

HISTORY OF MEDICINE IN OREGON PROJECT

ORAL HISTORY INTERVIEW

WITH

Walter C. Reynolds

Interview conducted May 23, 2007

by

Ralph Crawshaw

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[Begin Track One.]

REYNOLDS: I would hope you would enjoy that book from Laster. It was interesting. Go ahead.

CRAWSHAW: Oh, I'm just going to read this. It's just a little introduction we use. This interview with Dr. Walter C. Reynolds is made possible by a grant from the Oregon Medical Education Foundation. It was recorded on May 23, 2007, at the new offices of the Oregon Medical Association, Portland, Oregon. Dr. Ralph Crawshaw is the interviewer. This is tape number one.

SIMEK: So, gentlemen, take it away.

CRAWSHAW: Thank you, thank you. Walt, it's a pleasure for us to have this occasion here this morning. And I think given all the information that you have accumulated with your whole career that we'd like you just to start by giving us some orientation as to where you were born, what kind of a family you were reared in. Those kinds of things. Just the background story.

REYNOLDS: Thank you for inviting me. To begin with, I was born in 1920 in Portland, Oregon. And I've lived here all my life. Most of my life. I was raised with a family of four siblings, two brothers and one sister. And very caring parents. They always emphasized to us as children the value of education and the need to pursue something worthwhile. And I attended the schools here in Portland. Highland, called then, Highland Grade School. And then Jefferson High School. And then the University of Oregon for undergraduate work. And then, subsequently, to then Oregon Medical School. University of Oregon Medical School. Now, of course, OHSU.

CRAWSHAW: Can you tell us a little bit of where you lived in Portland, and the kind of neighborhood it was?

REYNOLDS: I was born, Portland, you have to go back in a sense of time orientation. Portland minority population and specifically African American or Negroes or blacks, many terms they used, there are very few in Portland. Two thousand, at most, up to the time of World War Two, 1941. And we lived in an area that was almost automatically semi-integrated because there were so few minorities. But it was in an area that was in Northeast Portland, actually, called Roselawn Street, just off what is now known as Martin Luther King Boulevard. And it was of interest that we were a modest family in terms of economic resources. Again, you have to go back in the time venue and realize that that point in time, it was just after the Depression. Things were very tight. And Portland, of course, reflected the social environment of that day and time in the early

'40s, and very prejudicial patterns were followed. And we, of course, went through all of that.

CRAWSHAW: How did you—

REYNOLDS: It's always of interest to me to appreciate that our parents, how they went through all the problems related in that day and time, yet did, I felt, a wonderful job for us as siblings and family members. Kind of encouraging education, in particular. And trying to be a good citizen, be a good person.

CRAWSHAW: What did your father do for a living?

REYNOLDS: My father is a wonderful person. Not a great deal of education, third grade, but always self-motivated and really self-educated. He was born, did not know his father. That, in itself, is quite a story as part of his, in my view, development into a person with good cultural competence. But he left home at an early age and prevaricated about his age, got into the army, as many did. And served in the army during and just after the Philippine insurrection. Spent a little time over in the Philippines. Then he returned to the States, met his spouse. And they married in and near the Idaho, the Northwest. At first they lived in Idaho, then moved to Washington, then to Oregon. And there they raised a family and lived there all their lives.

CRAWSHAW: In your early years, were you taken with the idea of becoming a doctor? When did you first decide to be a physician?

REYNOLDS: Well, they indicated, the family was always interested in this element of education. They felt that was one of the mechanisms of survival in this society. And during high school, I acquired interest. Primarily because of the influence of an older sibling. My oldest sibling was a brother who was quite a bright young man. Did well in math, physics, eventually attended University of Washington, attained a masters in physics. Went in the service and eventually worked for the naval ordnance people. But he had a great deal of influence on me from the standpoint I looked up to him, and always tried to emulate him. Didn't have nearly the abilities that he had. My interests were focused on sports, trying to be a basketball player. It was a lot of fun, and I had to be prodded very often by my brother to try to maintain my educational levels so that I could get forward in school.

But I established interest in high school, because my interest in science, my brother's influence. And then I enjoyed working with people. And I thought gee, medicine might be a very interesting field to go into. And during my high school period at Jefferson High, I on one occasion went to a counselor and sought advice about direction to take, and getting into medicine courses, and preparation for getting into the undergraduate field in college. And the counselor told me a very interesting thing. He said, "There's no point in you trying to go into medicine. There are no Negro physicians in the community." He said, "Don't bother with that."

And I felt very uncomfortable with that, and very disturbed, and in fact very angry. I never spoke to a counselor in my education years after that, for that reason. But I really was irate at the idea that I shouldn't even try. And I'm sure his interests were well intended, trying to direct me—

CRAWSHAW: We don't know about him. But did you go back to your brother with this anger? Did he help you at all work with this anger that you had?

REYNOLDS: Oh, my brother had his problems, too. As I say, that day and time, the environment was very intense. The anger was such that, which is very interesting, not directed in a way toward that individual, but at circumstances that created that kind of environment that someone would do that and say that. That is what's very disturbing. And that's one of the problems I've had most of my life. Attitudes of people that form and develop those thoughts and conditions, leads to that.

But at any rate, I continued to pursue the directions and requirements that led to medicine. One individual helped me a great deal, interestingly enough, in high school, my basketball coach. As I said, I was focused on athletics. And maybe the academics was an important thing. But in order to play basketball, you had to be a student. So that took precedence.

In finishing high school, I applied to the University of Oregon. And actually late out of high school, between the academic direction, took a year out from high school. And I couldn't go to college then because my older brother was at the University of Washington. My father felt that I should not try to go to school that time, college, because he was supporting my brother. And the family had meager means. So I agreed with the family to stay out one year, and then continue with my education. At the end of that year, as I had agreed, I helped and supported the family, and my brother through school.

But a month before I was to attend school, the University of Oregon, I found that I had saved little or no money. And I was very frustrated. Decided to go to my parents and tell them I'm going, taking off going to school. And this was the one point in my life that I had contention with my father, because he didn't want me to attempt to go at that time, because he couldn't help or support me. And I told him forget it, I'll do it on my own. And like many of us, and perhaps yourself, I just took off for school. Sold the saxophone I had for twenty-five dollars. Put things together. Went down to the school and approached the dormitory head, and asked if I could work at the dormitory for my room and board. She agreed. So I had my room and board. I'd managed to save at least a hundred dollars, so I paid my tuition. Imagine, thirty-five dollars for the quarter. So I got started in school. And also had the opportunity to play a little sports, a little basketball. Didn't receive a scholarship, but had a chance to play.

So I kind of fulfilled my commitment and interest. So started out at the University of Oregon. And by the third year, I was in a position to apply for medical school. And

during my college period, between my sophomore and junior year, I took a course in flying, civil pilots training at the time.

CRAWSHAW: This is about, just as World War Two was coming along?

REYNOLDS: Just before World War Two was coming out. And men were signing up for the service, and being drafted. And there's a turmoil at that time. And my contention was that I'd probably sign up for the service. I was interested in flying. So I took a course in, they called it, civil pilots' training, out at the old Swan Island Airport in Portland. And obtained my private pilot's license in single engine flying. And in preparation for going into then the air corps of the army. I applied for the air corps, but my eye requirements didn't quite meet their requirements. So I was turned down, rejected.

So in a fit of despondency, I decided to apply for medical school. [laughter] And it was just this application, because I, at that day and time, again, we're back in the '40s. And we have to realize the social milieu and prejudicial patterns of the community. And perhaps those should be described. If you would like, I'll do so at some point in time.

CRAWSHAW: I'd very much like that. Because we both know that Portland doesn't have a very good record for equality in that period of Portland's history.

REYNOLDS: Dr. Crawshaw, you put it mildly. Portland had a horrible record.

CRAWSHAW: Right.

REYNOLDS: Portland at one time was considered probably the worst city in terms of race relations west of the Mississippi.

CRAWSHAW: Yes.

REYNOLDS: Believe me, it had that tag.

CRAWSHAW: Well, we were burning crosses, were we not, on the hills?

REYNOLDS: Oh, there was burning crosses, and houses. I can relate many, many examples. I'll relate one to a black physician, minority physician, Dr. DeNorval Unthank, whom I'm sure you remember quite well.

CRAWSHAW: Yes. Yes.

REYNOLDS: But I could relate that. I'll describe some of those things for the moment, because all of that part of my making a decision about going into medical school was kind of wrapped up in that milieu. But Dr. Unthank, for example, as did other minorities in this community, they could not move to certain locations in the city. Every covenant restriction, real estate restriction—

CRAWSHAW: They had to be off the street after dark.

REYNOLDS: That was one of the conditions at one point in time. But in terms of the living pattern, the restrictions were great. People were, by and large, regulated and relegated to certain areas in which to live. There were isolated incidents where families by hook and crook and beating the system would move into areas that were modestly integrated and so forth. But by and large, people were confined to what was called then the Albina area. Or we can consider that then the relative ghetto area of the city. Dr. Unthank, a very independent and admirable individual in terms of outreaching and making changes in the community, a civic activist, wished to move to a certain area that was void of any persons of color or race or ethnicity. And that's when we had the occasion of a cross being burned on his lawn.

