

HISTORY OF MEDICINE IN OREGON PROJECT

ORAL HISTORY INTERVIEW

WITH

Edward Wah

Interview conducted February 14, 2007

by

Janet Worthington

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Date: February 14, 2007

[Begin Track One.]

SIMEK: Oh, no, thank you for reminding me. Janet?

WORTHINGTON: Yes.

SIMEK: And I am rolling, and you may do that slate.

WORTHINGTON: This is an interview with Dr. Edward Wah on February the fourteenth, 2007, at the Oregon Medical Association on Corbett Street, as part of the Oregon Medical History Project, and as part of the Kam Wah Chung Oral History Project. Good morning, Doctor.

WAH: Good morning.

SIMEK: And your name?

WORTHINGTON: And I am Janet Worthington. And this is tape one. Dr. Wah, would you begin by telling us a little bit about your background, and how you came to know Kam Wah Chung and know Doc Hay.

WAH: Well, Doc Hay is a family member. He's a distant relative of ours. And when his business partner, Lung On passed away, I think it was the latter part of '41, he had nobody else to turn to to take care of him because Doc Hay was blind. Although he was able to get around in the store pretty much, knowing where everything is. When he goes out beyond that, it's difficult to do.

My dad being one of the, the only, really, relative in the area that he knew of, he was notified. So late '41, which incidentally was when World War Two started and everything, he got a friend to drive him over to John Day, and he surveyed the situation and realized that he had to go back to John Day to take care of him. So he made arrangements to go back to John Day.

And you know, in those days, driving from Northern Idaho to John Day was quite a chore. Narrow, bumpy roads. Not any freeways like we have today. But John Day is still a very difficult area to get into because of the mountain ranges.

Anyway, he stayed to take care of Doc Hay. And our family then stayed in Idaho until after school was out. So the following summer of '42, then, we all moved over to John Day. And it was quite a shock for me to go from an area where we had running water and indoor restroom and all that to go back to John Day where there was a water pump for water, and outhouses for toilet needs, and no bath or shower.

For the first year, we stayed with Doc Hay in the Kam Wah Chung building. Because during the war, we couldn't build a new home or anything like that, because that was restricted because of the material. And so my dad had to find a little house, move it over into the Kam Wah Chung area, build a foundation and set it up and build a house. and that took pretty much all the next year before we finally moved into a home where we had running water and all that kind of good stuff.

But during that one year, it was quite interesting because we had to chop wood and carry it over to a woodstove that we cooked off of. And the water source was, as I said, water pumps. And the hot water was from a tank that was in the kitchen off the woodstove where we cooked on. And sponge baths instead of showers and baths. So it was quite an experience.

But we weren't the only one that was back (there?). There was a lot of homes in John Day at that time, but they were still without toilets and everything indoors. But that was the one thing that really hit us hard was getting used to the outdoors facilities.

WORTHINGTON: You mentioned that you were distant relatives of Doc Hay. Was your father a nephew of his?

WAH: Yes, he was a nephew. The only relative that they could find. I don't know of any other relative here in the States of Doc Hay. So he went back there and took care of him. And my dad also had knowledge of herbs, Chinese herbs. So it was almost natural that he later on took over Doc Hay's herbal practice. He was able to read the herbal books, and he had, as I said, early knowledge of herbs already.

But Doc Hay taught him the art of doing pulse diagnosis, which was fascinating. I thought that was one of the things that I wish I had the ability to do. They'd come in, the patients would come in, not saying a thing about their symptoms. And they'd sit down and you'd take their pulse and feel for about maybe three, four minutes. And then at the end of that time, they would tell the patient what was wrong with them. Instead of the patient telling them what their symptoms were. And oftentimes, if they'd had previous surgeries, he was able to pick up where the surgery was and what the surgery was. So it was a fascinating art.

WORTHINGTON: So when you moved, how many members of your family moved from Idaho to—

WAH: Well, my younger brother and I were the only ones at home at that time. The two older kids were already grown up and married. One of them was married, and one of them went in the service.

WORTHINGTON: So that was Bob, Junior?

WAH: No. Albert is the one that went in the service. And Lily, my older sister, was married.

WORTHINGTON: Oh. So you and Henry were—

WAH: The ones that were home at that time, yeah.

WORTHINGTON: And how old were you, and how old was Henry?

WAH: I was in the fourth grade, and Hank was in the third grade when we moved to John Day.

WORTHINGTON: We're really interested in the building that was there, because that's now becoming a museum. I wonder if you could have a look at this diagram and explain to us what it was like when you lived there.

WAH: Well, in the first place, Doc Hay being blind, he didn't need a lot of light. So the inners were pretty dim most of the time. Doc Hay's bedroom was just to the bedroom of the anteroom. I never did go in there, but when he opens the door, it's all dark, so we never was able to see. And it was a forbidden area for me. He didn't want anybody to be disturbing his room. But that off to the left was Doc Hay's bedroom. And then straight on was a lot of the herbs were behind the partition with all the bars and everything. That was part of the herb storage. And to the left of that was also another storeroom for herbs. And to the right, he had a whole wall of some sort of cans that he would pull out that had herbs in them.

And being blind, you'd think he could pull out the wrong can or something for herbs. But that man was very fascinating. Being blind, he was able to go in there and know just exactly what he wanted and where it was located. And that whole wall was filled with these little can drawers, so to speak, that he had the herbs in. It was quite an experience to see him operate. I couldn't do it, even looking at them, you know.
[laughter]

But anyway, to the right of that, we went into the kitchen. The kitchen was right behind the section with the can drawers. And to the left of that there were a couple of bunk beds there that my brother and I slept on. And then beyond that was where my mother and dad stayed. Right behind the kitchen. But that, we weren't able to roam around in there too much because of the storage of herbs and everything. They didn't want us to get in there and disturb anything. So mainly we ate, slept and did our schoolwork out in the dining area. That was primarily it.

WORTHINGTON: And what about the upstairs?

WAH: We weren't able to go up there. That was a locked area, and off limits, too. So I have yet to go up there and see what it's like. I've never set foot up there.

WORTHINGTON: Did you hear anything from anyone about what it was used for?

WAH: [laughs] No. All I heard was it's another storage area with a sand floor or something, and they had a lot of the whiskey bottles and everything hidden in the sand. Because it was during Prohibition days that they did all this. And I guess they must have found something like forty or sixty bottles of real good whiskey and bourbon. [laughs] I think they even took some and auctioned them off for fundraisers and so forth, I heard.

WORTHINGTON: And how was the area heated? You were there for a year, so—

WAH: Yeah. The area was heated primarily by the cook stove in the kitchen, and little pot-bellied stove in the front room there, right next to the table that was right in front of the storage room there.

WORTHINGTON: And were there any entertainment, was there a radio in there?

WAH: Yeah. He had an old upright floor model radio that he would listen to the progress of the war all night long. He just sat in the big soft chair there. And he'd smoke a cigar, and listen to the radio practically all night long.

WORTHINGTON: And was there any other entertainment in the—

WAH: No.

WORTHINGTON: That was it.

WAH: That was primarily it.

WORTHINGTON: Was the radio. Was the radio able to get stations from far away?

WAH: No, I don't know what, I think it was more the stateside stations that, he was interested in the progress of the war all the while that it was going on.

WORTHINGTON: And how did you get into the store? Was there just one door?

WAH: Yes. The front door is the only door we used. There was a door over here, my mom and dad's bedroom, but it was never open. I think they must have nailed it shut or something. We never used it. The main door, the front door.

WORTHINGTON: Is there anything else specific that you remember about the place that sticks in your mind about—

WAH: Well, Doc Hay was a very friendly person. He always had these kisses, the peanut butter taffy sitting in a bowl for visitors. When they come in, they could help

themselves to that. Then he'd have a pot of tea. Traditionally Chinese usually have a pot of tea and some clean cups there for anybody that walks in. Visitors. Supply them with a cup of tea.

