

OREGON HEALTH & SCIENCE UNIVERSITY HISTORY PROGRAM

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INTERVIEW

WITH

Charles Grossman, M.D.

Interview conducted November 6, 2008

by

Ralph Crawshaw, M.D.

SUMMARY

Dr. Charles Grossman begins by discussing his involvement with early penicillin research and use while an intern at Yale. He goes on to give some background on his upbringing in New Jersey and his education. Dr. Grossman speaks about his financial difficulties while in medical school and about his involvement with student organizations while at NYU.

He then talks about his move to the Northwest to work at Kaiser Hospital and controversies with local medical societies in regards to prepaid health plans. Dr. Grossman goes on to speak of his wife, Frosty, and their experiences traveling in the Soviet Union. He describes his relationships with several well-known individuals including actor and singer Paul Robeson and Brigadier General Evans F. Carlson. Dr. Grossman spends some time discussing his numerous trips to China, the first of which was made in 1974.

Dr. Grossman goes on to discuss his relationship with Senator Wayne Morse and his advice to students applying to medical school. He then talks about his research in biochemistry at the University of Oregon Medical School which was funded by the Public Health Service. Dr. Grossman then discusses his political activism, including his involvement with the Interagency Welfare Crisis Committee and his efforts with the summer lunch program for school children. He mentions his move from the University of Oregon Medical School to Holladay Park Hospital and later to the University of Portland.

He discusses his involvement with the Physicians for Social Responsibility as well as his research regarding the effects of the Hanford Nuclear Plant on the local population. Dr. Grossman then further elaborates on his experiences at Kaiser, discusses the influence of John P. Peters on his career and closes by reflecting on the future of health care.

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Interviewee: Charles Grossman, M.D.

Interviewer: Ralph Crawshaw, M.D.

Date: November 6, 2008

Location: OMA Headquarters

Begin Track One

CRAWSHAW: This interview with Dr. Charles Grossman was conducted on November the sixth, 2008, at the Oregon Medical Association in Portland, Oregon. This interview was made possible by a grant from the Oregon Health & Science University Oral History Program. The interviewer is myself, Dr. Ralph Crawshaw. And this is tape number one. Welcome, Charles. Welcome.

GROSSMAN: Thank you. I'm happy to be here.

CRAWSHAW: We're old friends, and this is a real friendly way. I would like you, if you would, is to start out by telling us about how you became involved in the contribution that is so unique that you have given American medicine. Namely, you were the first physician to administer penicillin in a clinical manner to a patient. How did that come about?

GROSSMAN: Well, first I must correct you. Because the first rapid answer to my paper was that there was someone else who gave it first, but they all died. I had read all of the reprints of a Dr. Dawson, at Columbia, physician and surgeon in New York. And he described a lot of the characteristics, physiological, pharmacological, of penicillin. And I read all of the stuff I could find in the literature. But I apparently missed the *New York Times*. I didn't go through the index of the *New York Times*. And in 1941, there was an article about moulds, spelled m-o-u-l-d-s, like the British do, that might change medicine. They talked mostly about other moulds, but they included penicillin. And the last paragraph of the article, Dr. Dawson was quoted as, "I have given penicillin to four—" or six, I can't recall now – "patients with sub-acute bacterial endocarditis, and they all died." That I have checked, and it did, in fact, exist in the 1941 edition of the *New York Times*.

So I was, I should have entitled the paper, "The First Successful Use of Penicillin in the United States."

CRAWSHAW: Precisely. Precisely. Well, how did it come about?

GROSSMAN: There was at that time a building in New Haven that was called the isolation building at the medical school.

CRAWSHAW: This was at Yale University.

GROSSMAN: Yale University. 1941, '42. In January of, no, in March of '42 was when I got involved. Although the professor of physiology, Sterling Professor in

Physiology, was John F. Fulton, who was a well known physiologist. He was sick in bed with a very severe respiratory ailment. His attending physician was a man named, his private physician was a man named Bumstead, who was also taking care of a woman a couple of rooms down who was dying. She had had a temperature of 104 to 106 for three weeks straight. She was semi-comatose. She was only getting an IV infusion of glucose and saline. And she was ready to die, I'm sure, and everybody had given up on her when her physician, who was also Dr. Fulton's private physician, asked Dr. Fulton, having heard something about penicillin, might it be possible to get some penicillin for this patient. She was a thirty-four year old woman, multiparous, and she had had a spontaneous abortion followed by a severe beta hemolytic strep, we called it in those days, infection. Beta hemolytic streptococcus.

The surgeons had tried heroically. First operation, they removed her uterus and tubes. The second operation they went in and tried to do what they could, but they found many septic thrombi in the pelvic veins, and in the veins along the lateral walls of the area they were in. And they did what they could. But she continued her high fever and went downhill.

Well, John F. Fulton had been at Oxford in his younger days. And at Oxford, he was a roommate of a man named Howard Florey. Florey is the man who was, Florey and Chain, actually, and Fleming, got the Nobel Prize in 1945 for their discovery and use of penicillin for its miraculous effects.

Well, Dr. Bumstead asked Dr. Fulton if there were any possibility of getting penicillin. And Fulton shook his head sadly and said, "Well, I don't know. I can call." The summer before, or September before, in '41, Dr. Florey and his chief scientific assistant, a man named Heatley, had come to the United States. And they first came to New Haven because Florey had known Fulton. But more important, I'm sure, to him, maybe as important, was that his two children were living with the Fultons to escape the London bombing. And so he was coming to see his kids as well as talking about penicillin.

In any case, Florey and Heatley were directed to— This gets to be a long story.