CRAWSHAW: Yes.

REYNOLDS: And created quite a furor. And it was of interest because that was the milieu that we were in, fighting those kinds of battles. And fighting battles by virtue of our society and its makeup. As you and I well know, at one end you had your hardcore bigots, as we called them, that were never going to change and didn't intend to. Had very fixed feelings and expressed same. And on the other hand, you had the good folks. Very few. I consider about 10 percent down here, and 10 percent up there. The good ones that were always trying to change things.

CRAWSHAW: Let me just say, about this particular time in Portland, we were having World War Two coming. And Kaiser was starting to look for workers. And they brought in a great number of people.

REYNOLDS: That's right. That's true.

CRAWSHAW: From South, people of color.

REYNOLDS: That's true.

CRAWSHAW: And this really began to be difficult for the people of Portland to metabolize. Am I correct in saying that?

REYNOLDS: That is correct. I think you sum it up quite well. And if I may finish my analogy about the people down here, these things, in between and I think it's an interesting point, are the 60 percent or so who were swayed by this, these kinds of problems. And this group, you know, it's a very interesting group. That included people of all ethnicities, race, color, religion, economic status, that didn't wish to change the status quo. They were comfortable. And, indeed, had to be swayed by these two extreme groups I talked about. I like to make that analogy because I wanted to point out there's always good people trying to change things, and there's folks that want to have a certain venue and make it difficult.

Dr. Unthank was one of these activists. And he ran into many problems dealing with race. And often people don't like to talk about race. But I think we have to be reminded that boy, those things existed. And we're describing Portland and this community, this state. It was bad. It was bad. And I say that not by trying to pound somebody in the head. But that was what people allowed. That's what existed. It's a very sad feature.

For example, my own personal feeling. High school I would go with friends to a restaurant to try to eat. Wouldn't be served. They'd look at me and just ignore me. The rejections came in many forms. People wouldn't talk to you, ignored you. People said, "No, we can't," or "get the hell out of here" kind of attitude. But it came in all forms. The young men that I went into the restaurant with, my friends, we played sports together, "How come, why can't, why don't they serve you?" Or they'd ask the waiter or waitress, "How come you can't serve my friend? We do this all the time." But that's that big mass of people that I talked about that weren't really fully aware of all these things and the impact. Because there are so few minorities in this community. And that's an interesting impact. And I don't want to go on too long on this.

CRAWSHAW: Let me remark on—

REYNOLDS: I don't want to go on too long on this, but that's an interesting impact. Because there were not, that's prior to the war, just prior to. There were so few minorities that you could kind of ignore it, really. It didn't stand out unless you burned a cross on a lawn. Or like I went into the restaurant and couldn't eat, and so forth. And then all of a sudden people went, "Whoa, why is this happening?"

So then it began to have a focus. And that's why you always have to talk about this kind of thing. Not forcibly bring it up, but it occurs. We had a recent incident, for example, down at the University of Oregon, my old alma mater. And this was during the basketball season, when Roosevelt High School went there, went through a lot of rejections and slurs and that kind of thing. Here we are in 2007 and that sort of thing still goes on? That's why you have to remind people that you have to watch how human beings will think, and directions they will take. And must be reminded from time to time.

But be that as it may, I wanted to point out another example. And I know you want to move along—

CRAWSHAW: I don't want to move anyplace. This is great.

REYNOLDS: Another example is, in just trying to describe the setting, pre-war in Portland. Signs were in windows, "No Colored Allowed." And these were posted in many, many restaurants throughout the city. So that was obvious. I could take a hint, you know, so you never go in there.

CRAWSHAW: But there's a quality about you that's important. Let me—

REYNOLDS: Let me follow along with this little reasoning. But those signs said, “White only.” And then these groups, and particularly the people who were well intended. I think you could name many. I think a very prominent person like Hatfield, whom I knew personally, respected greatly, and the efforts he put out prior to being governor and senator of this state. Keith Burns. There are many people. And then, also, people like my father, his friends, things they went through, Dr. Unthank. These people created change. It took a lot of doing, but these things changed. So the “White Only” signs came down, or “No Colored Allowed,” I’m sorry, that was the sign then.

So they took those signs down. And then signs came up, “For White Only. See, that made a difference. That’s the kind of thing we contended with. It just shows the slow nature change that took place. And finally the “Whites Only” signs came down, and you didn’t see any signs. And you said, “Gee, what’s happening now? Aren’t things improving? Isn’t this wonderful?” But see, this underlying venue is still there. Now, any more about the environment at that time?

CRAWSHAW: No. Let me just ask you, do you see, speaking about this situation, do you see confronting this kind of situation as an act of bravery?

REYNOLDS: In my view, no. I kind of expressed myself earlier with my reaction to my counselor, who told me I shouldn’t go into medicine because blacks weren’t allowed. And I resented that. I resented, and not him even so much, but the fact that he, or he was put into a position to be able to say something like that in a society. You know? Someone has a mentality that that’s the way this has to be handled, is a very sad thing. So a lot depends on human behavior. Human interest, human learning. And I hone in that so very often.

And you’ll forgive me, because I’ll comment on this and use the term “cultural competence.” Cultural competence. And I think that’s an important term. And I’ll later talk about how I spoke to a freshman class one time at the University of Oregon, or OHSU, talking about that topic. They wanted me as a physician to talk about, because I’m black, “How do you treat blacks and Afro-Americans?” And I was a little bit irate with the request that I speak in that manner. But that was the thinking, you see? And I had to, in my view, structure what I was going to say to these sophomore students, medical students, in terms of cultural competence. Each of us is being trained, we are trained well in this institution. And through our training, we will deliver healthcare as the best we can— [coughs] Excuse me – within our abilities and our training.

And when you do that, that’s what good healthcare delivery, no matter what the person’s ethnicity, race, religion, color, anything. That’s the key thing. Those other factors are there, certainly. There are differences. But with good cultural competence, you’ll recognize these differences. You’ll know yourself first. You’ll know how to regard other people, treat other people. Then that’s what you develop. And then if you extend your skills and learning in that manner, you’ll do a fine job. That’s what’s important. But that’s the kind of thing I dwell on. To answer the question, (?) my reaction to this anger

about race, ethnicity. I am mad. I'm mad that our society cannot recognize that you can slip into that kind of venue. And you do those things. That's what I don't like. I don't like that being imposed on anyone. Any kind of restriction like that. And when you hone in on that, you don't get lost in anger. You get angry, because that's part of your cultural makeup and competence, you see. You'll get angry and irritated.

But let me give you a classic example of that term. And I expressed this when I talked to that class and that lecture. Cultural competence. And I gave two examples. Talking to medical students is interesting, because after a while you can see they get a little edgy. But I said, "Let me give you two examples. And I spoke of the example of a gentleman that, my father. Raised in the South. I didn't say it was my father until I finished his description. But ran away from home.

I always ask him why he never went to church. My father, and only once he told me, "I'll mention this only once to you, son." And he pointed out that he remembered when he was about ten or twelve, the big itinerant minister that traveled in the South, with family, they were treated like kings and gods. And always fed first. The kids ate later. That kind of attitude. But he never forgot this (posey?) minister thing with his mother and pointing at him and saying, "This boy is a bastard." And my father didn't know who his father was, you see? But that minister pointed out, "He's a bastard."

And of course my father said, "What's a bastard?" It took a lot of explaining. And finally he was made to realize that per the minister's request that he be baptized. That's what the minister was trying to do. He never forgot that. That really hit him hard. But—

[End Track One. Begin Track Two.]

REYNOLDS: As I mentioned, when he left home at an early age, he just took off. And got in the service and went through what I described before. Raising his family. Becoming a good citizen. Working hard to improve things. He had a lot of reason to be bitter and angry at this kind of conditioning. But it was fascinating. He always said, and this probably was the crux, "You know, I've been around the world a little bit." And he was well read, self educated. But he said, "This is the best country in the world. The best country in the world to live in." And he said, "My opt is to do everything I can to change it, to make it better. And to do it within the parameters that are allowed us. We take a lot of guff, flack." But he said, "I will work, and I have worked all my life, trying to make changes in that society. That's what I'll continue to do." But that was an approach that I never forgot.

CRAWSHAW: It seems that it—

REYNOLDS: And tried to also ascertain and conduct.

CRAWSHAW: It seems to me that what you're saying over and over again is, know yourself. Really know what your emotions are. And then act on them in an intelligent way, rather than let them run your life.

REYNOLDS: I think that's a pretty accurate analysis. And I'll quickly finish the analogy with this lecture. I gave that example of my father. A man with good cultural competence, doing really what you just described. And then the other example that I gave was a physician that I went to high school with, Jefferson High. And you know Al Uley, perhaps?

CRAWSHAW: Yeah, a little.