So, yeah, I guess the story goes that the youngsters any time could go in there and ask for these taffies, and he would give them some.

WORTHINGTON: So then after a year you moved to—

SIMEK: Excuse me, if I could request, if we could have Dr. Wah put the paper down. It's just rustling a little bit. I'm sorry.

WAH: Okay.

WORTHINGTON: Anything else about the building? What about the store? Were they still selling—

WAH: No.

WORTHINGTON: There was nothing?

WAH: The supply part was just what was left over. They never did reorder. See, most of the Chinese people had left by the time we got there. And that used to be the central mercantile store for the thousands of Chinese miners that were in the area. And that was the gathering place, also, for these people. So I guess the rumor goes that they went in there and those two bunk beds were opium dens. So they'd go in there and smoke their opium and lie on the couch and relax.

But after the Chinese population, the store part went, but his herb practice remained, he stayed on to take care of people. And people from all over came to be treated by him. Most of the time, these trips to John Day and Doc Hay were their last resort of treatment. And I guess he had enough success that it drew people from way back East and all around Oregon to him.

WORTHINGTON: Could you tell us a little bit about the exterior of the building? What was around the building? Was there a garden there?

WAH: Yes. There was a groundskeeper when we went there, named Charlie. And he, I think he was just an old retired fellow that came along and stayed there in one of the buildings that was vacant after everybody moved out. And where the four plex is now, there was a little victory garden, so to speak, where he grew vegetables. And there was a little stream right beside it to get the water and everything. And they raised geese, chicken. And had this garden back there. And he sort of took care of everything. And time to harvest, he'd bring it in.

And I never did know what happened to him. It just seemed like one day he was gone, like he just left. He felt that maybe Mom and Dad were there to take care of him, and he wasn't needed anymore or something. I never asked. But I'm curious what happened to him. He was a very nice fellow. But there was that little garden back there, yeah.

WORTHINGTON: How interesting. And was there a fish pond? Were there fish around there?

WAH: Well, when the dredge, the gold dredging came through, they left a lot of rock piles and a lot of ponds that developed when underground water came through from the nearby canyon creek. And left some pretty large water ponds. And ducks would come in there. And somehow fish would get in there. So we were fishing and hunting the ducks back there, right behind our house, practically.

WORTHINGTON: And was there a parking lot in front of the store, someplace where people—

WAH: There was a little road there. It wasn't a parking lot, but the road went back about where the swimming pool is today. Went as far as that. And there were about three buildings at the end of that road. And a couple of garages. And I think one of them was used as a temple. There was a little worship area there. I think it was in the middle building. Yeah, there were about four or five buildings around that weren't being used. They were just empty.

WORTHINGTON: Then when you moved to the house across the street, did Doc Hay come to stay with you at some time? Or did you go back over there?

WAH: Well, he didn't want to leave his house. Dad had built a special room for him where he could be by himself if he wanted to, and have his privacy. But in the final end, he wanted to stay in his own house. So, no, he never did move over. Although he did come over and eat dinner, then went back. Then later on, we just took dinner to him. But I think that was the problem with, he was by himself over there when he fell and broke his hip. And then that was his downfall there.

He smoked cigars all the time. One time he fell asleep and the cigar came out and started a fire, which was dangerous. But we had, after that, he didn't smoke anymore. But he did like his cigar for the longest time. But luckily, it didn't do any damage. He realized it was time to stop, and he quit smoking.

WORTHINGTON: Very wise of him.

WAH: Yeah.

WORTHINGTON: And there was a system for him to get to the outhouse?

WAH: Oh, yes. [laughs] Somebody was very clever in doing that. They ran a wire up high from the front of the Kam Wah Chung building, across the road, to where the outhouse is. And had it just going straight back and forth. And he would use the wire to guide him over there. And then he'd hook the wire in front of the outhouse. When he'd come through, he'd walk back to the house, and hook it up. So he knew where he was going all the time.

WORTHINGTON: That was very good.

WAH: Yeah.

WORTHINGTON: You said that the store while you were there, the store had already sort of stopped functioning. Did he ever talk about what was going on in the store? Did you hear from other people in John Day what the store was like when it was functioning?

WAH: Nothing other than the fact that it was a mercantile supply center for the Chinese population at that time. But it had stopped functioning for, oh, many years before we got there. You've got to understand that the biggest part of the mining was in 1862, between '62 and '80, back in that area where most of the Chinese population was there. So after '80s, the Chinese population started to disperse. Going back to China was part of it. And some of them went on to other places to find work and things like that. There were a few old Chinese people that stayed on and worked on the local ranches. But very few. So the store itself just became a maintenance supply house for Dr. Hay and Lung On.

WORTHINGTON: Okay. Did you know anything about Lung On Did you ever meet him?

WAH: No.

WORTHINGTON: Did Doc ever talk about him?

WAH: All I know about him is what I hear from people that lived there. But I guess he was quite a character. Quite a ladies' man, from what I hear. [laughs] He enjoyed life. But he took care of Doc Hay pretty well.

WORTHINGTON: And he had a car dealership there in town?

WAH: They had a car dealership, and they had other businesses uptown, too. But by the time we got there, most of that was already turned over to someone else. So I don't know what all was involved.

WORTHINGTON: Do you know what kind of cars he sold at that dealership?

WAH: I think it was a Pontiac Chevy dealership.

WORTHINGTON: Could you describe Doc Hay for us? Could you tell us what he looked like when you knew him?

WAH: Well, he was a small fellow, maybe about five-two. Very, very thin. I think from the pictures I've seen of him, he was pretty thin throughout his life. But he had a very good memory. He could recognize a person that would walk in years after by just the sound of his voice, he'd know who he was. So I think his blindness brought about his other sense, made them stronger. Yeah, he didn't need his eyes, because he knew most of what was happening.

WORTHINGTON: And how did he dress, generally? What did he wear?

WAH: He had Chinese black slippers. Just dark cotton pants and a shirt and a sweater. He usually wore this maroon cardigan sweater all the time. And he didn't go anywhere, so dress was really not very important to him, except to meet the public when somebody would come in. But yeah, he pretty much dressed the same way every day.

WORTHINGTON: And did he have long hair? Or did he wear his hair cut short?

WAH: No. No. He had regular hair. He never, at least when I saw him, no pigtails, no nothing like that. Just regular hair.

WORTHINGTON: And his hands must have been very important, because that was his profession.

WAH: Oh, very delicate. Long fingers, long, narrow fingers. And very sensitive hands.

WORTHINGTON: Some of the people we talked to mentioned his fingernails, also.

WAH: He never, like today, we cut them short. But his was fairly long. Of course, I think that may be part of his blindness and everything. It would be hard to cut down to the quick. But yeah, he had fairly long fingernails.

WORTHINGTON: Did you observe him treating patients? Could you tell us about that?

WAH: Yeah, I would sit around there. And people didn't mind. I was just a kid, you know. So, as I say, the most fascinating part was the pulse diagnosis, and what he can tell a patient that's wrong with them. And he would tell them what's wrong with them. And they said, "Yeah, that's pretty much it. Yeah."

And he said, "Well, I can do this for you." And if they'd okay it, then they would get the herbs, cook them up, put them in jars, glass jars. Usually old whiskey bottles or

something like that that they have. And then they'd come back next day or two and pick up the herbs and go home and consume it.

And then in about a week or two, they'd come back in and see if anything's changed. And continue the treatment or, after a few sessions, if it doesn't work, he'll tell them it doesn't work. Or if they're feeling better, they're telling him they're feeling better.