CRAWSHAW: Well, do it in your own style, and we'll—

GROSSMAN: They were directed to Peoria, Illinois. Why? Because they had a laboratory there, and they were the most knowledgeable in the United States, presumably. This was a federal agricultural department laboratory on moulds and fungi. And they were more knowledgeable than anybody else. The penicillin came from a mould.

Well, Heatley remained in Peoria. Florey had to go home, and he went back to England. Heatley remained for a whole year. I was to meet him later, but I didn't know who he was. He was just another guy as far as I was concerned. Well, and one of the cute parts of the story was that while walking through a market in Peoria, he saw an overripe cantaloupe with some blue mould growing. So he bought it. And he was able to culture

penicillin from that mould that was twenty times better yield than what they were doing up to that time.

In any case, he came back, and he was working mostly at Rahway, New Jersey, with Merck, the drug company. And when Fulton called looking for penicillin, he called Heatley first, at Merck. And then he was given what I consider a passing the buck deal. Because he was asked to call so and so and then so and so. And he finally ended up with a Dr. Richards, who was a chairman of the committee, national committee that was in charge of chemotherapy. In those days, chemotherapy was sulfanilamide, sulfa drugs. And that was not the chemotherapy of today for malignant disease.

Well, he finally got a hold of the man who was able to give permission to use what little penicillin was available in the United States. And Merck sent a vial of some grams of the penicillin powder to New Haven. It arrived on a Saturday that was, as I recall, March the twelfth of 1942. And about two, three o'clock, Dr. Bumstead and I walked through several buildings to the office and laboratory of the professor, associate professor of immunology, who was by then a close friend, a good friend of mine, Morris Tager.

CRAWSHAW: Let me interrupt just a little bit for you to identify who you were at Yale, and what your capacity was.

GROSSMAN: Morrie Tager wrote about this in the *Yale Journal of Biology and Medicine* in 1976. And that's when I learned, I didn't see that article until about 2005.

CRAWSHAW: What I'm asking, were you an intern or resident?

GROSSMAN: That's my point. He called me an assistant resident. This was my eighth month in New Haven, and I would have said I was an intern. But I might have been an acting assistant resident because an assistant resident was sick and not working, so I was pushed up into that position. So he called me an assistant resident in medicine in his article.

CRAWSHAW: But as you saw yourself, you were an intern.

GROSSMAN: I was still an intern. And my internship was straight medicine for a year and a half. And this was about the ninth month, eighth or ninth month that I was in New Haven. Well. I had had a year of chemistry. I was a five-year student. I took a year off at NYU and had a year in chemistry on the faculty. And taught chemistry that year, and tried to do some research and learn something about research and thinking about the scientific aspects of experimental work in medicine.

Well we, I knew a little chemistry. And Morrie and I were good friends. So we, and Bumstead, kicked around what should we do with this reddish brown powder in this vial? And final consensus was that maybe the best thing to do was to filter it with what was called a Berkefeld filter, which would get rid of any bacteria if they were there. It

wouldn't get rid of any viruses that were there. They were too small and they would go right through the filter.

So we did that. We dissolved it in saline, normal saline, sterile saline. And it turned out to be kind of a reddish brown solution. And after filtering it and catching it in the sterile Erlenmeyer flask, we covered it up and carried it back to the ward. And the patient was given the equivalent of 5,000 units intravenously. And at that time, from Heatley's suggestion, we gave 5,000 units intravenously every four hours. Now she had an IV going, an intravenous going. And unlike today's medicine, where a needle is stuck into everybody's vein when they're admitted to the hospital – that's another twenty-one bucks charged, by the way – she had this intravenous going and I stuck the needle into the rubber tubing, rather than sticking it into her vein again, and gave her the first penicillin.

There was a medical student who later became professor of ophthalmology at Yale who gave the midnight dose and the four AM dose. We didn't have to wake up to do that if we weren't on call. And then my colleague, Tom Sappington, gave the, well, let me backtrack a minute. On Sunday morning, this was Saturday, three o'clock when she got on. Sunday morning, she was a different person. She was alert, she was talking. And by Monday morning she was eating tremendous meals. She hadn't eaten for some weeks, and had lost a lot of weight.

CRAWSHAW: I imagine really like seeing that happen, it must have lifted the whole crew.

GROSSMAN: Well, the most startling thing I remember was on rounds Monday morning with a senior attending, Wilder Tileston was his name, it doesn't mean anything to anybody today, but he became a friend, he listened to the story, looked at the patient, and he muttered, "Black magic." You know, only those, the three or four of us who were near him could hear him say that, but it was, in effect was almost a magical change in this patient.

She then recovered. By the way, she was the wife of the Yale athletic director. So she was an important person in the Yale family. And I'm sure that's one of the reasons that Fulton went to bat and got the penicillin.

Well, the other interesting facet of it was that Heatley came up, drove up from Rahway, and he had instructed us to collect all her urine, because they could recover more penicillin from the urine than they could get by culture. So he went back to Rahway. When he brought the new batch of penicillin with the five gallon jugs, five gallon jugs of urine. And the, I'm sure some of the later penicillin she got would have gone through her body, and they had purified from the urine.

Well, the short end of it is that she got better. She lived till the age of ninety. She died from some other cause.

CRAWSHAW: Thank you. Thank you for being a good physician the way you were right then.

GROSSMAN: Well, I just happened to be in that place at that time.

CRAWSHAW: It isn't a matter of happen. I'd like you to tell me a little bit about your background. How does that, this remarkable experience, how does it fit in against the kind of lad you were as a boy, the kind of student you were at college? Your ambitions and your fears?