REYNOLDS: His father is a physician. And his office was at 7th and Fremont, right in the heart of the so-called minority district. And Dr. Uley was a wonderful person because he was well trained. He's the kind of person that put his office right in the middle of the quote "ghetto." Probably the average physician wouldn't want to go there. He saw everyone, treated them the same, treated them with the best of his ability. And it was really, in my view, a marvelous person. A person with good cultural competence. And that's when I spoke to that class, I said, "Each of you are trained as he was, and deliver that kind of healthcare, I think that's the best thing in the world you can do. Not only for yourself, your own wellbeing, your own outlook and health, mental health. But that's what should be a requirement for all of us, to constantly work on this business of improving our own cultural competence. It's a work for the rest of your life.

I'm still trying to do it. Because I find myself putting in good framework things that disturb me greatly. Particularly this day and time. And I won't get into this, with all that's going on in the world around us. Now, can we go back to—

CRAWSHAW: Let me just ask you a few more questions about this. What organizations have you seen that's helped you with your cultural capacities?

REYNOLDS: Well, civic organizations that I've worked in, the NAACP, the Urban League, organizations such as the Oregon Community Foundation, which I found to be a wonderful experience. Bright people who were interested in doing civic work. people who had means, affluence, worked on boards around the community. And had no reason other than goodwill, perhaps, to get involved in that kind of activity. But watching them function, and there was good intent. Makes you realize, lots of good folks in this world. And people do things for many reasons. And with other organizations, I worked with the Boy Scouts, and you can name many, many—

CRAWSHAW: No, you name them. Because I gather you've been in all of those organizations.

REYNOLDS: The Scouts, the City Club. I was a member of the City Club, and on the board. And I enjoyed that experience. And dropped out of the board because I was frustrated they wouldn't accept females into the organization.

CRAWSHAW: They do now.

REYNOLDS: That was a big furor. So part of my impact was to resign from the board, thinking I'm doing something that's worthwhile.

CRAWSHAW: See, I'd see that as an example of your bravery.

REYNOLDS: [laughs] We have a lot of fun. But also, then, the political arena. As you recall, during the Johnson administration, we had urban renewal. What an environment that provided for the country and thinking. Urban renewal that came into Portland, for example, created many changes. But I learned a great deal from that experience because I was selected on the committee by then Mayor Schruck. And not that my being on committee had much to do with anything, because I realize my position as a minority. And much of it was tokenism, and I can understand that. And yet, what little input I could give, I would do so. And not do it uncomfortably.

But I was sitting on this committee. And you learn how politics functions. But this committee was set up, appointed by Mayor Schruck, a year before urban renewal designation came out to this community. And Edith Green, then, was a representative at the time, and had a great deal to do with that. So when urban renewal, then, was designated for this community, the board was already set up a year in advance. I said, "Gee, this is interesting how politics work, and how environment is created."

So I enjoyed that experience on that kind of board. I resigned, because I was very irritated with the fact that they were doing some things I thought were rather inappropriate. And I said, "I'm going to resign."

And they said, "You can't resign! You just don't—" And do it publicly, you see. But you learn little things like that that don't bother you. Because I'm not angry or bitter, or just teed off that they can get away with that stuff. So I'll do my little bit to agitate. [laughs]

So I told this board of prestigious people that, "I'm going to resign, and you better get another minority on here. Because if you don't, there's going to be a lot of furor. Because I'll make sure there is furor, you see?" [laughs] And it turns out they appointed some very innocent little lady to get on the board. I cautioned and warned her, but she did her part. And it was a very interesting experience.

Another experience was—

CRAWSHAW: Would you say a few words about the politics of medicine?

REYNOLDS: In starting practice, medicine in Portland reflected the venue of the time. And this was pre-war, or during the war, pre-war. Only one physician in the community was Dr. DeNorval Unthank. Wonderful person. And when I returned to Portland, and I'll give you my little retinue through the service, if you like. But when I returned to Portland in '53 and set up practice in what is now the Rose Garden area, was then the Memorial Coliseum, a physician was in that locale, Dr. Robert Joiner, a black

physician, who moved to Seattle. A very fine general practitioner. But his office became available and I moved in. And that was located right at Weidler and what was then Williams Avenue. Because the freeway was removed. But I settled and practiced in '53. And I was a graduate of the University of Oregon. And I had ready entry because my classmates and other associations were getting on the boards, joining hospital staff. So I had no problem getting on Emmanuel's hospital staff, Providence Hospital, and Good Samaritan Hospital.

And Dr. Unthank, who had been in Portland for many years, in fact he treated me while I was growing up, could not get on the board of one hospital. I won't mention the hospital, because I think it would be unfair to them. But he couldn't get on the board. I was astounded. I said, "Why aren't you on the board of this hospital? This is ridiculous! You've been here for years. And I'm just starting practice."

"Walter, those are problems in the world that we have to adjust to. Real problems." And simply because of his ethnicity, they didn't want him on the board. That was the venue at that time. That was bad.

CRAWSHAW: I know.

REYNOLDS: I said, "We're going to get on there." And I went o that hospital. And because I was a member of the staff. And immediately, "Well, there's no problem. We will get him on. We're happy to have him" kind of attitude.

CRAWSHAW: So you were moving us ahead all the time.

REYNOLDS: Yes. Moving ahead. That's progress. So Dr. Unthank, he smiled at me. He said, "Walter, I want to thank you very much." He said, "I've been trying to get on that hospital staff for years." But that was the kind of venue we had then.

CRAWSHAW: Let me ask you. Did the National Medical Association have any help in it?

REYNOLDS: The national?

CRAWSHAW: Yeah.

REYNOLDS: Well, the National Medical Association was a black organization.

CRAWSHAW: That's what I'm talking about.

REYNOLDS: They had limited influence, but not a great deal. At the time, in this community, you see, we had so few minority physicians you can well ignore that or sidetrack it and waylay it, you know.

CRAWSHAW: I see. They had no power here.

REYNOLDS: That's right. Very little to speak of. So they, that story about Dr. Unthank really provides a setting for what things were like. My entry was a bit different because I did graduate from the medical school. But I can assure you, I had a lot of interesting facets and problems to contend with.

CRAWSHAW: Let me ask you, are you getting tired now?

REYNOLDS: Hmm?

CRAWSHAW: Are you getting tired?

REYNOLDS: No, I'm just fine. Thank you kindly.

CRAWSHAW: Let's hear more about that, then.

REYNOLDS: If you like. But the attitudes were interesting. Because my association with physicians, the older physicians, for example, some of them wouldn't even speak to me. Or they wouldn't even recognize me. Maybe in a meeting or somewhere. And some of these were instructors up at the medical school. And I never forgot that. I found it to be very irritating. And I always made it a point to go up to those people who did this ignoring and kind of stand in front of them, and, "How are you today?"

CRAWSHAW: [laughs] You put it to them.

REYNOLDS: Yeah. Just to get a point across. But that was the attitude, environment, as you might know at that time. And I'm sure you had your own interrelationships with physicians, and talking about minority physicians and their place. There were many physicians who did not see minority patients. I don't care what minority they were. They just excluded them. And they could do that very readily, because there weren't very many. And that was very much like the attitude in stores and not treating, or not serving people of different groups.

CRAWSHAW: I had an experience with the reverse of that. That is, I volunteered to go to a Black Panther clinic, to work there. And I was told to get out, that there was no place. So there was this other side of it, too, that was appearing in the '60s. I wonder if you have any feeling about the Black Panthers. I also helped out with Head Start.

REYNOLDS: [laughs] That's an interesting experience. Because again, that weighed on your cultural competence, why you should be rejected when you were making all these noble efforts, and so forth. And then you of course, begin, I'm sure eventually you realized that a lot of people just couldn't understand why you would do this. And I'm sure it was from the standpoint of condescension, maybe, or you were just kind of doing these folks a favor. It gave that impression.

CRAWSHAW: That's what (?)

REYNOLDS: That wasn't intended. It wasn't intended, we know. But you see, that's part of this cultural competence thing. Why people act like they do, or why they react like they do. That's why we have this problem with, oh, we get into this venue, there's so many things. Like over the years, I tried to get students into the medical school. And this whole problem of folks pulling themselves up by their bootstraps. Or, "I did this on my own. Why can't they come along and do this?" You see. And it's part of this whole business of, and explained in the book, I spend a lot of time talking about this point. You have to realize that while I was practicing, and my practice predominantly was minority, black. But I also treated people of all groups and colors, because that's the way I did things. Whomever came to my office, I would see them. I don't care what their problem was. And there were a lot of bad problems. But I'd see them initially, and then work something out for them. But that was my approach. And I felt that that was very, very important.

But with you, when you see patients, improbably problems, in families, in growth, strife in families, breaking up, single mothers. Mothers, for example, may be on drugs. Kids are raised under that venue. Grandmothers, grandfathers, taking over. And situations you can't believe. I would just shake my head and wonder how in the world can these people survive. And we're talking about pulling yourself up by your bootstraps and getting things off the ground. And what little I accomplished, I did it because I had parental support. Motivation. A brother that would kick my rear end if I got out of place, and that kind of thing. Which was vital, and very important.

CRAWSHAW: A bit more than that. Your brother was always an ideal for you.

REYNOLDS: And an ideal, that's right.

CRAWSHAW: He was always an example that you could look to. And the people you're talking about have no example there. They just have an empty space.