WORTHINGTON: Did he have a specific area where he conducted his tests of the patients? And did he have a specific, like a pillow that he—

WAH: In the front room. In the central front room with the pot-bellied stove on one side. There was a drop-leaf, round table. And when we're not eating, the leaves were down. And a pillow was at one end. And the—

[End Track One. Begin Track Two.]

WAH: Tea, and the cups were at the other. So somebody would come in and the stools were wooden stools. I think somebody made them. So they weren't soft, padded chairs to sit on. The patient would sit on one of those stools. And he'd have this little pillow that they'd put their wrist on. And he would conduct his examination. And they'd go from there.

WORTHINGTON: And what color was that pillow? Do you recall?

WAH: Oh, gosh, no, I don't. It was just a little pillow, about eight, nine inches. It wasn't a big, (flashy?) thing, it was just a little one that they just put their wrist on.

WORTHINGTON: Okay. And then did you ever see him use any other kinds of treatments besides the herbs? That was the primary method that he used. Were there other things that he used for treating?

WAH: There were other treatments, but I wasn't allowed to go back and see that. Sometimes they would take patients back into our bunk beds there and scrape their backs or do something there, because whatever was wrong with them was needing this particular type of treatment.

One time I remember, though, this was after Doc Hay had passed away, but my dad had this patient come in from Burns, Oregon. And the patient couldn't walk in. They carried him, and Dad took him over, and he took him in the back room and worked for maybe about an hour on him. And to my surprise, the patient walked out. And that was quite amazing. He did something back there. He scraped his back with something. And it relieved the nerves or something. And he was able to walk after that. So that was amazing.

WORTHINGTON: Wow, that is. That's incredible. Could you tell us a little bit about Doc Hay's relationship with other doctors in the area? You mentioned that people would come sometimes as a last resort?

WAH: Well, the doctors were unfamiliar with the herbal practice, and what herbs could do for patients. And of course their training was in another area. But he had several bouts with the medical society. They'd keep trying to force him out of practice. But the local people wouldn't testify against him because they had so much success with him. So each time they tried, they failed. And I don't know to how far they went with this, because these are things that I just hear as a kid. You know, you just pick up a little bit here and a little bit there. But the fact that they were not familiar with herbal practice, I think, disturbed them. But this fellow was working without a license. It's hard to accept the fact that you're treating patients without an examination of some sort to qualify for. He had some, but it didn't seem to bother him any. Because he knew what he was doing, which was correct.

WORTHINGTON: Was he trained in China?

WAH: He was trained in China.

WORTHINGTON: Do you know anything about the training that he received there?

WAH: I'm not familiar with it. But it's sort of like they go through like a monastery, monks up in the hills have these particular rituals and training for.

WORTHINGTON: Now this is the question I have to ask because I've been dying to know. When they opened Kam Wah Chung, they found something like twenty-three thousand dollars in uncashed checks. There have been many explanations about those checks. Do you have an idea about why Doc Hay did not cash those checks?

WAH: Well, I think in his mind, that was money. When he needed some money, he would take out a check from underneath his mattress. I never knew where he put them. He knows where they are. And he just reached in there and gets a check, cashes the check and gets money he needs to spend. You know, he never went anywhere. He didn't do much. So he didn't need much money. So when they pay him with a check, he just puts in underneath the mattress there, figuring, well, this is a safe haven for it. It's a storage place for my cash. And he just left them there, and never thought that they were going to expire and not be cashable.

And when they went in there and found these things, they were years old. Probably some of these patients weren't even around anymore. [laughs] But it was a fascinating story when they found out.

But Lung On did most of the banking and taking care of the financial end when he was around. So I guess Lung On had most of the money, but still he kept a few, because a lot of that was before my dad got there.

WORTHINGTON: Thank you. I've always wanted to know that. Did you ever hear anything about the whole family? About Doc Hay's family? Did he have a family in China?

WAH: From what I understand, he did have a family back there. He had a daughter that was still alive at the time of his death. But we can never locate her, or locate any family members. But I think he, like most Chinese, came over here and started a family back there, thinking maybe he would go back or have them come over at some later date. And it just never happened.

WORTHINGTON: And did he ever talk about that?

WAH: No.

WORTHINGTON: Never?

WAH: Never said too much about, and I think for years there they were sending money back there. Lung On was sending some money back to his family. Like most Chinese did. They come over here and the work and they'd send the money back for the family. But my dad couldn't find any record of where all this was going.

WORTHINGTON: There's a gentleman, E.B. Wing. Did you know him?

WAH: Oh, yes. He's my uncle.

WORTHINGTON: He's your uncle. Okay. So he is your father's brother?

WAH: Yes.

WORTHINGTON: Was he also there when your father was there?

WAH: No. He lived in Portland here. He was, he just goes back there and visits with us. You know, he was a nice person. I have fond memories of him. I feel like I had two fathers. He was the one that would come visit us, read to me, tell me stories, and things like this.

WORTHINGTON: But he lived in Portland.

WAH: Lived in Portland.

WORTHINGTON: All the time. He never moved to John Day.

WAH: No, he never moved to John Day.

WORTHINGTON: He just came to visit periodically.

WAH: Yeah. Yeah.

WORTHINGTON: Okay.

WAH: He was there when anything was, anything is needed of him to take care of legal matters, anything like that. My dad wasn't too knowledgeable in some of these areas, so Uncle Wayne would take care of it for him.

WORTHINGTON: In discussing and getting descriptions of Doc Hay, some of the people we interviewed would tell us some of the things that he said. And sometimes it would seem that Doc Hay's command of the English language was somewhat limited. And other times, it would seem like it was not. What's your recollection of his use of English?

WAH: Well, he had no formal education here in the States. But he, I think, did quite well with the English language under the circumstances. Yes he had his phrases that he liked. But in general, you knew what he was saying. You understood. So that was the most important thing, I think, was he was able to convey his message to the people in a way that they would understand. Particularly medically or herbal wise. He was able to explain to them.

WORTHINGTON: And you said he had his phrases that he liked. Do you recall?

WAH: Well, he did. But I can't remember any particular one. At certain times, he would use his phrase all the time. But it's been too many years.

WORTHINGTON: Years. [laughs] Okay. But when he had to give people medicine, explain to them how to take this and what to do, there were never any problems with their understanding?

WAH: No. I never saw any difficulties.

WORTHINGTON: Okay. When you were there, the Chinatown that had once bloomed in John Day had pretty much disappeared? Is that what you said?

WAH: It was totally gone.

WORTHINGTON: It was totally gone?

WAH: My family and Doc Hay were the only Chinese in the community. And as I say, all the little homes around there that once were occupied by somebody were vacant.

WORTHINGTON: Were there any Chinese in Canyon City? No?

WAH: Later on, you know, a family would come in and start a restaurant business or something. But that was the only other family that lived there.

WORTHINGTON: And so you lived in John Day until you went away to college?

WAH: Yes. We went there in '42. Went to college in '50.

WORTHINGTON: And Henry also did the same thing?

WAH: Yeah.

WORTHINGTON: And then have you gone back to John Day to visit?

WAH: Oh, yes.

WORTHINGTON: Do you still have lots of connections there?

WAH: Well, you know, that was home. That's where I grew up.

WORTHINGTON: Right.

WAH: So, yes, I had a lot of good friends back there when I left. I would say that that's the highlight of my life, so to speak, is meeting all these people back there that I grew up with. And to this day, some of my closest friends are people I grew up with back there.

So after my senior year in dental school, we lost my mother. She passed away in May. She had a bad stroke and passed away. And Father was so kind and good to me all those years, I felt that I had to go back there to be with him for a while. But in the meantime, just shortly before that, I got married. I got married in September of '56. And we were expecting our first child that following summer.