GROSSMAN: Well, I can remember as a kid always being interested in my mother opening up a chicken and dissecting the chicken to make chicken soup and boiled chicken and so on. [laughs] I don't know whether that meant I was interested in anatomy or biology or what, but anyway, that's what I do remember.

My first, I was a fairly good student. And when I entered high school, this was in Passaic, New Jersey, that's about ten, twelve miles from New York City, I had to pick, I mean, I thought I might like to go to college. I had no money. I didn't mention it, we were a very poor family. My father was a teacher of Hebrew. My mother and father had come from Jerusalem.

CRAWSHAW: What year did they come?

GROSSMAN: I'm not sure of the year, but it was at the turn of the century. She came in 1912, I think.

CRAWSHAW: Before World War One.

GROSSMAN: My father had been here for two or three years, trying to make a living. And she came with three small kids, all of whom were my elder siblings who were born in Jerusalem. And she, of course, was responsible for a lot of what happened. My father wasn't home very often. He would come home weekends. He would be teaching Hebrew in Freehold, New Jersey. And even as far away as Baltimore, Maryland, and so on. That was a long distance in those days.

Well, when I started high school, and people who wanted to go to college had to take ancient history. And the first morning in the ancient history class, the teacher outlined about twenty books that we were going to have to read. And I just shook my head in despair. I'm never going to read all that. And I looked in the catalog, and it had an asterisk under the requirement to take ancient history in the first year. And it said, "Premedical students should substitute biology." So that pushed me right away into biology.

And by the time I was finished in high school, I was interested in medical school, but I had no money. And my oldest brother, who was a lawyer at that time, helped finance me for a term at Temple University in Philadelphia. And I was supposed to get a

job and earn money, but this was 1931, and there weren't very many jobs. This was the peak of the Depression.

CRAWSHAW: Right.

GROSSMAN: So I then came back to New York and worked for my aunt, my father's sister, who had a store in Harlem in New York, and I worked there. And then the thought occurred to me that as long as I'm living in New York, I ought to go to City College, which didn't cost any money. So it was hard to get in, but I managed. And I got—

CRAWSHAW: What campus were you on?

GROSSMAN: 139th Street, Convent Avenue.

CRAWSHAW: So it was up where you were near Harlem.

GROSSMAN: Yeah. And I would walk from Fifth Avenue and 131st Street, which was the heart of Harlem, where I was living behind the store. There was a room behind her store, and I was living there. And I would walk from there to, it's about a mile and a half, twenty, thirty, minute walk, with a lot of steps to go up the hill, if you remember Convent Avenue.

In any case, when I graduated, I had no money. I applied for fellowships. And zoology was the only thing I could think of. I didn't succeed. And my, another sister of my father's who knew a family by the name of Abrams, who then owned and ran Emerson Radio, she got me a job at Emerson Radio. So I worked there for that year and earned enough money to have money for the first year in medical school. So I then applied, and I was accepted at NYU.

CRAWSHAW: What year were you?

GROSSMAN: I started in 1936.

CRAWSHAW: So you were '40, probably. The class of 1940.

GROSSMAN: I originally was the class of '40, but I graduated in the class of '41. In Harvard, I would have been in the class of '40 for all the time, because they didn't change the year. But I graduated in '41.

CRAWSHAW: I just want to introduce, I was in the class of '47 in that same situation.

GROSSMAN: Well, it was a different NYU than it is today, but it was a very, very interesting place. And I took a year off, as I think I said earlier, in chemistry. After my first two years, I didn't have money for the third year. As a matter of fact, in my second year, I didn't have a place to stay, even. My family lived in New Jersey. I would

go home, hitchhike home, every Friday afternoon, and eat plenty at home. And then I would take a train in on Monday morning and get from the Hudson River to Bellevue, which was terrible.

CRAWSHAW: Had to walk across the whole island.

GROSSMAN: Had to walk across, practically across the whole city from the Hudson River. Or they don't call it that. They call it, what, the North River. But it doesn't matter. From there to First Avenue, which was on the East River.

There, that year, I found myself going to my cousin's room at Mount Sinai Hospital. Because he had gotten married. And when he wasn't on, his bed was empty. And I remember sleeping between Bellevue and Harlem Hospital and Mount Sinai Hospital in different beds almost every night.

CRAWSHAW: You were sort of an itinerant medical student.

GROSSMAN: I certainly was. In those days, there was no problem about using the interns' bedroom. And that meant dinner and breakfast. And there was no problem about eating. I ate with the house staff.

CRAWSHAW: You had some experiences there with becoming friendly with the faculty. Claude Heaton is a name that I'll never forget because he was a person that I admired immensely. Can you tell us how you worked with Claude, and who he was?

GROSSMAN: Well, Claude Heaton was one of the more remarkable faculty members who identified with students, especially some of us who weren't conformists. He, well, I think I can say that I got my political education at NYU. And Claude Heaton—

CRAWSHAW: That's some education.

GROSSMAN: —was one of the people who contributed to that. because in those days, in the late '30s, for instance, we had a chapter of the American League Against War and Fascism with about 250 members out of the 450, 500 students. And Claude Heaton was one of the three faculty members who was an advisor and openly came out and supported the American League Against War and Fascism.

CRAWSHAW: There's nothing comparable in today's medical students, is there?

GROSSMAN: No. Not at all. As a matter of fact, what I was going to add was that in my fourth year, I became president of what was called the William Welch Society. William Welch was a pathologist at Bellevue, NYU Medical School, who left in 1885 or 1886. He was invited to Baltimore to form, to try to form a medical school which turned out to be Johns Hopkins Medical School. Claude Heaton was our advisor. I was president of the William Welch Society in my fourth year. And Claude Heaton was our medical

advisor. Of course, he had a real interest in history of medicine, too. So that's, and I got to know him fairly well.