REYNOLDS: All these are ingredients that are imperative in terms of individuals growing up and sustaining a good existence in life, a good outlook, a good positive attitude. And when I mentioned my going to school and taking off, and my father being very opposed. And you know, in our family, you didn't oppose your dad. But I was determined. I was irritated because I couldn't do this effort, and it seemed reasonable. So I said to heck with it, I'll take off and do it on my own. Maybe you did the same thing.

CRAWSHAW: I did.

REYNOLDS: I remember talking to Dr. Kendall, the dean of the medical school. He had those kinds of problems, which is very interesting. It brings up another side of the story which is a very interesting one. And that's in terms of getting students into the medical school. I'll talk about that later. There's just so many things to review here.

But at any rate, if we can get back to medicine at the time that I started to practice, I described Dr. Unthank and his experiences. And my experiences, I had those that I went to school with and had a rather interpersonal relationship to say hi and first name people, which was a helpful introduction in contrast to Dr. Unthank, for example, who was a black physician coming into this community with this environment and that kind of thing. And my personal encounter, I mentioned a few things that occurred that were uncomfortable for me and disturbed me a bit. But as I say, this business of realizing that people will do those things, it irritated me as it would anyone. But I took direction, such a direction. I wanted that individual or that circumstance to be noted, and to be regarded by all involved. And to let no one get away with, I think to call this business just personal pressures and putting people down. It's a nice technique that people have. And I always, and I've run into—

CRAWSHAW: I know you're using the word "nice" there in a sarcastic way. But it just isn't nice at all for a physician—

REYNOLDS: No, it isn't. But—

CRAWSHAW: —to use his position.

REYNOLDS: But that's important that I recognize that you don't get carried away with yourself.

CRAWSHAW: That's right.

REYNOLDS: I had situations— a lot of (fun?) things I like to talk about in terms of medicine and practice, and if you don't mind, we can get to that. I established my offices, as I mentioned, near the Memorial Coliseum until such time as the renovations went through with urban renewal and changes occurred. I moved my office to the North Portland section on Williams Avenue. Practiced there for a number of years.

And then eventually I turned my whole practice in to Emanuel, in essence, to start a family practice residency program at Emanuel. And that functioned for three years. We, I felt, had an excellent program. And we trained eight to nine physicians, well trained, well regarded. But the program ran into a lot of resistance. And this was just political pressures. Internal medicine didn't think family practice had much value. It so happened the medical director at that time felt that. And I took issue with that. That, of course, created a problem, and we went through a lot of things.

But I was president of Emanuel staff. And that was the time that urban renewal came in. And I, interestingly enough, had a lot of input and fun establishing that hospital in that area. Emanuel was sitting in the so-called ghetto area. A concern, obviously for many reasons, for administrative concern, how the hospital survived economically in this area where much of the service would come into that hospital through the emergency room. And often very poor people were disenfranchised. And were taking, in quotes, "the

garbage of the city,” and handling it. This kind of milieu was of great concern. And so there was great thought of maybe not even establishing the hospital.

But it so happened that urban renewal granted the Emanuel Hospital a sizable bit of property, which meant a great deal economically to that hospital. And it provided a resource, an avenue for them to spread. I knew this, and was very aware of this, because racial issues at that time were very significant, as you remember.

CRAWSHAW: I do.

REYNOLDS: In about '60. Emanuel had tentatively planned to put up an addition to their existing hospital. They had a great deal of difficulty getting financing. It was kind of a political milieu. And then a very, in my view, there was a lot of indecision about how to go, and whether or not we should really stay there. And I'll give you an example because, a cardiologist who's still there at Emanuel now came to me and (confided?), "Walt," he said, "what do you think about staying in this area?" Because Emanuel is planning to put up an office building, medical building, for staff personnel. "What do you think about staying in this area?"

And of course, my (?) you know, I was raised in this area, my office is here, and so forth. "Let me tell you—" and I won't give the doctor's name. I don't want to make him uncomfortable, perhaps. But I said, "Let me tell you, this is one of the best places you can be. Because this hospital has obtained urban renewal. They have a great deal of resource. They have a great chance to develop structurally, economically. And indeed, they may see many of the poor people in the community. But eventually that's going to be turned into a good revenue stream. It will be difficult. There's a lot of hurdles to overcome. But in my view, this is a good place to put an office and practice."

He said, "Thanks, Walt." And he, indeed, took space in that office. But that's the kind of decision many of the physicians on the staff went through in that point in time, trying to decide whether they wanted to stay in this ghetto area, or move out and go over to Good Sam.

CRAWSHAW: Or St. Vincent's.

REYNOLDS: St. Vincent's. And during that period is when Emanuel decided to put up Meridian Park. They went out and put up the hundred-unit structure, but couldn't find resources to add to the new hospital because again, they were having difficulty. And I don't propose to go through all the economics and know everything about it, except I followed it very, very closely. But I think at one point in time they reached a decision. I happen to know this because (I was?) president of the staff, and you got to know administration and personnel, and they kind of work closely with you to try to give you a little guidance about conducting the presidency. Well they planned at one time not to put up the hospital, the new hospital. And that was high on their goal, because just having so much difficulty.

And during that time is when I went to then-mayor Goldschmidt. He had attended the University of Oregon, and he knew my younger brother quite well. And my younger brother, interestingly enough, was visiting. And we stood on the corner near City Hall, and we were talking. And I brought up the subject to him that Emanuel (doesn't?) plan to put up their new building because they have economic constraints, they have lots of pressures about where they are. And this, of course, was my personal view, and I think it was pretty accurate.

He says, "Oh." He says, "Boy, we'll see about that." He says, "Gee, urban renewal was given to Emanuel Hospital. They better utilize it."

I said, "Well, I don't think they're going to." You know, I'm agitating.

But indeed, headlines came out. The mayor made these comments about this hospital. Better do these things. They don't, then such and such. [laughs] And of course the administrator of the hospital is wondering what kind of nut I was, and why didn't I get out of the way.

But sure enough, I went to the chief financial officer, Mr. Jefferson, of the hospital. And I said, and I shared with him the problems they were having. And he was really despondent, because economically, they just weren't coming through. I said, "Well, I happen to know the head of the House and Education Department," who happened to be black, located here. And I kind of knew him closely, somewhat on a friendship basis.

And I went to this person and told him, "Emanuel doesn't plan to do it because they're having problems back in Washington getting this thing funded."

And he says, "Gee, we should be able to do something about that." He said, "They better put up that hospital."

I said, "I agree." And so I said, "I'll set up a meeting for you with the president of the hospital." I called Mr. Hanson, and I told him of the gentleman, and perhaps he could help.

[End Track Two. Begin Track Three.]

REYNOLDS: Mr. Hanson's very austere about all this. "Can you be doing, (help us?). But I'll set up this meeting for you, if you like.

He said, "Well, thank you."

So then I called the head of the Housing Urban Development and told them I'd talk with the present hospital. And I told them, "This is what he's going to tell you. And he's going to be sidetracking and not wanting to put up this hospital."

He says, "Well, we'll see."

That evening I get a phone call from the Housing Urban Development head. He said, "Walt, how did you know what he's going to say?"

I said, "Well, that's just the nature of the problem."

He said, "We're going back to Washington, DC. We're going to make all the efforts and start pounding on people from the Housing and Urban Development position."

And sure enough, they did. And it just so happened, fortunately, not through my doing, I'm sure, that the appropriation was finally made. So Emanuel got the funds; they put up the hospital. And what part I played, I don't know.

CRAWSHAW: Let me fill in. The part you played was the good physician. The physician who looked at the whole community. He didn't just look at the patient sitting in front of him. He didn't just look at the patient in the hospital. He looked at the community and what the community means and what it should mean.

REYNOLDS: I would hope to think that would be a good part of that. Because that's always been my quest, to make this a better community. You know, Dad's philosophy, I got carried away with that kind of stuff. [laughs] But there were a lot of situations like that that evolved. And during that period when I was president of Emanuel, and urban renewal, it was a very exciting period. A lot of things happened. A lot of things happened. And when I was president of the staff, it was of interest to me and probably no one else, but I'll mention it to you that at one of the executive meetings, we were getting ready for our annual banquet. And you know how boring annual banquets were. All the males would go and drink the booze, eat food, you know. And someone said, "Gee, you know, my wife always objects to me going to these things."

So someone said, "Well, why don't we take our wives? Why don't we invite our wives?"

And you could just see everybody perking up on the education committee. "That's unheard of! In the history of this community, no hospital's ever had wives go to the banquet. That's ridiculous!"

And I said, well, of course my nature is such that I said, "Well, why don't we take a poll here the (?) committee. Do you want your wives to come to the banquet?"

And surprising, everybody said, "Yeah." Because wives were always interested in what do you males do at these banquets kind of mechanism.

And so everybody says yeah, you know, kind of off the tops of their heads. "We like that."

I said, "Okay." I said, "Let's take a vote of the staff, then. Send out a little note and see what the staff thinks about it. They approve it, we'll go to the administration and get this done."

And indeed, we did. Put out the notice. And surprising. Of course everybody said, "Yeah, that's fine. Let's do that."

So I said, "Okay." And executive committee meeting, we'll go to the president of the hospital, Mr. Hanson, bless his heart, I know he was glad to get rid of me. [laughs]

CRAWSHAW: Oh, I don't think so.