So when I graduated from dental school, I moved back to John Day and practiced. I first thought maybe I'd go into the air force, but it was at the end of the Korean War, and they didn't need any more dental personnel. So they told me, "We're full now. Go ahead and set up your practice and don't worry about it." So that's what I did. I went back to John Day and I practiced my dental practice for about seven years.

So in '64, then, I moved my family back to Portland. And incidentally, that was seven long, long years for my wife. You've got to consider she's a Portland girl all her life. And moving her back to John Day was like moving her to the end of the world. And she never let me forget what I did to her. [laughs] I still owe her one.

But anyway, our kids who were getting old enough, they were starting school. So I thought well, if I'm going to move, I better move now. So I moved my family back to Portland in '64. And my mom, or my dad, rather, had since remarried by then. So I could leave him back in John Day, which he wanted to do. So that was okay.

WORTHINGTON: So then your father married Lily?

WAH: Yes.

WORTHINGTON: And they were then the last two Chinese in John Day?

WAH: They were. I think somebody else came in after that, but no relation or anything. Not associated with the Kam Wah Chung (building?).

WORTHINGTON: Okay. And then you've been involved with the restoration of the, have you not? Have you worked with it somehow?

WAH: Well, just as a contributor, I guess, financially. But not a whole lot. We've had a couple meetings with the committee. But I'm very impressed and very thankful that they got control over the Kam Wah Chung building, and are so interested in maintaining it. I think it's a worthwhile project, and they're doing a good job.

WORTHINGTON: Now you've been involved in medicine here in Oregon for some time, then. With your uncle and your father, and then your practice, too. Can you talk a little bit about the East and West coexisting in medical practices? You talked a little about that when you talked about how the doctors here did not understand the herbal medicine.

WAH: Well, you know, the Chinese herb practice goes back probably over a thousand years. It starts out as being a family knowledge thing, you know, where each family knows what to do about certain sicknesses. They didn't have a doctor to run to. So probably in China, that was the practice. Every family knew what to do about a sickness, because their family before them or their grandmother or somebody, with no remedy for this particular illness. So most of it wasn't a formal education type of a start. It was just more or less a family thing. And if somebody feels like they know enough to set up a little practice, they would do so. And start treating. And through his practice, he would gain knowledge of what works and what doesn't work.

Where as over here, of course, we get our education first, and learn the effects of this drug to work on the illness. And then we practice. And we get licensed to do so by showing that you are knowledgeable and capable of treating people in the right way. So I think it was sort of difficult for the established medical area to understand this.

WORTHINGTON: Some of the people we talked to did indicate that Doc Hay would refer patients to other doctors in the community if, for example, surgery was required, and that was something that he didn't do. Did it work both ways, then, do you

think? Did the other doctors refer people to Doc Hay if they felt they hadn't— or was it generally just that there wasn't anything being done? Doctors would say, "Well, this is it. There's no hope." So then Doc Hay would be the last resort.

WAH: I think that was more it. They didn't refer them to him as much. But yes, he knew his limitations, Doc Hay did. There's some things when he sees he can't do anything about, he'll tell them. Especially during the wartime, when the embargo on Chinese products during the war. It was hard to get certain herbs, so my dad limited his practice at that time because of lack of medicine for it. But yes. There are things, like you said, that require surgery that he couldn't do. He had to refer them. And he knew that by referring to get the surgery done, he would take care of it. He didn't hesitate to do that.

Yeah, because the medical people weren't knowledgeable enough in herbal medicine to refer him these patients, you know? So it wasn't that they didn't want to, probably, but they just didn't know that he could do this for him if they were to refer a patient to him. So I think that was more it.

And then these patients themselves, probably from word of mouth, would say, well, "Why don't you go try Doc Hay?" They hadn't got anything to lose at that point. And that's where he got a lot of these referrals.

WORTHINGTON: Consistently when we talked to people who had been patients of his, or whose families had been patients, they seemed to feel that he was a miracle worker. That what he did was just beyond what anyone could hope for.

WAH: That's what it seemed like, you know, because he did have so much success in these areas where everything else failed.

WORTHINGTON: And what areas, particularly, do you think he was really good in?

WAH: Oh, my goodness. I don't know. I think one of the areas was breast cancer. That was a piece of cake. He had these herbs that he would put a poultice on the affected area, and would draw out the bad tissue, and it would heal up and that was the end of it.

WORTHINGTON: Wow.

WAH: Yeah. And another one was one time a local rancher, you know, these ranches, they slaughter an animal and they cut it up into meat, and they serve it to their farmhands. So this is the way most of the ranches operate. Well this one big rancher accidentally cut his hand. And it got blood poisoning in it. And they treated and treated and treated, and the blood poisoning just started creeping up his arm. And they're afraid that it's going to affect his whole wellbeing. So they recommended they cut his arm off at the elbow.

And at that time, he came in and see Dad. Or, actually, came to the house and took Dad down to see him. And I think they took about six months. But my dad was able to get the blood poisoning out of his system and the wounds healed. And he had service, I think, three fingers. He was able to still work his three fingers. So he saved his arm and three of the fingers.

But things like this, it's just very fascinating that herbs can do this.

WORTHINGTON: The blood poisoning does seem to be one that Doc Hay worked with a lot, and your father worked with a lot. That was one of the areas.

WAH: The herbal medicine somehow has something that they can draw all this infected tissue out.

WORTHINGTON: One other common characteristic that they noted in this, when people talked about the cures and the treatments, they almost to a person said that it was awful. It tasted awful, it smelled awful. Can you tell us a little bit about— Do you have any idea what some of these things were?

WAH: [laughs] I don't know what they were. But I personally had to take some medicine that my dad would fix for me for colds, hay fever, things like that. And it is bitter. And it is sour. And it is all everything else that you think of as bad. It is tough to take. But he said, "Well, if it gets too tough, you can put a little honey in it and make it a little more palatable." But yeah, it's not a good flavor. And it isn't a good smell, either, when they're cooking it up. Sometimes he would cook it up. But other times he would package it up and give them instructions on how to cook it and everything. And they would take it home and cook it. Yeah, it's not good.

The one other area that Doc Hay said, he never did do this, but the first thing that he told my father when he joined him was that we don't do abortions. But they could. Just like taking a pill. He said, "This herb, we could do it. But you're not going to do it." It's something that, because he said it's not right, it's bad luck. So we don't do this.

WORTHINGTON: So do you think that some of the medical problems that you've seen throughout your career have a basis in the fact that some of the folks didn't seek help early enough? That maybe some of these Oregon settlers felt like they could go on, or they had to go on, their lives depended on doing the work, and they'd see the doctor when there was time to do that? The people who came after everything was almost gone? [laughs]

WAH: Well, is this human nature, though? To think oh, I'm okay. I'll get by. I'll get along. Until they just can't do it anymore, and then they seek help. You know, cowboys and Westerners lived a harsh life back, you had to be tough people. And just because you got a little twinge in your back or something, doesn't say, "Well, I can't go work today, because I can't—" You go and try your best and do the best you can until you can't move any more. And then you probably go in and say, "What's wrong with me,

Doc?" So that's right. I think all medical people would feel this. They should have come in earlier.

WORTHINGTON: And do you think that the Chinese doctors had really good, strong relations with their patients? Was there a personal relationship that developed, as opposed to just a doctor-patient relationship?

WAH: Well, I think most of it was patient-doctor relationship. I don't think intimately they, not have any relationships like close friends or anything. The respect, because of his position and what he can do for them. But yes, he did have a few close friends that he also doctored. But primarily they were just patients that he needed to take care of. But they had respect for him because of what he was able to do for them. You know, that was their last chance. And they took it and worked.

WORTHINGTON: And then once that had happened, once they'd been successful then, they came back and came back to see him.

WAH: Yes. Right. They have respect for what he can do for him.