CRAWSHAW: And could you tell us about your trip to Johns Hopkins that took place while you were president, wasn't it?

GROSSMAN: In my fourth year at school, I was president of the William Welch Society. We had about twenty, twenty-five members out of about 120 in the class. And one morning, April of that year, I got a letter from Baltimore, a fancy invitation inviting me to the fiftieth anniversary of the Johns Hopkins Medical History Club, which had organized in '91. And I always thought, until I learned later, that medical school started in '91, but actually first students entered in '93. 1893.

CRAWSHAW: But it did start in '91, but they didn't have any students.

GROSSMAN: They had, were still getting the faculty together.

CRAWSHAW: That's right.

GROSSMAN: And they got the four, the four giants—

CRAWSHAW: Boy, did they have—

GROSSMAN: —of medicine of those days. Howard Kelly, an OB/GYN.

CRAWSHAW: And they had real scraps within the faculty to set a standard.

GROSSMAN: Always. Always. In any case, it was Henry Sigerist, who was a professor of history of medicine at Hopkins whom I knew well, and who knew me, because we had invited him to speak to our William Welch Society several times during the year. And also in my third year, when I was just a member of the William Welch Society, he had come. So we had gotten to be good friends. And it was he who sent me the invitation to come join the fiftieth anniversary celebration of the medical history club.

Well, I was no better off financially in the fourth year than I was in the second year or third year, except that the third year I had some money because I earned a little bit from my fellowship in chemistry. And also was able to work as a waiter in the Berkshires in the summer. So had enough for tuition. I even rented a room that year, I was so plush.
[laughter]

Well, the invitation, of course, implied, said, actually, that I needed a tuxedo, which I never owned in my life. And I couldn't possibly go. It was impossible. And I was sitting in the library one time, talking to the librarian, Helen Bayne, who was a very wonderful woman.

CRAWSHAW: I knew her.

GROSSMAN: And a good friend of mine, because I spent a lot of time in the library. And looking for some commiseration and sympathy, I told her that I had this invitation that looked fantastic to me but I couldn't go.

And she looked at me and she said, "Well, if twenty-five dollars out of petty cash would help you, would you be willing to take it? I think we could afford it."

And I said, "Wow, if I had twenty-five bucks, I'd go!" So I do recall a friend my size who had a tux. And I carried it and a few other things in a big box under my arm, and I went to the New York side of the Holland Tunnel and I hitchhiked my way down to Baltimore. Actually I went to Greenbelt, where my cousin who had been in the class of '35 was practicing medicine. And Greenbelt was a sort of a model city put up during the Depression for, mostly for federal workers. It was about ten, twelve miles from Washington, DC, but in Maryland.

So I stayed overnight there. Hitchhiked back to Baltimore on Saturday. And I went to see my good friend, Henry Sigerist about two, three o'clock. And he said, "You're on the program."

I said, "The hell I am! I'm not going to talk." [laughs]

He said, "Oh, yes. You're on the program tonight."

So I couldn't talk my way out of it. And the program included, aside from my sixty to ninety second remarks, included Howard Kelly, who was eighty-two then, and he was one of the founders of Hopkins. The other three were dead. And Dr. MacCallum, who wrote the famous textbook on pathology that was used all over the country.

CRAWSHAW: All over the world.

GROSSMAN: All over the world. Anyway, I was sitting between these two gray haired, fantastic men in medicine. And I was just a medical student. It was just overwhelming. And anyway, I got up when I was called upon, and made the profound speech of "Greetings from the medical students and the faculty from NYU Medical School in New York," and I sat down.

That was pretty much most of what I remember. I didn't want to drink any wine because I was afraid I'd stumble on the way to the microphone.

CRAWSHAW: I imagine they all responded by clapping.

GROSSMAN: Of course. But that was the event. And of course, it strengthened my love, if you will, for medical school libraries.

CRAWSHAW: And medical history, too.

GROSSMAN: And medical history, of course.

CRAWSHAW: So where did you go for your internship?

GROSSMAN: I went to New Haven.

CRAWSHAW: That was the internship.

GROSSMAN: That was my internship.

CRAWSHAW: It was not a rotating— I ask because—

GROSSMAN: No NYU student had gone to New Haven.

CRAWSHAW: That's what I'm after.

GROSSMAN: And when I learned that Dr. Blake never accepted anybody, this was Francis Blake, who was a professor, Sterling Professor of Medicine at Yale, he would never take anyone as an intern unless there were a letter of recommendation from the professor of medicine. And of course he got letters, or spoke with many of the well-known people in medicine at Harvard, Minnesota, Virginia, and Hopkins. And Columbia, New York, and Cornell. So most of the house officers came from these areas, from these medical schools.

And my letter is a long story. But I don't know if you want me to—

CRAWSHAW: I don't want the story so much as to, tell us about how many Jewish students did we have at NYU? What was the impact of the culture of New York City on Bellevue Hospital and the people going there?

GROSSMAN: Well, I don't have exact numbers, but I'm sure more than 50 percent of the students at NYU were Jewish, because most medical schools, including Yale, had quotas for the number of Jews taken in each year. And the school accepted good students, and they had a lot of top notch students, many of whom were Jewish. And so they were undoubtedly the majority of the class, of both classes that I was in.

CRAWSHAW: And it didn't figure, once you got there you were part of a culture that accepted, in a New York fashion, whatever religion you happened to bring along with you. Is that correct?

GROSSMAN: That's correct. Yes, yes. I can remember when I mentioned at NYU a couple of years ago, they didn't want to print it the way it happened. But I can remember I felt then as I feel now that my whole career was based upon a lie.

