire people, believe it or not, is they don’t check them out in their previous job. They look at their CV, and Laster’s CV is impeccable. He did research at the NIH; he was in the Nixon White House, the Office of Science and Technology in the White House. He has impeccable connections. He’s very bright. You know, when he’s at his best, you like him at your side because he knows what to say, he’s gracious, and so forth. But he has a personality with administrators which is very self-righteous—it’s called “malignant narcissism” in the Freudian vernacular. He was so mean to Ransom Arthur, who was a dear friend, who was the best Dean Oregon had in a long time, and just awful.

ASH: Do you think that developed because of his relationship with Hatfield and he was starting to feel...?

KASSEBAUM: Well, he felt so self-righteous. And it became a personality trait, because you could never discuss an issue with him at the right moment. If you brought it up

before you had really doped out all the angles, he would excoriate you. “Why are you wasting my time, Kassebaum? You haven’t worked this out; you haven’t talked to anybody. This could be cockamamie. Why should I believe you? Don’t bother me until you’ve doped this out. You need to get a consultation. I don’t know if you’re right or wrong, and I don’t have time to hire a blue-ribbon committee.”

Okay. The next time you bring an issue to him and it’s well worked out. You know, “I’d like to get your reaction, Len, to the proposition. I understand you like these things worked out, and we’ve talked about it in the medical staff at the hospital, and we had a consultant come down from Seattle, and it looks like it hangs together, and here’s a list of institutions where it has worked well.”

“How dare you bring something to me. You’re backing me into a corner with a one-choice decision. You’ve got them all against me now.”

And it would just go on and on and on and on. He did great things, you know. The Vollum Center, the new nursing school, his concept of the library for the twenty-first century. He really pissed off Hatfield, because they sat on that twenty-odd million dollars, twenty-two or something, year after year after year, and he couldn’t come through. He was so indecisive. And then, finally, when they hired the best informatics guy in the nation, they all screwed it over and he left. And, you know, it was Leonard Laster. And I’m not saying anything on the tape I haven’t said everywhere, and you’ve probably heard it before.

ASH: Well, I hate to shift gears but I have some other things on my list that I really wanted to cover, because I know that the town-gown relationship is something that you in particular would be able to tell me something about, at the time of Multnomah County Hospital and the relations with the Portland medical community, and that kind of thing. That’s a theme that I’m asking people about throughout the history of OHSU.

KASSEBAUM: Well, in my days it was pretty good. There is always tension between an academic center and its clinical faculty and practitioners in the community, particularly when the academic center is financed by the state, because it’s easily argued that the medical school has an edge. You know, “It’s using our tax dollars and now competing with us.” And community practitioners tend to be more comfortable when they can take care of the paying patients and the medical school takes care of the poor. That’s the history of medical education. Historically, it has been combined with the care of the poor.

In my role as a VP and the Director of the hospital in Portland, I was closely involved in the regional and the state hospital association and the county and state medical society. I am to this day a member of the Oregon Medical Association. I felt my job was to help them understand that the Medical School was a state-assisted, not a state-financed, enterprise, that in my day it had to earn three quarters of its operating costs because it got a fairly small subvention from the state to simply cover those extraordinary costs for the care of poor folks and for teaching. So it wasn’t really operating at an unfair advantage; the state of Oregon was not subsidizing the same patient care that was given at St. Vincent and Good Sam and Emanuel and the rest. It was subsidizing extraordinary costs, and the lion’s share of indigent

care came to the Oregon Health Sciences University. And the choice was between subsistence, if not prosperity, of the Oregon Health Sciences University, or eliminating it.

And I would remind them, “If you do us in, then all those poor folk are on your doors, and you’ll be a lot worse off. We need to work together; we’ve got to be in league with each other. You need continuing medical education; Dutch Reinschmidt does the best CME in the country, so we’re your source of CME. You can’t do it yourself, you know. You need us with CME.” So I used CME as a very graceful way of, you know, working with them and marketing my services. “We need you to help teach students.”

Oregon did a bad thing back in ‘70 when it established its physician practice plan. It kicked out all the volunteers, very unceremoniously. That’s the Baird and Holman days. I tried to open up the staffing of the hospital. It shouldn’t be just closed to us academic aristocrats on our perch on Marquam Hill. If you’ve got tough cases, you ought to be able to bring them up and admit them yourself. That’s logistically difficult when their offices are somewhere else, but at least we tried to open it up. And I thought I was fairly successful in getting their understanding.