WORTHINGTON: You talked about in the Kam Wah Chung store the wall that had all the herbs in there. Do you know anything about what was there, and, I know they've been trying to identify those ever since they've opened this, reopened the museum. And there still seem to be a number of them they don't know.

WAH: I'm sure that that's so. Because unless you're an herbist that worked with these, they're unfamiliar. I don't think there's a name on each one. You know, they're not marked with any particular type of herb. Unless you can recognize what it looks like and identify it, you don't know what they are. And that's the case here, I think, is that he knew what they were. He knew where it was. But nobody else. My dad knew. [laughs] But, you know.

[End Track Two. Begin Track Three.]

WORTHINGTON: Did your dad continue to practice herbal medicine all his life?

WAH: From the time that he went to John Day, and from the time that Doc Hay turned it over to him.

SIMEK: I'm going to stop you here for the tape end. Would you do a tape change? Would you like to get up and stretch your legs for a second?

WAH: I'm fine. Are we about done?

SIMEK: This is really going very well.

WORTHINGTON: Isn't it? [laughs]

[End Track Three. Begin Track Four.]

WORTHINGTON: Okay, this is an interview with Dr. Edward Wah on February the fourteenth, 2007, at the Oregon Medical Association on Corbett Street, as part of the Oregon Medical History Oral History Project, and the Kam Wah Chung Oral History Project. This is tape two.

?: (?)

WORTHINGTON: This is Janet Worthington doing the interview. Okay, you were going to talk about—

SIMEK: Just start anywhere.

WORTHINGTON: Anywhere? [laughs]

SIMEK: Start where you like to. The racial tensions.

WORTHINGTON: The racial tensions. Yes, you were going to talk to us a little bit about what happened in terms of were there any confrontations between the groups in John Day.

WAH: Well, when I went to John Day, I was a child, of course. So I didn't experience anything of that nature. My young friends all accepted me as equal, and we got along fine.

But as I got into high school and start going out in the community more, it was about that time that the lumber business in John Day was beginning to grow. And after the war, we needed a lot of lumber. So people from the South came up and settled in the John Day area and worked in the mills. I think it was mostly then that we had the problems. I didn't experience anything until I got older. Maybe I would have experienced this had I been older, earlier, and went out in the John Day area. But I don't think so.

The John Day people, the ones that had lived there for many, many years, were very nice people. They respected us as we respected them. We kept our activities and never conflicted with what they were doing. So we never had any feeling of animosity or any racial differences with the native county people. But as soon as the other people came in, then I did notice that there were a few times when I didn't feel comfortable being with that area, or in that area.

On Saturday nights, there was usually a community dance. And I would go with my friends there. And we had girls and boys together. And at some of those times I felt that maybe they didn't think that I should have been with them type of feeling. Although

I never, never had too much problem personally. I felt that maybe my sixth sense was tingling a little bit at different times. But, no. The John Day people, I have great respect for them. And I have great memories of all the older people that lived there. And we got along beautifully.

WORTHINGTON: During the time, though, when Doc Hay and Lung On first started, opened the store at Kam Wah Chung, when there was a large Chinese population and this was sort of the center of that, were there some problems? Were there stories? I remember there was a metal plate on the front of the door. Was that put there for protection?

WAH: I'm sure there were problems. Some of the big cowboys would get drunk or something and come in. I guess there were some shootings around and all this. You hear some of these stories, but I don't know how true or what. But I know that the Chinese community at large knew their place in the community. We didn't try to force ourselves into anything. I think that's one of the success stories of the Chinese civilization in America in general. [laughs] We didn't try to force our way into anything like some of the other groups at different times. We knew our limits. We lived within those limits, and quietly went about our lives and businesses. And I think that was one of the reasons why we have succeeded, I think. Whereas others are having more difficulty.

WORTHINGTON: Difficulty in assimilating into the culture.

WAH: Yeah.

WORTHINGTON: The question was asked about records. Did Doc Hay keep any written records of any of his patients? Your father, then, did?

WAH: Nobody.

WORTHINGTON: Nobody.

WAH: Nobody. My dad didn't. He just followed Doc Hay's practice. And he didn't keep records. The only records he kept was if somebody bought some herbs and paid partly down. And then some, at the next point or something like that, then there would be a record of what he paid and what he needs to pay. But as far as the condition and following the progress of the condition, anything like that, I never saw any records. It was all in the head, yeah. But those two had fabulous memories. They seemed to, I asked them, oh, yes, we remember what we did to them, what kind of herbs we used, and how many doses we did for them. Nothing was written down.

WORTHINGTON: We heard many, many success stories when we went to John Day and interviewed people. But we really didn't hear of any failures of the herbal doctors. Did you hear any of those stories? What happened if the herbs didn't work, or if treatments didn't work?

WAH: Well, this, I'm sure there were. But they were very honest about it. They were just very upfront about when they first made their first contact. Said, "Well, I don't know. This may not work. But we can try it." And if it works, great. But if after a couple of doses of the medicine then they find no progress, then they would tell the patient that it isn't going to do it.

SIMEK: Pardon me. Would you mind doing that again, because that's a very, very important issue for us. And with the door slams and everything, I want to make sure we get a really clean recording of your comments on that.

WAH: Yes, they would analyze the situation with the pulse diagnosis and then tell the patient what was wrong with them. And if they thought they had a good chance of curing it, then they would say so. "We can help you with this." Or if it looks like it's going to be an iffy situation, or it may or may not work, then they'll tell them, "We'll give it a try, but it may not do it for you." And they won't drag them out for a great amount of treatments if the first couple, two or three, if it doesn't work, then they would explain to them that, "Well, this is all we can do for you."

So, yes, there were a lot of success stories. But nobody hears the failures.
[laughter]

WORTHINGTON: Did either Doc Hay or your father treat people in emergency situations? If something had happened?

WAH: Not where there's physical damage. But in emergencies like an illness, they sometimes had some herbs that would be very effective, and very quick results. And just like that story about the person from Burns, Oregon. Although it wasn't emergency in the sense that it just happened. But he needed to do something about.

WORTHINGTON: Okay. If you were asked, somebody came to you and said, "What kind of a person was Doc Hay?" What would you say about him? What kind of a person was he?

WAH: Well, Doc Hay, I was sort of young back then. But Doc Hay, my impression of him was he was a very religious person. He had full faith in God and he wanted to live that type of life. So he tried to do everything the right way. He realized that what he got was probably a gift from God. Because he was able to do all these things that nobody else could do.

But I think in his early days he was just like anybody else. He enjoyed life. And he and his partner had the funds to go out and enjoy life, so they did. He probably had the first auto dealership in John Day. And they went all over the country, enjoying themselves, like everybody else would. But I don't think he would do anything that would harm anybody else in the process. He was just enjoying himself. What he did, it was not to somebody else's harm or anything. He was a good guy. [laughs] He really

was. I don't remember anything that he did that intentionally hurt anybody. But he had a heck of a memory. And he was very skilled at what he did.

WORTHINGTON: You mentioned his faith in God. There was a shrine in the store?

WAH: In the store. And that room right straight back from the front room there, on the wall. There was a little shrine. He would light it up every morning. And he'd put the oil in there to light the little, like a candle light in there. Yeah.

SIMEK: What faith was that?

WAH: Pardon me?

SIMEK: What faith was that?

WAH: Buddhist. Buddhist faith, yeah.

SIMEK: Would you tell Janet?

WORTHINGTON: So he was a Buddhist?

WAH: Yes, yes. He was a very faithful, devout Buddhist.

WORTHINGTON: Okay, thinking back over your experiences and what happened before, what would you say about the contributions the Chinese made to the communities at that time? Early on, when the mining came in, when there was a large Chinese population. And then as the population left, there was still pieces of the Chinese influence that stayed around.