CRAWSHAW: How so?

GROSSMAN: Well, when I was interviewed for admission at NYU, it was a man named Tilton, who was a very nice man. He accepted me, so he must have been very nice. [laughter]

CRAWSHAW: I knew him. He accepted me, too.

GROSSMAN: Yeah. So he obviously was very nice.

CRAWSHAW: I agree with you.

GROSSMAN: And he asked me the question, “Do you have enough money for the four years?”

And I said, “Of course!” When I only had the first year in hand. [laughter] But I knew if I said no, the odds of being accepted would have been close to zero. So.

CRAWSHAW: So that was kind of the tone that went along with a lot of the fellow students there, who were hanging on. Now also, there was a war coming on. And did that color your years there?

GROSSMAN: Absolutely. As a matter of fact, I just, a few years ago, five, I guess, when I was looking to see if the history club, medical history club, Johns Hopkins story, was written up, so I could refresh my memory about it. And lo and behold, I came across the first paper I ever had published. And that was a report to Sigerist of the activities of our William Welch Society for the year. And of course, the war, this was '41, and the war was impending. And as a matter of fact, I actually wrote that if we are involved in the war, I'm afraid the William Welch Society is going to disappear. And it did. When we got—

CRAWSHAW: That was one of the casualties.

GROSSMAN: One of the casualties of the war.

CRAWSHAW: What I don't think people realize now, we didn't march right into World War Two. There was an intense public, political conflict going on in this country with people like Lindbergh telling us how wonderful Hitler was. And Hitler had gotten the airplanes in the air and all that kind of stuff. And other people who were from, one was from Britain. This is what I remember so much of, in that particular political scene as a medical student.

GROSSMAN: You are right. There was a divided America. But I think the large majority, because they voted for Roosevelt again and again, the large majority felt that the path we were going on was the proper one. And at that time, the war was, in '40 and '41, the war that was going on in Europe was of great concern to all of us. And we were sending more and more supplies to help both England and the Soviet Union.

CRAWSHAW: We were. And there was opposition to doing that on some people's parts. They said we were just going to get involved, and pretty soon we'll be having casualties at home. That kind of thing.

GROSSMAN: That's correct. But as everybody now knows, the war was triggered by, our going into the war was triggered by the Japanese bombing Pearl Harbor on December the sixth of '41.

CRAWSHAW: That stopped all this stuff.

GROSSMAN: I was in New Haven at that time, because I started on July first of '41.

CRAWSHAW: When did you come to Portland and Kaiser?

GROSSMAN: Well, I came to Portland—

CRAWSHAW: Does that fit into this as far as '41, and you're finishing up your—

GROSSMAN: I was at New Haven three and a quarter years. And the last quarter year, I was a full time instructor in medicine and entering academic medicine, if you will. And the difficulty with that was that the salary was two thousand dollars a year. And I had some debts. I had to borrow some money in my fourth year in the medical school. And it was willing to lend money to a fourth year student for tuition. But the problem then was that when I saw an ad in the *Journal of the American Medical Association* that they needed internists at Kaiser, I applied to Vancouver. The hospital was in Vancouver, Washington, then. It was a 300-bed hospital that was built for the 60, 70, 80 thousand odd workers in the Vancouver shipyard.

As a matter of fact, I can remember learning that Edgar Kaiser had spoken to the Multnomah County Medical Society and said they needed to build a hospital because they had three shipyards in Portland. They had Swan Island, they had Oregon Ship, and the big one in Vancouver. And the Multnomah County Medical Society says, well, if you need the hospital, build it across the river in Vancouver. You've got the biggest bunch of people there, and that's where it would be needed. So the hospital, Edgar obliged, and the hospital was built in Vancouver.

That later turned out to be a real difficulty, because it was difficult to sell the health plan. This was a prepaid health plan. And it started with experience in Hoover Dam and Cooley Dam that Kaiser helped build, or built, with the help of others. And they learned that for fifty cents a week, they could give complete medical care to all the employees. So that's how the prepaid health plan of Kaiser started. And in Portland, it was known as the Northern Permanente Foundation.

CRAWSHAW: And what was the political reaction to that?

GROSSMAN: Well, the political reaction was not good. There were forty-five doctors that I joined. And the, we were not accepted into the Clark County, which is the Vancouver, Washington county, Clark County Medical Society would not accept us as members. And I can remember after August fourteenth of 1945, when VJ Day occurred, that I was asked, we had fewer patients because the shipyards closed. And we'd decided, there were forty-five doctors, and five of us remained. I'm the only survivor now of the five who said, "This is not a bad health plan. We probably ought to continue it. But we'll have to sell it to people."

I went and spent time in the library, I can recall almost the month or two, doing some research on the AMA's position on group practice, prepaid health plans. And supplied the then chief of medicine, Ernie Saward with all the stuff. And he went off to Chicago and had a long discussion with the AMA leadership. And they finally decided that there was no reason why, since the Mayo brothers' was, the Mayo Clinic was a large group with doctors being hired by doctors, and they were accepted. They didn't have prepaid medicine, to be sure. But anyway, the, I think it was, I don't remember the committee name, judiciary, something like that. But they decided that we should be eligible. So we were then applied and admitted to Clark County Medical Society.

CRAWSHAW: You were seen as socialists.

GROSSMAN: Well, I was seen as—

CRAWSHAW: And that was a bad word at that time.

GROSSMAN: It was a horrible word. It was as bad as being a communist. And with the era that occurred after the war, the political ideas of the left were tough, difficult. Because there was the McCarthy Committee, there was the Jenner Committee, and there was the House Unamerican Activities Committee. And anybody with any ideas that were different from what they thought people should have were suspect.