REYNOLDS: But I said it was the desire of the executive committee and the staff, and we (?) the staff, that we invite wives to the banquet. Wouldn't that be a nice turn of events?

"Well, Walter. That's interesting. We'll think about that."

I said, "All right. That's fine. And since women are going to be there, we'll invite Miss Edith Green." She's a female, (?) representative. And Mr. Hanson seemed to think this was an interesting idea.

CRAWSHAW: I hate—

SIMEK: We have to pause here, gentlemen. We need to change tape. We'll need to change the tape.

REYNOLDS: If I talk too much, let me know.

SIMEK: No, no, no! You're wonderful.

[End Track Three. Begin Track Four.]

SIMEK: The beginning tape number two of an interview with Dr. Walter C. Reynolds, which is made possible by a grant from the Oregon Medical Education Foundation. Recorded on May 23, 2007, at the Oregon Medical Association offices in Southwest Portland. Dr. Ralph Crawshaw is the interviewer. This is tape number two.

CRAWSHAW: I'm going to ask you a question.

SIMEK: Okay, gentlemen, we are rolling. And take it away.

CRAWSHAW: Walt, would you kind of put together what you would say to a young doctor who has just opened his practice here in Portland. And he comes to you and says, "Tell me, what should I be doing to succeed?"

REYNOLDS: I think I've expressed that thought before. And that is, doctor has confidence in his practice. He's been well trained to deliver within the best of his ability that accomplishment. And it means just that. Understanding yourself. Offering good medical care, and offering that care to everyone, and everyone that comes to you. Your question is kind of two fold, because there are many things that are involved in the practice of medicine, in my view.

CRAWSHAW: Well the focus, I think, is your phrase cultural competency. That's what really he hasn't got yet, isn't it? How does he get it? or she get it?

REYNOLDS: Well, I got it by the way I just described. I became aware, in my view, of how to look at things. And this cultural competence business means yourself, and extending it to how you relate to people. And that term cultural competence also relates to the community in which you live. And that's important. That individual, if they exercise the cultural competence, and bear in mind that it is a continuous process. Continuous process, throughout their life every day in everything they do.

But I just want to relate in answer to your question about a physician starting practice, there are so many things involved in practice nowadays. When I came along, sole practice was almost commonplace. We were known as general practitioners, which were many. The general practice field developed into family practice, which became a sort of specialty. But nowadays, in getting into practice, there are a great many economic issues. And one would be hard put to start out in solo practice as I did. I had no patient lists. I just opened my doors. And the first patient to walk through the door was my first patient. Which was very interesting.

My first patient was one that had poliomyelitis. And at that time, polio was rampant. When I took my internship, say in 1949, '50, was rampant. And then the vaccine came out and literally the disease itself disappeared. And that's an issue all its own. But that first patient, because of my contact with polio patients, seeing a whole building loaded with patients that had the results of poliomyelitis, the respirators working. And you remember that as well as I.

CRAWSHAW: Yeah, I do.

REYNOLDS: But the first patient made the diagnosis of poliomyelitis, which was totally unexpected. And she was a patient through my entire practice. But that was the way I started. And I gradually built up. And since I was raised in Portland, I knew a few people who came to me. And my practice went from there. And your practice developed per your ability to deliver good healthcare and what people thought of you and so forth. It was quite a challenge. But economically, it's not the easy way to go.

CRAWSHAW: I know that. But let's just grant them that he can make a go. What organizations in the community would you recommend that he spend some time learning about?

REYNOLDS: Well, I think he should encompass the whole community in terms of organizations. Again, there are so many—

CRAWSHAW: But you've been members of lots of them.

REYNOLDS: Yes. So that's my point.

CRAWSHAW: Where would a young man really get exercised and learn cultural competency quickly?

REYNOLDS: You learn it quickly because if you start immediately with yourself and say, I'm just going to absorb and learn and reflect on what's going on around me. And that is abetted, indeed, by recognizing organizations. You can't belong to everything.

CRAWSHAW: That's right.

REYNOLDS: So you tend to contact and develop your interests. But as part of this cultural competency, you have kind of an openness about how you try to look at things. So you may encounter different situations and different organizations that may interest you and command some of your time. And your time, if you are indeed a busy practitioner like I was in sole practice, it was to a fault. Because I, like you, in early practice, I'm sure, spent many, many hours just conducting your practice of medicine. And even to the point that you had to be very careful that you did not deprive time to family and raising your family and children. So that became quite a, in my view, quite a challenge.

CRAWSHAW: So he only had so much time he could give. Would it be, as some doctors think, the Rotary? Or should it be the City Club? Any specifics where he could—

REYNOLDS: I would charge that it would, I would select no specific group. I think it's one that follows your interests, follows that doctor's interests. It may be one like someone who likes sports may get into sport medicine. Maybe like skiing, a ski club. Or it may be one who has civic interests, and he may want to join the City Club. Or as my experience in the community foundation, if you're fortunate enough to be invited on a board. Someone may wish you to serve on a community foundation board. And I learned so much from serving on those kinds of boards.

The Oregon Community Foundation, for example, was a fascinating group. A very structured organization at one time.

CRAWSHAW: It was Ed Look's idea, wasn't it?

REYNOLDS: I'm sorry?

CRAWSHAW: It was Ed Look.

REYNOLDS: Yes, that's right. Ned Look had just resigned, or had just retired. And a Mr. Chenault succeeded him. Chaille. Greg Chaille, who became the head of the executive secretary of the Oregon Community Foundation. A very fine young man, in my view, a man of good cultural competence. He had good organizational skills, and skills communicating with people. And that's the time I joined the Oregon Community Foundation, and I served on the foundation for ten years. I didn't think I could contribute much, but that organization, in my view, did many, many wonderful things in the community. And that's the kind of thing that I think helps develop, in my view, good cultural competence. It isn't everyone that can be fortunate enough to be invited to serve on such an entity, but it is really rewarding.

And a quick example, the education, my family gave a scholarship, we established a scholarship in the name of my father, respect my father for every year. We did this for about twenty-two years, until I went broke. [laughter] But we offered scholarships every year. So I became a little interested in educational resources, and thinking particularly about minorities getting access to education and so forth. And then I came to, and my wife, at the time, conducted this scholarship mechanism every year. A lot of work, and a lot of effort to make contacts to school, and make sure the information got out, and students, and setting up a program for doing it. It took a lot of work, which I'm so grateful for her that she did this. And she structured it very well. She's a graduate of the University of Washington, and took great interest in that.

But I acquired a little interest in education, and learned that so much of the scholarship effort went to waste. By waste, I mean students never applied. It was available, but for some reason information like that never got out to them. I brought this concept to Greg Chaille, the executive secretary of the community foundation, and they thought that's interesting, because throughout the state there are many scholarships that would go unsolicited and unused. So they set up a committee and presented this to the state education system. And they said, well, gee, it's fine. We're so well organized, we'll let the foundation run this.

And so indeed, the Oregon Community Foundation took over the scholarship process. That's just an example of how things evolved in community activity.

CRAWSHAW: But what it says is you were the catalyst. I know it gives you pain for me to say it, but it's true. You and your wife were the catalyst that did that. And how to transfer that catalytic process to young doctors is the big question.

REYNOLDS: Well, it's suggestion that helps and motivates people. And it can become a catalyst, which is fine. It's just one of those things that you do as you go along, and you're thinking and programming. It is of interest. One thing learned in life and in this community, for example, how things run and progress. And how you get things accomplished. And that's what the individual can realize. Sometimes suggestion, thought,

a little motivation, can make a lot of change. This is not only true in medicine, but true in life in general.

And another example, quick example. One time, President Kennedy was coming out to dedicate a high rise housing—

CRAWSHAW: In the Northwest of Portland.

REYNOLDS: Yeah, that's right. In the Northwest, for the (?), there was a confrontation at that time that the way the admission policy to these low cost housing units was run was very unfair. A minority person would be on a list, would get up to the point where they would get accepted, and then all of a sudden they found their name coming back down the list. And this was a vicious policy that continued. It concerned me. And I thought it was very unfair. We looked into it. This was a practice that had been going on for a long time.

So I happened to belong to a group of people who were activists, one of which was Dr. Richards, the president of Reed, was in this little group. And I mentioned this problem to him, and they said, "Why don't we do something about this? Why don't we change this?"

And I, of course, say, "Wow. What are you talking about?" But you learn how people think. And the first thing they did was they sent out a program of how we're going to handle this. We're going to raise this as a public issue. Put a big notice in the newspaper. It will blow up and create a tension, and then we'll go from there. And I'm astounded at this kind of approach of anything. I'm a very quiet, innocent soul. [laughs] And they did this! And by gosh, this became headlines.

And anytime you start something that has to do with race, ethnicity and conflict, headlines. Because it's an issue that's always present. It exists to this day.

CRAWSHAW: But it always gives pain. That's why it gets to be a headline.

REYNOLDS: That's right. And I mentioned this issue about Roosevelt High School in Eugene, currently, during the basketball season. This was an issue that flared up and headlines and so forth. And of course people said, "How could this be?"