WAH: Well, apparently, we did it the right way. Because by the time I got there, there wasn't any lingering animosity or ill feelings toward our people. Because I got along beautifully. My dad got along beautifully. We had some townspeople that had good respect for us, and we, for them. So we coexisted very nicely. So I wasn't back in those early days where all this happened, but I hear stories. And some of the mining people liked the area well enough that they stayed on and worked at some of the ranches because they were treated well. And the private ranches probably took them on because they were nice people and did the work the way it should be. So, not having firsthand knowledge of the situation at the time that they were there, I can surmise that we did it right.

SIMEK: Were there other racial and ethnic groups in John Day at the same time? Or were the Chinese the only non-Caucasians?

WORTHINGTON: Were there other groups in John Day at the time? Or were the Chinese the only non-Caucasian groups that were there?

WAH: From what I understand, the Chinese were the primary other group that were in that area. Because they were the miners. They worked in the mines. They worked as loose, all that at that time. I guess there were a couple thousand or more Chinese in the area, working it. And in other areas, where they were building railroads, there was a lot of Chinese employment there, too.

But it didn't seem like the African Americans came north that far, at that time, early time. So Chinese were probably the only other ethnic group that I knew of, from what I read of the history, anyway.

WORTHINGTON: Okay. Would you do me a favor? Would you kind of go back and tell me what a typical day would have been like when you were living in Kam Wah Chung? What you would have done? How the day would have gone for you?

WAH: You mean during my childhood? [laughs]

WORTHINGTON: Yes, during your childhood. [laughs]

WAH: Well, we really didn't do a lot in Kam Wah Chung. I wasn't allowed to run around, yelling, screaming, like kids do, chasing each other, anything like that. My duties, when I came home from school, first was to gather up the wood for the dinner. And there was a wood shed across the road. And I would chop some wood and bring it over, and have that ready. And then also the wood for the pot-bellied stove in front there for heat. And that was my duty. My and my brother's. And then we would do our homework. And then eat dinner. Help with the dishes. It was time to go to bed. So there wasn't really much there.

On weekends, now, I would go out with my friends. And we would either play around those old buildings, because there were no locks on them. You could just go in and out of them. So we were playing cowboy and Indian in those old buildings. And also we found a couple of big, long rifles in the store there that we used to play with. And later on, I wish I had them now. They were nice rifles. Anyway, we'd play around outside in the Kam Wah Chung area there.

But as we grew up, then I did more hunting and fishing. And then we would just hike out over the hill there, and go to Magone Lake to fish, or go to some stream up the canyon creek to go fishing. It was a great place to grow up in. It was really nice, because the fishing was good. And the dredge ponds were around. Duck hunting in the wintertime was good, and deer hunting, and all that. So we had ourselves a good time.

WORTHINGTON: And Doc Hay and Lung On are buried on the hillside?

WAH: Yes.

WORTHINGTON: Did you visit their graves? Was that part of—

WAH: Oh, yes. Yes. My dad and mom are with Doc Hay up there in the cemetery.

WORTHINGTON: Is there anything else that you'd like for us to know about Kam Wah Chung, or about medicine in Oregon?

WAH: I think we've covered most of it that I know. (All I know is?), from my background, I have great respect for what herbs can do for a patient, and what they can do for an illness. And I wish that the medical profession as a whole could have some of this information. It would serve the public well to have them know that. One day, we probably will, you know? But you've just got to remember that the old Chinese herb practice has been around for over a thousand years, and the Western medicine has got a lot of catching up to do. I'm sure that one day, it may not be in the form that I know it as herbs, but some extract form of that particular herb. So hopefully, we'll get there.

SIMEK: Just to follow up on that, I wonder if Dr. Wah uses herbal practice in his, herbal medicine in his dental practice? I have a couple of others.

WORTHINGTON: Did you use any of these herbal medicines, any of these herbs, in your dental practice? Did they work for you?

WAH: [laughs] I wish that I could say that I knew enough about it to use it. But no, I didn't. However, I got interested in nutrition and supplements in improving dental situations by doing certain things. And that I recommend to my patients. Some things not to eat, some things to maybe eat more of. Some supplements that might help the gum situation, or strengthen the bone situation, or something like that. That's my limit of what you might call an herbal practice.

But we had, starting in the '70s, I think, the holistic health movement came on very strong. And I was involved in a lot of that.

SIMEK: Could you follow up with that a little bit more, about how you were involved?

WORTHINGTON: What kinds of activities were you engaged in with the holistic medicine?

WAH: More in the way of diets, what to eat and what not to eat. How to prepare it. And some supplement for certain situations in the mouth. If we have a patient that has gum condition, pyrea or something like that, you know, what we can do supplement wise to improve that situation with Vitamin C, E, Vitamin B, things like that that might help strengthen the tissues and help the tissues heal. And it's that kind of holistic.

SIMEK: Aside from your specific role in that, could you give sort of an overview of your impressions of the holistic movement of the '70s? How it came about, where it went, what it did, its value.

WAH: Well, personally, I was very grateful that it came about, because I was going downhill myself. I had hay fever. It was developing into a kind of asthmatic situation. And not, you know, I personally thought I was eating pretty well. I ate my vegetables and I ate my fruit and all that that I thought was good for me. So doing, I also ate my desserts. And desserts, we find out through all this, that the sugar really upsets the body mechanism as far as the metabolic system goes. So I started eliminating some of that, and I got to feeling better. I don't have my migraines that I used to have. Gosh, I used to have migraine so badly that I'd have to drag myself home from work because I just couldn't stay at work to practice once it hits.

And on that light, when my third child was born, we were in John Day. And my wife says, "I don't want to make the trip back down to Portland and have my third child." And so she decided to do this in John Day. The day that he came, I had the worst migraine I could possibly have. About five o'clock in the morning, she says, "I think we better go." Oh, my goodness. I can't even drive. I can't see, because I've got such a bad migraine. She had to call her best girlfriend to come and take her to the hospital. I mean, I was in pretty bad shape.

But anyway, through the years, then, from that time of the '70s until now, now today I have hardly a migraine. Maybe a little severe headache. I take a couple of aspirins and it's done. But before, I was nauseous. All the migraine symptoms, I had. And they were bad. And also, I started taking some supplements that helped improve my system. And I think that if I hadn't gotten into that movement, and that movement hadn't come along, I'd probably have been gone by now. I thought I was doing well, but I wasn't. So that's my personal experience.

But then I get my patients, I talk a lot about nutrition. I talk a lot about how to prepare foods, and what to eat and what not to eat. And how much of it to eat. And I also advise them certain supplements that I would recommend that they would try it, see what would happen. And in general, I think I've got pretty good results with it. A lot of the people with sensitive teeth, hot and cold makes them ache, and brushing their teeth and touching it makes it ache. I recommend some supplements, and it seems to take care of most of it. I'm very happy that I got into the area where I could help these people. Personally, I've had good experiences with it.

SIMEK: What can you tell us about doctors Jerry and Martha?

WAH: They were very good people.

SIMEK: And tell Janet, please.

WAH: Yeah. They were the pillars of the community.

SIMEK: I'm sorry. Would you mind starting with their names?

WAH: Oh, okay. Dr. Martha, and Dr. Jerry, that's how they were referred to, always on a first name basis. Dr. Bob, Dr. Hay. But anyway, he had a very good surgical skill. He, I think he probably developed it through all the accidents around Grant County. Every time there was an auto accident or something, he usually, being the only one there, a surgeon, he took care of them. But he was a good skilled surgeon. And Dr. Martha, very kind hearted lady. I loved her. But yes, they grew up, or their family grew up, in John Day there. And they were well respected by the whole community. And they had the only hospital to take care of the sick people. And they had a very strong part in the Grant County medical treatment.