CRAWSHAW: Yeah. It was a bitter time. I can say that from inside the Multnomah County Medical Society, it was a time when only one or two members of Kaiser would be invited in to be members. Now it's the opposite.

GROSSMAN: Well as a matter of fact, when I quit Kaiser because I had a research grant at the Medical School, the University of Oregon Medical School, I applied to the Multnomah County Medical Society. And I was not turned down, but I was not accepted.

CRAWSHAW: You were turned down.

GROSSMAN: And by 1952, the AMA nationally adopted the custom of anybody who wasn't living in the area that they were practicing was not eligible for the medical society. So we lost our membership in Clark County in 1952. And I was without medical society membership then.

CRAWSHAW: You were abandoned by the profession.

GROSSMAN: Absolutely.

CRAWSHAW: Right. Didn't stop you in the least, though, did it, when you opened your own practice?

GROSSMAN: Well, enough patients from Kaiser followed me into my office practice so that, and my good wife worked with me. We had sort of a Mom and Pop shop, and she was the receptionist.

CRAWSHAW: Was Frosty a nurse?

GROSSMAN: No, she was just the assistant to the Yale treasurer when I met her. [laughter]

CRAWSHAW: I see.

GROSSMAN: And I thought I could get my hooks into some money, but it didn't work. [laughter]

CRAWSHAW: She was a very sweet, earnest person who really took politics quite seriously.

GROSSMAN: She was remarkable. And we had a good fifty-eight years, sixty years together, before she died.

CRAWSHAW: You've told me a little bit about some of the adventures you had with her.

GROSSMAN: With—

CRAWSHAW: With Frosty.

GROSSMAN: Frosty.

CRAWSHAW: Yeah. Didn't you go to Moscow by automobile?

GROSSMAN: Yes. In 1964, we were invited, and I was on the program, of the International Hematology Society on some of the research I was doing in Stockholm. And I went into a local travel agent and I said, "Is there any way of renting a car and driving into the Soviet Union?"

"Impossible," he said. So, it was impossible. We went to Stockholm, and while Frosty and I were walking down the street, there was an Intourist, that's the Soviet—

CRAWSHAW: Yeah.

GROSSMAN: –travel agency store with big windows. And we walked in and I in my usual way said to the very attractive young woman, “What is this I hear that we cannot rent a car and drive in the Soviet Union?”

“Who told you that?” she said. “That is not correct!” She sent us to a Swedish travel agency, which was a couple of blocks away. And they had an Eastern European desk and a Western desk. And so we were directed to the Eastern European desk. And to make a long story short, we didn’t have a car. We didn’t know whether we were going to buy a Volvo for a friend and bring it home, because we had a good friend who was on the board of directors of the Volvo Company, or whether we were going to rent a car. It ended up that Volvo, even to friends, would not give a discount.

So we rented a car and didn’t buy. And drove, we left our visas with the Swedish, we left our passports, I’m sorry, because we needed Russian visas. And they said, “It will take a few days.”

And I said, “But we’re going to Helsinki.”

“Oh, you can pick your passports up in Helsinki.” So we went, you didn’t need one to go from Sweden to Finland.

CRAWSHAW: Yeah.

GROSSMAN: So we got our passports and we drove five, six thousand miles through the Soviet Union. Which was unheard of. This was 1964.

CRAWSHAW: Yeah. And it was quite an adventure for the two of you.

GROSSMAN: Absolutely. At one time, I thought we were in serious trouble because as we were driving west from Moscow, there was a sign that, off to the right, the road angled to the north, northwest, marked “Borodino.”

CRAWSHAW: Oh, 1812.

GROSSMAN: And I was in the middle of reading *War and Peace* by Tolstoy at that point. I said, “Why don’t we go to Borodino? It’s only twenty kilometers away.” That’s, you know, ten miles, twelve miles. And we stopped by the side of the road to have a one minute discussion, then decided we’d go to Borodino. But our visa didn’t give us permission to go to Borodino. So we knew we were doing something that wasn’t correct, but we went.

It turned out that the visit, they had a museum, the Battle of Borodino, Napoleon’s attempt, when he finally got to Moscow. And they had a big table with all little figures, and artillery, and lights. And the director spoke a little English. So we were able to get something out of it. It was good. And we drove back to the highway. Each time, stopped

by a Trans-Russian railroad from Berlin so that we were obvious in our foreign car with Swedish license.

And we got back to the highway and nobody stopped us. So we thought, gee, we made it. We're safe. About ten, twelve kilometers down the road, there was a city, town. Our Intourist map said we could get gasoline, and we needed gasoline for the car. And so when we came to this turn, we turned right. And there was a cop standing there with a soldier, who was just kibitzing, I think, with the policeman, who waved us to stop. And he came over and started interrogating us. Frosty spoke some French. I spoke some German. And, of course, a little bit of English. But this officer spoke nothing but Russian. And when we, all I could say was "nyet," (?) which I think is Polish more than Russian. But he understood that I didn't know what he was talking about. And he would talk louder and louder and louder. And I just shrugged. I didn't understand. I didn't understand.

Then I suddenly remembered, I heard one word that sounded like "itinerary." And I had a small Russian dictionary in a pocket. I pulled it out and I looked up the word. And sure enough, it did mean "itinerary." So I looked at him and I smiled and I said, (?) Oh, that didn't satisfy him. Louder and louder he said he wanted, then it occurred to me he said something like "documento." So I said oh, the visa. So I brought out the visa. And he looked and he grinned. And as he read, "Moscow, Smolensk, Minsk, Warsaw" that it was all right, he said.