And then of course the rebuttals from the Housing Authority that, "Oh, no, no. We don't do that."

"But you do do that. Because here's the proof." And we'd show proof. But my point is, Edith Green invited the president to come out, John Kennedy to dedicate the high rise.

And I called Miss Green and I said, "Miss Green, it might not be a good idea. Because we're planning a strike out here and a protest. And I don't think it would be a

good idea if the president came and there's going to be a protest of the building he's going to dedicate."

"Walter! What are you talking about?" [laughter]

It's just the way it is, and I had not a lot to do with it. I mentioned the group who was doing this. And she recognized Dr. Richard, head of Reed, you know. So this caught her attention. So remember, the headlines came out in the paper. The president was coming out to dedicate. Then all of a sudden, he decided not to. Well, Miss Green called him and said, "You better not go out." So it was cancelled.

But that's my point in maybe little things to make a difference, if you have an interest. And that's a concept you like, in terms of physicians, you like to get them (?)

CRAWSHAW: What that says is you were recognized for your cultural competency. You were recognized for—

REYNOLDS: I think—

CRAWSHAW: Well, listen—

REYNOLDS: I don't think I was recognized for anything. I was very quietly in the background. But I'm just pointing out how things evolved.

CRAWSHAW: Look, you're not going to snow me with that. Representative Green knew you as an extremely reliable reporter who had a breadth of vision that she wanted to plug into. Correct me if I'm wrong.

REYNOLDS: Well, I think that's a noble statement. [laughs] I think Edith Green—

CRAWSHAW: I think it's factual.

REYNOLDS: My view is, at that time, that was just bad politics. And politics being what it was, they didn't want to encroach on that. But I understand your thinking, but I had minimal experience of that. And that's why one finds that you really, when I speak of these things I talk about them in a quiet sort of way because you don't call attention to me. That's not part of it at all.

CRAWSHAW: Let me just tell you how I'm personally involved in that business of Kennedy coming in. And that is, I had a patient who was one of the leaders of the insurrection that was going to take place if he came out.

REYNOLDS: Is that right? [laughs]

CRAWSHAW: And that individual was very perplexed by what happened. Because the whole of his organization had its foundation taken away, because there was nothing to protest to.

REYNOLDS: [laughs] Thank you for mentioning that. Oh, isn't that interesting. Isn't that interesting. So he never had a chance to protest.

CRAWSHAW: That's right.

REYNOLDS: I'm sorry I had anything to do with that. [laughs] That is wonderful. That's a story I'll not forget. That is interesting. Remarkable.

CRAWSHAW: I don't want to identify him any further, but he was at a very impressionable age. [laughter]

REYNOLDS: Dr. Crawshaw, that's wonderful. I'm just delighted to hear that.

CRAWSHAW: Little did you know you were doing things in other people's minds.

REYNOLDS: A lot of things. I'm sure you have many tales like that, too.

CRAWSHAW: Well, do you think we've said what has to be said? Is there anything you want to add before we stop?

REYNOLDS: Oh, just that I would hope part of the tenure of this (?) gets, incorporates, of course, my feeling about medicine. But it also relates to the community. And community effort. And again, that is my whole hearted effort, and it has always been, to try to improve our community in which we live. And may I just cite recent examples. The kind award that was given me to name a tram after me. One of the two trams was Walter, and the other was a Jean Richardson, who was a female, the first engineer to graduate from Oregon State University, civil engineer. She's a wonderful person. And I happen to be the first black, Afro-American, to graduate from the University of Oregon. That itself is another long story.

But Sam Adams, the commissioner, came to me and wished to, and talked to me about being the recipient of the honor of having this tram named after me. which is part of the projects, the ongoing effort to OHSU, which has grown tremendously.

CRAWSHAW: It has. It has.

REYNOLDS: Become a national and internationally recognized institution. And it was, indeed, a great honor. But I was so very reluctant. I said, "I don't know. Because I don't like this self-aggrandizement business. I think it's part, in my view, tokenism. This is part of my shortcoming in thinking, perhaps. I'm not sure if I want to do this. And I'm

sure you can think of many other individuals who are deeply deserving and in fact more deserving than I.”

He said, “Oh, no. Wait. We want to do this. I want to come out and talk to you.”

I said, “Okay. It’s fine. Thank you.”

So he came out that same day and we sat out in the living room and chatted. And he explained why, they went through this process and explained the other recipient, the first female. So it was kind of a first thing. Giving the whole thing a little identity.

And I said, “Well, thank you. I appreciate that. And if, indeed, you extend this honor, I would like to receive it with a note, and this would be expressed publicly, that this is a representation of something worthwhile. Now in my view, a representation that shows this community’s cultural diversity.” It’s a good thing. I happen to be Afro-American. Accidents happen. And I was the first one to go to the institution. As *Willamette Week* put out, it was politically correct. And that’s all right.

But in my view, if you can express the idea that every time you see that tram going up and down with Walter on it, or the tram going up and down with Jean Richardson on it, that it reflects to this community an extension of diversity and interest in the community. This is a cultural competence thing.

CRAWSHAW: That’s right.

REYNOLDS: For the community.

CRAWSHAW: That’s right.

REYNOLDS: That we look at it in this way. And if so, it would have that kind of meaning and impact, then I think it’s very worthwhile. And that’s what I tried to emphasize. And you find, as with many things, this kind of project has many facets: political facets, economic facets.

CRAWSHAW: Community facets.

REYNOLDS: Community facets, religious facets, the whole makeup.

CRAWSHAW: Right.

REYNOLDS: So if this entity can provide that kind of picture in view of people to look at things, I think it will create a lasting kind of effect. And I think that’s what’s kind of important. That’s what’s going to be good for the community. Every time you look at that tram, it’s good for the community. It’s growth, it’s diversity, it’s development, it’s change. And we have to change.

CRAWSHAW: Can I–

REYNOLDS: And our community, like any community, has its faults, its shortcomings, in all venues. But of course from my perspective, the race relation thing, the ethnic thing. And you can give it a good picture. Give it a healthy picture. And that's the kind of thing I'd like to see come about. And I thank you and the OMA very much for inviting me. There are many other things I could talk about. But I hope this helps produce a better outlook toward our community in terms of health, the conduction of health for its populace. I happen to be a firm believer in this concept of universal healthcare. I think everyone – *everyone*– should have access to basic healthcare. And we know this has been made a very complex thing. But we also know that healthcare delivery in this country is not the highest in the world.

CRAWSHAW: It's cultural *incapacity*.

REYNOLDS: That's a good term. Cultural incapacity. That's what needs to be improved, the way we look at how we deliver healthcare. Firmly establish the baseline of good healthcare for every individual. Access to healthcare. Every individual should have access, at least.

CRAWSHAW: Yeah.

REYNOLDS: As I say, the structural makeup, you know better than I. We know the economics involved, we know hospitals, insurances. The participants, physicians, nurses, and other personnel. It's all incorporated in our society and system, capitalistic system. And it presents many facets of consideration. But all those should be secondary to that one thing: everyone should have access to basic healthcare. And that's why I promote any interest in that regard. Governor Kitzhaber's efforts currently going on.

CRAWSHAW: The Archimedes principle.

REYNOLDS: Yes. Correct. That's one thing I hope will be embedded, and we can pursue. It's just a basic human need, and we've got to do it in our society.

CRAWSHAW: We have to do it.

REYNOLDS: And we've got to–

CRAWSHAW: We have to do it. *We* have to do it.

REYNOLDS: And we've got to get through this crunch of our capitalistic system of the almighty buck, and that is the sole, major effort.

CRAWSHAW: Right. Right.

REYNOLDS: It's certainly a major effort. Not the sole major effort. [laughs]

CRAWSHAW: No.

REYNOLDS: So I would hope the OMA and its efforts, I'm sure, has tried to do some of this. It has so many facet approach, and I would like to ask you, I wanted to ask you how you look at this. And I, so disappointed in talking to many doctors, they're wrapped up in this economic thing so much that—

CRAWSHAW: They're absolutely wrong. And I'll answer you very briefly. What we're in is a cultural bind.

REYNOLDS: Yeah.

CRAWSHAW: And unless we think culturally rather than economically, we're bound to fail. If we think culturally, which is the way the founding fathers thought, we have a way through this very difficult time.

REYNOLDS: Where do you see the best approach of this? It has to come from leadership.

CRAWSHAW: Yes.

REYNOLDS: At the top.

CRAWSHAW: Right.

REYNOLDS: And I think this means our administration.

CRAWSHAW: No it doesn't.

REYNOLDS: I think that's where it must start.

CRAWSHAW: We're going to have an argument here. Where it's going to start, I think, is with students. And I'm trying very hard to have a curriculum put into the medical school as a voluntary curriculum to help students understand the realpolitik of changing the system. The real effort that has to go into saying that I'm going to give up A in order to get B. Rather than just always trying to get A, which is dollars. And that—

[End Track Four. Begin Track Five.]

CRAWSHAW: That we have to, you have to help change the thinking of that doctor who's starting out right now. You've got to give him a sense of community, rather than a sense of bankers.

REYNOLDS: How do you see that resonating, not only from the physician himself, but resonating throughout business world, the administration of hospitals, health insurance companies, big financing, big businesses? How do you resonate that through?