SIMEK: Dr. Martha was an ambassador of some sort.

WAH: Yes. She worked with, I can't remember what administration it was now. But she was back in Washington for quite a few years in the early, well, late '60s, middle '60s and early '70s. But she never lost her roots for the John Day area. She'd come home and visit all the people. Of course, the kids knew all the people there, too. But, yes. They were nice people.

SIMEK: Going back to Doc Hay for a minute, two questions. Did he have any recreational interests? And did he make house calls?

[End Track Four. Begin Track Five.]

WAH: I never saw him make any house calls.

SIMEK: I'm sorry. Would you—

WORTHINGTON: Did Doc Hay go out to see patients and make house calls?

WAH: I never remember him going out to make, he doesn't drive. He didn't drive. And outside of his immediate area, I think he might feel uncomfortable, because he can't feel his way and doesn't know where everything is. But I never, my dad made house calls a few times. But he never did, that I know of.

As far as recreation, in the years that I knew him, his recreation was the radio. He would sit there and listen to that radio through the night. But as far as going out, the only time that he left the house there, primarily, was to get his hair cut or something. He didn't even like to go out to eat. So Mom and Dad did the cooking, mostly. And he didn't travel as we know today, where we just get in the car and say, "Come down to Portland," or something. It was a long drive to come down here. From John Day, everywhere was a long drive. [laughs] From John Day going to Pendleton was a four hour drive or so, to get out of there. So it wasn't an easy trip to go anywhere where any Chinese population would be, where he could, say, visit with them or something.

There would be occasions where somebody would come in from Baker, Baker City, or somewhere like that. Or Pendleton. They would come in and visit with him and

spend the afternoon or something like that. But as far as recreational, I never knew— but earlier I knew that he did some traveling around. When he and Lung On [glitch] around.

SIMEK: Did he ever come to Portland?

WAH: I think he did, yeah. But I don't know where they went. But they drive, because he had a car, one of the early cars. And so they drove around. But I don't know. But when he broke his hip, we had to bring him to Portland to be in the rest home where he could be cared for.

WORTHINGTON: The story is that he, one of the things that led to his death was that he was left on an x-ray table for some time. Do you think there's any truth to that? In this nursing home that they brought him in.

WAH: I don't think that that was accurate.

WORTHINGTON: That wasn't accurate.

WAH: No, I don't think so. From what my mom and dad say, he realized that being in the rest home for, I think it was three years, or something like that. He wasn't going to get well. I think he just willed himself away. He just felt that there was nothing else to do.

WORTHINGTON: And when you came, was he in something of a depression at that time because Lung On had died, and he was losing his sight? Had pretty much lost his sight?

WAH: No. He had lost his sight considerably earlier. No, he wasn't depressed. I think he was pretty happy that my dad came along to take care of him. Family member to take over. No, he wasn't depressed. I mean, he lost his partner and somebody he practically lived with and grew up for many years there together. So from that aspect, of course, he'd be a little down. But as far as seeing my dad and family, I think he was all right with that.

WORTHINGTON: I'm sure he was very happy.

WAH: No, we as children gave him wide berth. We respected him, and we didn't do anything that he didn't want us to do. Because that pretty confined area. You know how much Kam Wah Chung area that, three little rooms we were in.

WORTHINGTON: But he didn't allow you to come into his room. Never.

WAH: No. Nobody went in his room.

WORTHINGTON: Did he keep the door shut all the time?

WAH: Yeah. Yeah. He'd just come in and out himself. It was always dark in there, we couldn't see. No, we respected his request, "You don't walk into my room." So we didn't.

SIMEK: Did he ever have occasion to treat you?

WAH: No. No, really didn't. I was a pretty healthy child until I grew up and ate all that junk, I guess. But no, my first experience with the medical herb was with my hay fever. And that was after I started school down in Eugene. When I was going through high school and some of these kids would come in with these hay fever problems, I felt sorry for them. But boy, after one year down in Eugene, I got it myself. I thought I had a perpetual cold when it all happened. But I finally learned that it was a hay fever situation that I had. Then my dad gave me some medicine for that.

SIMEK: Let's come back to your practice now for a little bit, and see if you would make some observations about the medical community from your perspective in John Day. And then in Portland. And in particular, in the John Day aspect, you were there seven years, did you say?

WAH: Mm hmm.

SIMEK: Any politics, or how medicine advanced in John Day in that period? Or any problems with the rural nature of it and that sort of thing? Just sort of the general scope of rural practice in John Day at that time? And then we'll talk about Portland in a minute.

WAH: Well, in John Day, of course, the remoteness of John Day was a problem. It's hard to get a practitioner that far removed from civilization, so to speak. All the centers of activity were down around the Portland area. So all the wives would like their family to grow up in this area. But somebody had to go back there and take care of people.

But anyway, in the latter stages of my stay in John Day, they built a nice community hospital. And they got, also, attracted three more physicians in there. So medically, around John Day there, I think it became pretty well staffed. John Day was more or less the active center for Grant County, all the neighboring ranchers and family members would come into John Day to seek medical help and do grocery shopping and dental work and all that kind of stuff. So we were more the hub of the county.

When I arrived in John Day, there were two other practicing dentists already there. And they were the older ones, Dr. Prophet, whom you might have heard of. He became the dental, president of the dental association. So I think medically and dentally, the area was pretty well taken care of. However, to keep those people there, that was the hard thing. You had to like the area. You practically have to have had some growing up in that area of some sort to really stay there for any length of time.

So when I left, I think Dr. Peterson moved into John Day area. His wife was from Long Creek. So that made a happy situation there. Because she wanted to go back to home, too. And he didn't mind John Day. So I think they got along fine. And he's still there. So I think that's a good situation. And then Dr. Gibson came in shortly after I started. And I think he practiced until he retired there, also. Because he liked the rural and smallness of the community.

But I think that's the most difficult part of a rural practice is the remoteness of it. And getting practitioners to want to stay. And also not having a larger center to consult with other people, or to have certain other procedures done or tests run or something like that. That limited some of their practices and things like that, I think (is for?).

But I think this idea about paying for these students to go through school and training in exchange for so many years in the rural practice might work as far as getting some of these youngsters to go to a rural area. Because the education part of it is getting so expensive that these kids are coming out of school with hundreds of thousands of dollars in debt. And it takes a chunk of their money to pay that off. So I think with some of these programs that they're setting up, might be the way to go.

SIMEK: Peterson and Gibson were both dentists?

WAH: Yes. Yes, they were both dentists.

SIMEK: Does the name Ted Merrill or Lee Harris mean anything to you?

WAH: Yes. They were physicians. As a matter of fact—

SIMEK: Could you speak about each one of them? Janet?

WAH: Ted Merrill was back there with his family when I was back there. And very nice person. Very nice. He retired, moved away, and now I understand he's moved back to John Day to finish his retirement there, because he liked the area so well. He's sort of a little different from the usual physician that I know. He liked the small townness. [slamming noises]

SIMEK: I'm sorry. Would you mind starting that again? I don't know what's going on out there.

WAH: Okay. Ted Merrill was a very down to earth type of guy. He liked the closeness, and he liked to get to know his patients like I do. All my patients, as far as I'm concerned, are just extension to my family. Part of my extended family. I get to know them. I know their kids. The kids grow up and I know their grandchildren. So it's fun that way, I think, to get involved to the point that you know everybody that well. But anyway, he was more like me. But I hear that now he's back in John Day again, and he intends to stay there. And he enjoys his practice. The other person, I didn't know him at all. He must have came in after I left.

SIMEK: Lee Harris.

WAH: Yeah. Harris. I didn't know him. But Ted had another associate. I can't remember his name right now. But they both were there for, maybe seven, eight years together. And they did some good things around the community, too.