We had real tension over rebuilding the VA hospital. One of my chief assignments from Bill Bluemle was to be the executive to make that work, because at the beginning, the community was against the University. The hospital association had taken a stand. They wanted the new VA hospital to be an urban renewal project on Gantenbein. You know where that is: Emanuel. So I spent two years of my life convincing people that the VA hospital should be replaced *in situ*.

I also, you might be interested to know, sat on the Oregon State Planning and Development Committee and was on the board of what was called HSP, Health Systems Planning. See, there were these three areas, and the most populous one was HSA, Health Systems Areas, HSA-1. And I sat on the board, and then I chaired its planning committee, then I chaired its certificate of need committee; and I did good things for them, and they saw that the academic aristocrat, you know, wasn’t too stiff. I thought we had a nice ecology. I left about the time that we were developing the capability of the Medical School to be the Level 1 trauma center, and then I manipulated that from back East.

Now, of course, it’s far more competitive in Portland. Portland is one of the most competitive cities in the nation in terms of health care, in terms of the consolidation of the health delivery systems, in terms of HMO penetration. You have to remember that I go way back, and that one of my young colleagues, when we were residents together, was David Lawrence. David Lawrence is now the chief executive of the Kaiser Permanente system in this nation. I granted hospital privileges to Kaiser Permanente folks and put them on my faculty when they couldn’t get membership in the county medical association and no other hospital would give them anything. Witter and I had contracts with them for things they didn’t have, and we showed them that it was cheaper to buy the services from us than to build them in Bess Kaiser, which I don’t think exists anymore.

So I was friendly to HMOs before it was fashionable, when everybody else gave a finger, and so that helped, that helped. But it's tough. Tim Goldfarb, I hired him from Arizona. See, that whole team I hired; most of what you see there, I did. But I hired Tim to be an Associate Hospital Director, from Tucson, Arizona; and Jim Walker, the Chief Financial Officer, I hired from Albuquerque, New Mexico. Does he still have a stutter?

ASH: Um-hmm. But he's one of our two Vice Presidents now.

KASSEBAUM: Right, right. But I hired all those people, and they're still there, see, so they're well trained, and good people.

ASH: So how do you look at—I know you came back to visit OHSU not long ago.

KASSEBAUM: They've never invited me back, do you know that? I've only gone when I called up and said, "I'm in town, and I know you're having an accreditation in the next year, and since I'm meeting with people in my old college, would it be of value for me to come up and talk with your people who are coordinating the accreditation visit?" But they've never invited me back.

ASH: I thought you were with, it must have been with Dr. Kohler, and you were walking through the BICC.

KASSEBAUM: Right. But I contrived that, because my sister and her family live in Milwaukie, and I'm endowing a chair at Reed College, so I spend a good deal of time with my college. It might have been for the Health Sciences University had circumstances been otherwise.

But I'm an unknown, you see. There's never been a mention of me in any publication, there's no history written of the times I was there. Leonard Laster's rule exists to this day. You'll find absolutely nothing.

ASH: That's what we're finding. Each person we interview we try to do background searches for, and there was a little bit in the *Oregonian* about you, nothing about Dave Witter, and that's one of the reasons we're doing the oral history project, is to capture some of that.

KASSEBAUM: Well, you know, nobody needs to play *Hail to the Chief* for me, but one of Oregon's problems—it relates to its parochialism—is its very limited sense of history. And it never says thank you. Elizabeth Hirsch called me some years ago. Her husband was the founder of the White Stag Company, and she was an actress and she was a lovely woman. She's still in the Marquam Hill Society. And she was raising some money for concrete benches in the atrium, you know, around where the BICC is, and she asked if I'd like to contribute to a bench for Howard P. Lewis. I said, "I'll buy the bench. How much does it cost?" Twenty-five hundred dollars, whatever. She said, "Well, why don't you send me something, because I'm going to talk to Bristow and Miles Edwards," and so forth. I said, "Well, if you've talked to them already, let me know, but I'll send you a check for"—I've

forgotten, five- or six- or seven hundred dollars. She had it divided up. And, then, “Let me know what happens.” No one ever told me what happened. I had to go there to see if they ever got those benches. That’s really bad. I used to be a good contributor to the Foundation. I don’t give them a dime. I pay my dues to the Alumni Association. The hell with them.