CRAWSHAW: It goes back to what you're saying. You have to have leaders. Leaders are capable of dealing with multiple cultural problems. With insurance companies, with legislators. Once they get strong enough to see what has to be done and they can say it in language that people can understand, we've got hope. But short of thinking that the insurance companies are going to work it out, or the wonks are going to work it out, or the OMA is going to work it out. It's not going to be that way. It has to be just what you said: a strong leadership.

REYNOLDS: Do you think there is (ground ruled?) evidence of that happening? A groundswell to produce such an environment?

CRAWSHAW: I don't know what you mean by groundswell, but I'm telling you, you are an American citizen and I'm an American citizen. As long as you and I are American citizens, there's hope.

REYNOLDS: That's idealistic. [laughs]

CRAWSHAW: So don't call me any of those dirty names! [laughs]

REYNOLDS: Well I really, the reason I mentioned the groundswell and the approach that, we've seen changes occur currently in this administration, for example, from the voting public, from the groundswell. They've changed things.

CRAWSHAW: It did. And that's because people are waking up that they don't want their son to die or Iraq.

REYNOLDS: Right. Now transferring that to the concept of universal healthcare, how do you see that groundswell bring to political attention and fruition?

CRAWSHAW: I see it as the old town hall meeting coming back again. Oregon health decisions brought us the Oregon Health Plan by going to thirty different places around the state and having citizens just plain say what was on their mind, and putting that all together. That's the groundswell that worked in the past. It's got to work again.

REYNOLDS: And you see that occurring?

CRAWSHAW: No. But I'm going to see to it. I'm the same way you are. [laughs] I'm as angry as you are.

REYNOLDS: I've had the, indeed the frustration of expressing this need for in my term universal and basic healthcare for every citizen. And of course many other programs have been studied: Canada, Sweden, Norway. It just seems to me that there are

extractions you can take from those experiences, positive extractions that we could utilize to form and develop an ideal healthcare system.

CRAWSHAW: You're being rational. You're being rational, and we cannot succeed rationally.

REYNOLDS: This must be approached irrationally?

CRAWSHAW: This has to be approached irrationally. It has to be approached with cultural competency. And that's not rational. You don't think out how the other guy should act. You really learn how the other guy acts. Then you make it possible for him to change. And that's as close as you get to rationality.

Let me give you an example. In 1988, we had meetings with the AARP in Oregon. They said, "We want no improvement in our healthcare that comes at the expense of children." That makes sense to you, doesn't it?

REYNOLDS: Mm hmm.

CRAWSHAW: Today the AARP will not cooperate with Kitzhaber's present attempts. Why? "Because we just don't get into politics." Which is a lot of blah, blah, blah.

REYNOLDS: It's economics.

CRAWSHAW: Economics! They now are going to lose some of those million dollar coverages that they want to hold onto. And if it does hurt the kids, that's the grandchild's problem.

REYNOLDS: That will make a difference.

CRAWSHAW: We've got to bring that around. Here I am shouting. That doesn't help. [laughs]

REYNOLDS: No, that's good. I've been frustrated by the fact that there's so many facets involved. And the bottom line facet is economics. Making a buck.

CRAWSHAW: That's it, in a way. But it's even deeper than that. The only time we have really been successful in this country with this type of problem was with the draft during World War Two. You're smiling! Why are you smiling? Tell me!

REYNOLDS: Because that's what I've advocated, over and over again. I think every person between eighteen and nineteen, or at least when they finish high school, should spend two years in some kind of constructive or conscripted service. It could be military. It could be Peace Corps. It could be job corps. But it would be some kind of conscription for two years.

CRAWSHAW: Where they really know what it is to be in a community!

REYNOLDS: That's correct. And to encounter people from all walks of your society.

CRAWSHAW: That's right.

REYNOLDS: It's very important to relate that. To establish discipline. Respect for other people's positions. And of course, there are lots of variation in that. But by and large, if you do this, and just coincidentally you have an organized military force at your disposal without any hesitation. [laughs]

CRAWSHAW: Correct. Correct. And how this applies is, we have to stop spending two million dollars on a child who's born without kidneys. Who has no chance of surviving more than two years.

REYNOLDS: Exactly.

CRAWSHAW: And we'll spend two million dollars to make sure that he makes it to 2.5 years. That stuff has to stop.

REYNOLDS: Yes.

CRAWSHAW: And the only people who can decide that have to be local people. Have to be local people who are going to live with the decision in the community. And that's what I mean by a draft resurgence. We've got to have the guts to say we're not going to spend billions of dollars on few childcare. And we haven't done that. But you're smart enough to lead us to do that.

REYNOLDS: [laughs] I'm an old man.

CRAWSHAW: Oh, cut that out! I'm almost precisely the same age as you, and I'm not allowed to say that.

SIMEK: Dr. Crawshaw, could we add a couple of questions?

CRAWSHAW: Sure!

SIMEK: All right. One of them that we were curious about was how did your military experience affect your life as a physician? Especially as a military commander, or chief military officer.

REYNOLDS: Right. I spent a year in med school and had to repeat. And I chose to go into the service. That was, I went into the infantry, Fort Lewis, engineer. And eventually sent to the infantry OCS school, Fort Benning, Georgia. And spent two and a

half years in the infantry. I was a first lieutenant when I got out. But I was assigned to the South Pacific arena, the Philippines, getting ready for the big push on Japan, the 93rd Infantry Regiment. On my way over, bomb dropped, war ended. But I went over and finished my tour in the Philippines. And then rotated back just in time to get into med school in '46 and finish in '49.

Now the experience in the infantry for me was interesting.

CRAWSHAW: I was in the mountain troops at the same time.

REYNOLDS: It led to my comments about conscription of young people. But it was a period of discipline. I always heard my father talk about the service, and so forth. But it was a period of discipline. And you experienced, again, the retinue of the social environment of the time. The armed services at that time were segregated, and you went through a lot of garbage and all that kind of thing. And when I got ready to leave, I was offered a promotion to stay, and that would be the permanent army. But chose to, and had planned to go back to med school. And I did, and finished in '49. And took an internship in the Midwest at (???) County Hospital.

I was sent there by a Dr. Warren Hunter. He made the recommendation. Wonderful person, bless his heart. And I never dreamed I would go there, but out of courtesy I thought I would take a look. And when I went back, I was so impressed that I just stayed for that year for my internship. I took that on the auspices of the air force. And of course you had to pay the air force back with two years of service. So from my internship I went to Randolph Field School of Aviation Medicine for a training period.

And then was assigned to Alaska Eielson, Eielson Air Force Base, which is way out in the boondocks. It's twenty miles south of Fairbanks. But that was a fascinating experience. And I ended up being the base surgeon. It was a very small base. But there my services were primarily to take care of the families of the military, air force, and the personnel. And that was an interesting assignment because it was the 58th Weather Reconnaissance Squadron. And at that time, the Korean conflict was in existence. And the jobs were that Weather Reconnaissance Squadron that flew converted B-29 bombers, fly daily over the North Pole was one tour. And then the other was out to the Aleutian Island chain. And of course they were a weather reconnaissance squadron, but they were also viewing activity of Russia across the Bering Sea. [laughs]

But one interesting thing about that assignment was the navigation. As we know, the North Pole, in terms of its magnetic force, is not on the pole, but in Northern Canada. So when you get beyond that point, navigation became celestial. And they flew by the stars and around the pole, and then came back. But the, as a result of that, that squadron developed the Transpolar Navigation System flight, using the solar navigation. Which is celestial navigation. Which is very interesting.

So those were fascinating experiences. Gave me a break away from the rigors of medicine. I did, indeed, appreciate it. And it did, of course, satisfy my love of flying. But

the whole experience in the service, I thought, was beneficial. Again, when I got ready to rotate back, they wanted to kick my up a grade and keep me in the permanent service. But I had had enough of that.

But I had an interesting experience. Because as I mentioned when I was in the infantry, that period, the services were segregated. But then in April of 1948, Truman desegregated the whole armed services. And that's then when I went in, about the time I went into the air force. So the air force was then unsegregated, or desegregated. And there was quite a contrast. Quite a contrast.

But one interesting incident occurred when I got ready to rotate back from Eielson Air Force Base in Alaska. And I was base surgeon. My replacement was a major OB/GYN man, who was just astounded that I, as a black physician, was then commander of a base. It disturbed him greatly. [laughs] To the point where, I have to tell this tale. The point where I came to rotate back and I explained to the major who was taking my place that I was going to drive my car down the Al-Can Highway to Seward to put it on the boat to rotate back to my family. And I had my call covered. I had a couple of the personnel were covering call for me, and I was going to drive down. And I only had this last day to drive. I had to drive all night. I almost went off the Al-Can Highway. Boy, that's a big drop. [laughs]

But anyway, he says, "No."

I said, "Major, what did you say?"

He said, "No. You can't go."

"Major. Major, I am leaving the service. I'm rotating back to the States and my family, and I want to get my car on this boat, and this is the only chance I have. I only have one more day in the service, and I'm going to drive down the highway."

"No." He says, "you can't do that."