CRAWSHAW: He let you go.

GROSSMAN: Go ahead, but you can't go to this town. He pointed that I should just continue on the highway.

CRAWSHAW: So you experienced the Soviet Union like a Soviet citizen for those few minutes of time.

GROSSMAN: Well, the important thing was that he didn't mention Borodino, which we were worried about. He was just concerned that we were turning right when we shouldn't have turned right. And I asked a good friend in Berlin later why. They didn't know. Maybe there was a radar installation. It was twenty miles west of Moscow. So maybe they didn't want any foreigners in that city, that was about a mile or two north of the highway.

CRAWSHAW: My experience, certainly around St. Petersburg, was that they had people up in towers looking at all the major—

GROSSMAN: Every time we passed a tower, we would see the guy immediately go the phone.

CRAWSHAW: That's right.

GROSSMAN: Then we'd be driving past but he obviously is reporting that there's this foreign car with two people in it. [laughs]

CRAWSHAW: You've had so many experiences with people. Can you tell us about the one where you were coming from, was it Montreal down to New Haven, and your wife said to you—

GROSSMAN: Not Montreal. From Albany to New Haven.

CRAWSHAW: Albany! Was that, well, you know—

GROSSMAN: In 1943, Frosty and I spent the week at Lake George in New York, which is north of Albany. Beautiful lake. And aside from the sunburn and the canoeing, we came back by train. Albany to Springfield, and then Springfield to New Haven. When we crossed the border at Connecticut, we were in a big — this was wartime, of course — we were in a big passenger car, the only two people in the car. And as we stopped at Thompsonville, a big black man had got on. And as he walked by us to sit about six, seven rows behind, on the other side, Frosty leans over and says, "I think that's Paul Robeson."

I say, "Really?" And I turned around and looked, and sure enough, it looked like Paul Robeson.

So Frosty would never, but I, with my chutzpah, I got up after we were en route to New Haven, and walked back, and said, "Hello, Mr. Robeson."

And he coolly said hello. He was sitting by the window with his big bag in the seat next to him so nobody could sit down. [laughs] So I sat opposite him and I told him that we had been at the Yankee Stadium two months earlier and heard his speech. It was a speech for Russian war relief. And that we'd enjoyed it very much. And he brightened up a little. And as we talked further, it turned out that we had mutual friends in San Francisco. And so we had a very pleasant conversation. And I told him I was an intern at New Haven Hospital. By that time, I was a resident in New Haven Hospital. Assistant resident, actually. But we got off at New Haven. He went on to New York.

After we came to Kaiser, to Permanente, in October of '44, work was terrible and a lot to do, and a lot of sick people in hospital and outpatient both. By January, we were ready for a break. So we took off a few days, a long weekend, and we drove up to Seattle, where we had never been except, I had never been. I don't think Frosty had ever been there, either.

One of the things we did was to take the Empress ship to Victoria. Everybody said we should see Victoria in British Columbia. So we took a ship to Victoria. We had a very pleasant time. We stayed at their biggest, fanciest hotel, which was very cheap then. And spent, we didn't stay there. We had lunch there. We came back the same day on the same ship. And as we were walking to get on, tourists, of course, there was a big long line of people standing, waiting to get on. And as we walked by, I said to Frosty, "Look, there's Paul Robeson!"

So I immediately went over and said, "Hello, Mr. Robeson!"

And he looked at me and he said, "You're the young doctor from Yale!" And he introduced us to his colleagues, Uta Hagen and Jose Ferrer. They were both, all three of them were touring with *Otello* and Robeson, we had seen it in New York. In any case, Robeson invited us to come to his stateroom after the boat, ship, left. So fifteen, twenty minutes after we took off – that isn't the right word for a ship, but we left – and we went to his stateroom and we had a wonderful two hours. He was obviously starved for conversation about the world and fascism and the world war. And apparently we filled the bill, because we had a very nice conversation. And then as we approached Seattle, we left. And whenever he would come to Portland, we would see one another. And as a matter of fact, in 1959, I don't know if you remember, but the Supreme Court of the United States decided that the State Department had no right to take Robeson's passport away, and they gave him his passport.

After he got his passport, Frosty and I applied for a passport. We planned our first trip to Europe. And we had no trouble getting it. And we actually had drinks with Paul and Eslanda in London. So our friendship was a good, nice, strong one.

CRAWSHAW: There's a quality about you that you reach into people. Are you aware of that?

GROSSMAN: No.

CRAWSHAW: Look at all the political people you've treated through the years.

GROSSMAN: Well the most important guy, of course, was Evans Carlson, who was a hero of mine. And, well–

CRAWSHAW: A lot of people don't recognize that name right now. Evans Carlson–

GROSSMAN: Well, today no one knows.

CRAWSHAW: –was– go ahead.

GROSSMAN: He was in the Marine Corps. He was sent to China in 1927. And he was an officer then in the Marine Corps, stationed in Beijing, in the intelligence section. He was probably the only man in the intelligence section there. They stayed at the embassy. And he had become friends there with a guy named Edgar Snow, who wrote this fantastic to me book, which I read in medical school about these poor Chinese peasants who were struggling to get rid of the Chiang Kai-Shek government. And that was an eye opener to me. And Carlson, in 1938, succeeded in getting permission to visit the Chinese communists who were fighting the Japanese. And Chiang Kai-Shek and his army were almost never fighting the Japanese. They were always retreating. There were one or two skirmishes or battles in which they did very well. And of course Carlson had a

lot of respect for the Chinese soldiers after he visited the communist areas. He went out on forays with them.