ASH: I have similar feelings about one of my alma maters.

KASSEBAUM: But it’s really bad, because they could do better if they just had some respect for history.

ASH: Do you think that that’s part of a West Coast mentality, or just culture at OHSU?

KASSEBAUM: Well, I think it is part of a mentality, you know, for new institutions. They don’t have the same sense of history. And you can’t live in the past, but I think it is still part of the parochialism that Oregon hasn’t gotten over.

ASH: How do you see the future of OHSU with Dr. Kohler as president?

KASSEBAUM: Well, Peter Kohler is an old friend. We were new deans at the same time. He was the new dean in San Antonio, Texas. He’d been at Arkansas, I think, if I remember right. I’ve forgotten exactly. But then he was the new dean of Texas, San Antonio, and I was the new dean at Oklahoma, and I liked him. I like him. I think he fits very well. I think he really is a good fit, and he’s a very good chief executive.

And I’m glad to see that OHSU has become a public authority. You know, Bluemle, Bill Bluemle, John D’Aprix, and I doped out that thing originally. We were going to do it for the hospital. We went to the Port of Portland, we studied the model of the public authority, and we proposed it to the Oregon State System of Higher Education and to the Oregon Legislature. But we were sort of hoisted on our own petard because by then we had so reestablished the credibility of the Health Sciences Center and the hospital that I got independent authority for the hospital personnel system contracting. We joined the University Hospital Consortium so we could purchase through the UHC cheaper than we could buy things in Oregon. So they simply gave us a lot of freedoms and said, “We really don’t want to talk about that now. You’re good guys, so you can work out those things directly yourself and save money.” But then the plan was resurrected and expanded, and I think it’s a very good model because I think Oregon can make it.

I’m very proud of the Oregon Health Sciences University. You know, it’s made it to the big time. It’s got a nice curriculum; it does an outstanding job training students for the undifferentiated general practice of medicine. I helped hire the Chairman of Family and Community Medicine there, Bob Taylor. I’m proud of that. I gave him that building. I said, “Here’s this quaint building, Emma Jones Hall, an old nursing dorm. It might be just what you need.”

And I'm glad to see that they are branching out. They've got community clinics now, which I always wanted. They have an AHEC system. I could never get Laster to do that. They hated him in the Oregon Legislature, and every time I talked to them about supporting community-based education, they would talk with Carol Lindeman about it for nursing at Ashland or someplace like that where she has outposts, but they never wanted to spend a dime because they didn't trust Laster.

But Peter has brought that all about, and Oregon now has, I think, a love affair with the Health Sciences University. And there is a symbiosis now. I like—there's a motto, a slogan or something about "Our campus is so wide it's the area of the state." I think that's all great. So I'm quite pleased with it.

The BICC hasn't turned out like I thought it would in terms of providing space for medical students, and it has kind of worked from the wrong way around, but that has been largely opportunistic in the sense that the opportunities and the money were there for distance learning and the outreaches and so forth. I was appalled, when I made my visit; and then, of course, I knew that the LCME would be critical of the school, which is very, very behind the times in terms of computer-assisted learning and educational software for students. And I told them, you know, "You ought to do something about that, because I don't vote on the LCME, but they're going to ding you for that, and you ought to do better, because you've got this marvelous building, and most of it is dedicated to distance learning and other stuff. There are marvelous software programs for medical students, and the students feel a loss there." So there's some catching up to do. But I suppose every place has some catching up to do.

I regret that the campus has become all concrete. When I was there, there were some gardens here and there and some trees here and there, and the Jarv Gould Memorial Gardens that we protected, and there's so much choking the campus now. It's really all chopped up. I don't know how patients find their way around. It has a lovely new Emergency Department. John Moorhead, I hired him. They're all my people.

ASH: We're just about ready to close, and I wondered if there was anything you'd like to ask me, or anything else in general that you'd like to talk about.

KASSEBAUM: Well, I think it's nice that you're doing the project. I suppose everybody wonders, you know, now what? It will be a tape on a shelf gathering dust somewhere. Is anything going to be done with this sort of input that you're getting from lots of people? One would like to hope that somebody will scan it or maybe get some notions, or you might write some things down so that there might be some contemporary utility, pending some old goat writing the history of OHSU.

[End of interview]

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