I said, "Major, what are you talking about? Are you serious?"

He says, "I'm in command here now, and you can't do that."

And I said, "You go to hell!" [laughter] I said, "I don't care what you write about me. I'm gone." But that was interesting. Just kind of a reflection of attitudes about the day and time.

CRAWSHAW: What did he have in mind? He was going to keep you there permanently?

REYNOLDS: No. He just wasn't going to let me go down because that was not my prerogative. It was his decision to make. [laughs] I know. It's unbelievable.

CRAWSHAW: It is.

REYNOLDS: But at any rate, we drove down, as I say, I'd have been wise to stay at home, because I almost went to sleep and went off the Al-Can Highway. Incidentally, have you ever been to Alaska?

CRAWSHAW: Yes, yes. I've driven the Al-Can.

REYNOLDS: Have you driven the Al-Can? Wasn't it a wonderful experience?

CRAWSHAW: It was. It was.

REYNOLDS: Did you ever take the train between Fairbanks and Anchorage?

CRAWSHAW: I did. I did.

REYNOLDS: That is the most marvelous engineering feat I think I've ever seen.

CRAWSHAW: We went up to Fairbanks and then we took the bus all the way up to the Arctic Circle.

REYNOLDS: You're kidding!

CRAWSHAW: Went up to the oilfields.

REYNOLDS: Right beneath Fairbanks. Fairbanks is the bottom of the Arctic Circle.

CRAWSHAW: Yeah. And I did something I've always wanted to do: I went wading in the Arctic Sea.

REYNOLDS: Oh. [laughs] You got your foot wet!

CRAWSHAW: I'd read a lot of books, I don't know if you want this. But I'd read a lot of books about Arctic explorers. And if they ever fell into the ocean, they immediately got out, stripped down naked, and dried themselves off. Because if they stayed in their wet clothes, they were dead within thirty minutes. And I wanted to test that with my own (feet?).

REYNOLDS: [laughs] You didn't die, huh?

CRAWSHAW: No, I didn't die.

REYNOLDS: Did you wish any more about my military experiences?

SIMEK: No, but we do have a couple more questions, if that's all right.

REYNOLDS: Yes.

SIMEK: You were in a section of the city that was economically depressed. How did you deal with a number of economically depressed patients? What were the financial arrangements, then, without insurance?

REYNOLDS: Thank you. That's a good question. When I set up practice, I mentioned my philosophy was to treat everyone that came in the door, and never rejected anyone. And then sorted out arrangements after that. Maybe make referrals to county hospital then, or other institutions. As a result, my economic income in my first years of practice was not very good. It was quite low. I often had, I would fuss with my accountant about taking advantage of not being paid. He said, "Well, that's just millions of dollars you're never going to get." And indeed was true. I think we delivered a lot of healthcare without costs. And I don't treat that with any condensation [condescension?] at all. It's just the way that things were.

In the overall view, and I think part of this whole philosophical thing is that you make a living. You have income and you'll survive. But that is an important point in terms of young physicians starting today. I had always, through my practice, tried to encourage young people to get into medicine. Try to appreciate the economic concerns as well as other concerns. I openly expressed my background and things that occurred. And I would urge them to learn the business of medicine and certainly don't make the mistakes that I made. And I made many of them from a business standpoint. And I was always, always have the reflection that the student will change his thinking as he goes along in terms of preparation for practice. Because you get married, have family, have to support family. Have to divide your time with family. And certainly sort out income. And so when you establish practice, think of those things as you get into it.

Not like I. I just took off and actually had nothing when I started practice. I borrowed five hundred dollars from my father to get started. And believe me, that's the only time I ever borrowed money from him. And that was the hardest thing in the world. I had to pay him back that first two years that five hundred dollars. But I paid him back ten, twenty, thirty dollars at a time. He made me sign a little contract with him, which I was so happy that he did. And I paid off that five hundred dollars, and it was the happiest moment of my life.

But I really, thank you for that question, because I shared that with the students that I would mentor and urged them to appreciate the economics of the practice of medicine. What you're looking for, sacrifices, efficiency in trying to run your office. And I think that your office was probably one of the first ones in the community to establish a computer system. And I happened to meet a young man who was well grounded in computer work. And he said this is coming (?), I got involved. And so indeed, I think our office was one of the first ones to do that.

And it was a real fascinating experience, and one which I valued, because at some point in time, in answering your question, when I would see so many patients for nothing for many years, the welfare begin to pay a small amount: fifty cents a person, a patient. And it was amazing how that revenue increased my income. And then the amount went up to seventy-five cents a patient. And I had peers in family practice who said, "Well, we can't see, well, we'll see a certain number." You know, they were goodwill. "But we can't see a lot of persons. It just economically isn't sound."

But with that small increase in the welfare payments, all of a sudden I became, I think, the most prominent recipient of welfare funds. And hence came an investigation carefully, "Where's all this income coming from?" And it was the OMA Society, you can go back in your records, that had people out working in this business. And so they reviewed my records and insisted that I had mischarged. And of course I was so incensed, being self righteous.

But we were able to provide that reviewer, that investigator, every account. We printed, we were able to print things out, which was unheard of. If you remember how you started your practice, you'd write things down. We (?) every item and everything we did, and we gave this to this (?). And we explained to him, "You are welcome to all these things. If we made errors, they're unintended. And perhaps if we made an error, we'll gladly recognize it. But there's certainly no fraudulent approach to this." Ooh, I was angry. That's where cultural competence really came into play on my part.

And that gentleman took two years going through my records. Would constantly, about every three months, come back, "Give us some more records from year such and such."

And we'd say, "You're welcome." We'd go out and get all these printed records and give it to him.

And finally they came up with the indication that I had overcharged and misrepresented. Oh, I was so infuriated, I didn't know what to do! But I hired an attorney, we took the thing to court. And took the whole thing up to the government agency. And they reviewed things and said, finally, "Forget it. We don't see anything inappropriate here."

But that was an interesting experience. Two years that gentleman took going over our records. We could give him every transaction we ever had, dealing it. It was really a fundamental experience for me. But that's why I stress this business of the young physician being attuned economically about how he's going to do it, what he's going to do, and get into practice. And certainly the mode drifted away from the solo practice approach to groupings and being invited into groups. And of course groups had their own methodology in handling their business.

CRAWSHAW: And then they'd hire business agents.

REYNOLDS: Yeah. That's right. And business agents would actually do it. I had a manager doing mine. That is an interesting point that, I think that's one thing I certainly lacked was a business acumen in terms of formal background training. Some kind of bookkeeping experience. And I think that should be stressed to every physician going into practice. Business management. And it is a big problem. But of course that is, as you're pointing out, done now by groups you go into hire managers to do all these things for you. We did this on our own. You did it on your own.

CRAWSHAW: Yeah. I did it. And it was as though there was a part of my brain that just didn't work, that should have worked. And now, having all these assistants to it is going to ensure that it doesn't work anymore.

REYNOLDS: [laughs] That's put very well. That part of the brain just wasn't functioning there very well.

CRAWSHAW: That's right.

SIMEK: One last question. You mentioned several people who had quite an influence on you, including Dr. Unthank and Dr. Crawshaw, and a number of other people. Are there any others who stand out in your mind as being very influential on you, whether you knew them or not, but had some kind of influence. And what were the benchmarks that they involved?

REYNOLDS: Well, I mentioned my high school basketball coach. It was such a simple venue, probably he, Mr. Gerke, Leonard Gerke, I don't know if you ever remember him. But coming in through high school through a period, very oppressive period. In fact, I was kind of distraught with high school. It was frustrating. Social milieu was not there. The only thing that really helped me out was sports and athletics. And I enjoyed basketball. Not a very good player, but enjoyed basketball. But he took an interest in me, and that was just amazingly helpful.

I mentioned my older brother, he was very helpful. My father. Some of his associates. My father was always civic minded, working in efforts. And of course encountered people who had some bearing and influence. Attorney friend that I had was always a helpful influence, Gerald Robinson. Very positive sort of person. There are people just along the way who seemed to contribute bits and pieces in the whole venue of the thing.

CRAWSHAW: Thank you very, very, very much.

REYNOLDS: Well, I've enjoyed it. I appreciate sharing my thoughts with you. It's been very enjoyable.

CRAWSHAW: This is personally so reassuring.

REYNOLDS: [laughs] You mean you aren't by yourself?

CRAWSHAW: Well, not that I'm not, but that the spirit prevails. It really makes a difference what you think every minute of the day.

REYNOLDS: Thank you. Well, I thank you for inviting me. And I enjoy yakking, so it's been wonderful.

SIMEK: I'm just going to read the closing here. This is the end of the interview with Dr. Walter C. Reynolds that was made possible—

[End Track Five. Begin Track Six.]

SIMEK: —by a grant from the Oregon Medical Education Foundation. Recorded here May 23, 2007, at the Oregon Medical Association offices in Portland. Dr. Ralph Crawshaw was the interviewer. This is end of tape number two, end of interview.

REYNOLDS: Thank you.

CRAWSHAW: I'm going to take this and I'll send it back to you.

REYNOLDS: Would you be so kind?

CRAWSHAW: Yeah, I will.

[End Interview.]