SIMEK: Hard to keep up. [laughter] Who were some of the, now again, this is more history of medicine, so we're still steering away from the dental, although I'm sure the dental would be fascinating. But I'd like to know who in your opinion were some of the most influential people in the medical field, either in John Day or in Portland, in your experience. Aside, of course, from Doc Hay. And who influenced you the most, or who do you think had the most influence on the medical community in general, or the things that they did?

WAH: Well, that's a hard question, because I never, I wasn't in need of a physician much, because my dad, with his herbs, took care of most of my needs. So I wasn't acquainted with too many in the medical field out here. The only one that I knew out here was Dr. Sam Leo. And he was a Chinese practitioner here that was quite a well known surgeon. As a matter of fact, my dad had emergency appendectomy. He had to come out, he flew out to Portland to have him do it, because he didn't want to have surgery done in John Day. That's how much he respected this fellow, this surgeon.

I knew a couple of other doctors, but not a great influence as far as my way of practice, or my impression of medical treatments, or anything like that. But in general, though, I think we're, in the medical and dental area, we're pretty good people. We, I think, care for our patients, and we want them to be healthy and well. And we try whatever we have in our means to get them there and keep them there. So as far as influence is concerned, I never had any things happen to me to the point where, oh, gosh, this guy can walk on water or something.

SIMEK: From your position of viewing things, what do you think have been the key turning points that you've seen in the practice of medicine? Positive or negative. What were the good things that have happened, and where is that going? And what do you think were maybe some mistakes in medical practice? In the evolution of medical practice? Any roads that we shouldn't have gone down?

WAH: That's a tough question, not being in that field. But I think one of the best things that has happened to medicine is the advent of computers. The data is stored very easily, and easily recalled. And my son being in that area, he had developed systems for put in all the symptoms of a patient's condition and it would pull up the treatment, the symptoms to look for, and some of the medicines that might work for that. That, to me, was, I think, a great help. Because some of these people that practice in remote areas don't have access to a lot of these research things that are happening. And they can pull it up through the computer very quickly. I mean, not being in the field where I have this right at hand to work with, I think that is one of the areas.

And I think another is, I hope, our government will continue to resist universal health. Because what I have seen of what little universal health practice that we have, there's going to be such a congestion at the medical offices, you won't be able to get in for treatment whether it's free or otherwise. Because everybody would be standing in line or sitting in line and waiting for their turn to get treated. What is your idea on this?

SIMEK: On universal health?

WAH: Yeah.

SIMEK: I'm not allowed to have a position.

WAH: Oh. Okay.

SIMEK: I just gather information. [laughter]

WAH: All right. That's a good answer.

SIMEK: But it's interesting, because one of the questions we've been getting into is the economics of medicine, and it's good that you should offer that. I'm not sure, did managed care get into dentistry? Or was that primarily—

WAH: It's trying. It's trying hard.

SIMEK: It's trying now.

WAH: But it's elective. We could choose to treat—

SIMEK: Tell Janet about managed care.

WAH: Yeah. Managed care is an area where patients signed up for it and they get treatment for highly discounted fees. And a lot of the fees are, the practitioner is doing it as a charity offer. Because there's no profit in it. And I think that if this comes about and becomes a universal practice, a lot of the patients are not going to be able to find treatment. Because a lot of the dentists won't sign up for it. So it limits the offices that they can go into for this treatment. And if there are none, then that means that long waiting lines, emergency care. You don't get the total treatment. Do something to get you out of pain type of thing.

So I know that we need to do something to get care to some of these people that can't afford it. But I don't know if the answer is universal health. Because areas that do have it are having trouble because they can't find a treatment. And what I experience, now my own physician has notified me that with my Medicare and my supplemental, that it isn't paying him enough to keep me on as a patient. So I may have to look for another doctor, because the pay isn't there for him to treat me. Wow. And that's with Medicare

and Blue Cross supplement. But that's what's happening. If we get too low in compensation, they can't afford it. They can't open their doors and keep it open. I don't know what the answer is on that one.

SIMEK: To what extent is the doctor/patient relation significant in a practice, medical or dental? And, again, to Janet. It's only because we have the camera that way.

WAH: The doctor-patient relation is really the part that has kept me in dentistry for over fifty years. As I said earlier, these patients are part of my extended family. I enjoy them. I enjoy seeing them come in. We talk about everything from dogs to cats to kids. I think because I just like people. We have established a good relationship. I've had some patients with me for over forty years. Three generations are there. And it's only because we enjoy each other. They come in, it's not just for treatment. We just visit.

But I know that's not good practice. That's probably not good practice to get that involved with patients. But that's the way I am, I guess. I just like people. But I think that somewhere along the line you've got to establish some form of patient-doctor relation. You can't just have them be a figure that walks in the door and walks out. We need to be somewhat concerned with their problems, and do whatever we can that's in our power to help them with that. And that's my, been my philosophy all along. If I can't help them, I better tell them early.

SIMEK: One last question. I could probably think of another dozen, but I think it's time to let you ease off a little bit. And that is one of the things we've been facing a lot in terms of malpractice. And that is whether you tell the patient, when there is a bad result, whether you tell the patient what happened. And there's now an apology bill, as you know, that allows medical practitioners to apologize to the patient for the bad result. Not necessarily admitting error, but to tell them that they're sorry with impunity, without admitting guilt. So I just wonder about your thoughts on if there is a bad result, how would you treat it with your patients? No doubt you've had bad results in forty years of practice. Not necessarily anything you did wrong, but bad results happen. So when that does happen, how do you treat it?

WAH: Well, I think one good way of avoiding a lot of problems in that regard is to first establish a relationship between the patient and you. If you've got a good relationship with them, they can relate to you and understand and know that you do care for them, that if something should happen that didn't turn out as well, be up front with them. [coughs] Excuse me. Tell them what happened, what wasn't the results that you had expected. And sometimes, also, I have done this several times. That if I feel that it's something that I could have done better, or did something that messed it up, I will refund their fees, or discount the charge for correcting the situation. They appreciate that. So as far as admitting that something went bad, yes, I think they would like to know that something didn't go as well as you thought it was going to go. But they also will understand that not everything's going to be 100 percent right. So I think it starts with patient-doctor relations.

SIMEK: Great answer. My fingers aren't working anymore. Janet, would you do— I'm sorry, do you have another one?

WORTHINGTON: I just wanted to ask Gary. Gary, is there anything that you need—

SIMEK: Would you do a tail slate, please, Janet? Say this has been—

WORTHINGTON: Okay. This is the end. [laughter] This has been an interview with Dr. Edward Wah on February 14, 2007, at the Oregon Medical Association on Corbett Street.

[End Track Five. Begin Track Six.]

SIMEK: And the end of tape two.

WORTHINGTON: End of tape two. End of interview.

SIMEK: Yes. And you are?

WORTHINGTON: And I am Janet Worthington.

SIMEK: And talk to us a little bit about what your role in this has been and where you're working from, and with, and who, and why.

WORTHINGTON: Okay. Well, my husband Gary and I are working with the Oregon Department of Parks and Recreation. And we have been collecting oral histories for Kam Wah Chung, which is a museum that has been established in John Day. And Oregon Parks has taken this museum over. And our role was to try to find individuals who had personal experience with Doc Hay or Lung On who were the people who ran the Kam Wah Chung facility. So we have been collecting oral histories from them. And today we managed to get the very best one. [laughs]

SIMEK: Thank you. Exactly two hours.

WAH: Wow.

SIMEK: That's pretty amazing.

WAH: That was a lot.

WORTHINGTON: See, I knew you had a lot to say. A lot to say. And I want to ask you one more favor before you go. If you would not mind, I'd like—

[End Interview.]