An amusing historical story is he went out with a bunch of guerillas one night to attack some Japanese towns, Japanese-held towns where they could get some supplies. Carlson knew a little bit of Chinese, and he was able to speak some. There was a little man in front of them, both carrying their packs. And they were going over this mountain, climbing up a mountain. And this guy in front of him said, "Why does your country still sell steel to Japan? They make bombs and they drop them on us."

And Carlson said, "No, we don't do that."

And so this man pulled out from his back pocket an article from the *New York Times* in English which said just that. It turned out this little man was a guy called Deng Xiaoping, who later became one of the leaders of China.

But Carlson met most of the people who were leaders then and became leaders. And he came home, as a matter of fact, interesting to me, was that the only thing, the only book he carried with him, was a small pocket edition of the Bible. His father had been a Congregational minister. And even though he ran away from home at fifteen to join the army, because he was big, and he looked like he was seventeen, eighteen years old, he always carried the Bible with him, because he found it good reading. [laughter]

Well, in any case, he came back in 1938 and traveled across the Japanese lines, taken by guerillas across the Japanese lines three or four times. Because they were holding the cities and the railroads. And he went a thousand miles back to Eastern China and ended up after Shandong Province, they went down and he got on a train and went back west, further south, to go back to the capital where the embassy was. And he then, when he came home—

CRAWSHAW: You've got to tell us where home was.

[tape change]

CRAWSHAW: This interview with Dr. Charles Grossman was conducted on November the sixth, 2008, at the Oregon Medical Association in Portland. This interview was made possible by a grant from the Oregon Health & Science University Oral History Program. The interviewer is Dr. Ralph Crawshaw, and this is tape number two.

Charles, we were talking about Evans Carlson. He was a true hero, wasn't he? And let me just, one thing. Didn't he have a correspondence with FDR?

GROSSMAN: Yes. We helped publish a pamphlet. His relationship with FDR was an interesting one. He was, as a Marine, he was assigned, FDR having once been the Assistant Secretary of the Navy, asked for Marines rather than army as his token guard.

CRAWSHAW: Yeah.

GROSSMAN: And he was assigned to Warm Springs as the, as a captain. He was in charge of the three or four or five Marines that were there. And Roosevelt sometimes ate alone. He invited Carlson in to have dinner with him. So he got to know Roosevelt fairly well.

And when he went off to China the second time in 1937, when the Japanese were already at war with China, Roosevelt asked him to please write him letters about his experience, experiences, in China. "But," he said, "don't mail it to me. Because it will go through channels, and the Navy will see it first, and I'm not sure what I'll see. So always mail it to my secretary. Address it to her and mail it to her." So Carlson really sent nineteen letters to Roosevelt to tell Roosevelt about his experiences with China and with the communists. And all these letters were in Hyde Park in New York, and I was in Portland. And I have a couple of them. But I asked, instead of going to New York and Hyde Park and looking at all the letters, I asked a good friend of mine who was a writer and editor of a *US/China Review*, which was a Chinese, US/China People's Friendship Association journal that was put out quarterly. He went up to Hyde Park and copied the nineteen letters, and then put them together in the little booklet which we helped publish. And it came out as a booklet on Carlson's letters to FDR. And it was an interesting little aspect.

Well, in any case, Carlson's fame was too great for the Marine Corps. In 1942, he and three hundred of his— let me backtrack. He resigned, I think I said he resigned from the Marine Corps when he came back from China in 1938 because they wouldn't let him open his mouth and criticize Japan. We had good relations with Japan then, and it was not appropriate from the State Department's point of view that they should have a US Marine going around the country talking bad things about the Japanese. So he resigned, and then he was able to talk. He wrote a book about his tour of China called *Twin Stars of China*. He copied from Edgar Snow's book, which was *Red Star Over China*. And he was making the point that he thought Chiang Kai-Shek and the leadership of China should join with the communists and have a united front, as they called it, and help defeat the Japanese.

Well, anyway, when he joined the Marines, he was asked, he asked for the possibility of forming a special radar battalion modeled pretty much after the Chinese guerilla forces, the Eighth Route Army. And his executive officer turned out to be Roosevelt, which Roosevelt son, Elliot? No, it wasn't Elliot. It was the one who was in Los Angeles. I've forgotten his first name of the moment. James. But anyway, Roosevelt's son was in the Marine Corps. And of course he had pull, because he had a duodenal ulcer, but they accepted him in the Marine Corps anyway. And FDR was always worried about his son's ulcer, and would the stress of war do him in? It didn't.

But anyway, they went to an island we call Makin Island, which is in the South Pacific. They landed in about eighteen to twenty rubber boats, that were three hundred men who went into this Japanese-held island. I won't go through all the details, but they're well described in a biography of Carlson written by Michael Blankfort, who was a Hollywood writer. And published his biography in 1946.

Well, anyway, Carlson and his team were successful in wiping out all of the Japanese installations on this island. And when they finally got over their fear that they were going to be overwhelmed, they learned that they were the only ones on the island. All the Japanese, practically, were dead. And they counted close to three hundred dead.

CRAWSHAW: Was this the origin of Carlson's Raiders?

GROSSMAN: This was the first action of the Carlson's Raiders. They had been training off California beaches for a beach landing and rubber boats. And they were a handpicked group pretty much, because they interviewed several thousand Marines before they picked—he and Roosevelt picked a thousand men for their battalion.

Well, without going into details, it was a successful thing, and he was lionized as a hero. When they got back to Pearl Harbor, they were able, finally, to make connections with the submarines that took them there, and they were taken back to Pearl Harbor.

To me, from the military point of view, the second operation was much more important. The whole battalion was dropped off on Guadalcanal, about sixty miles away from where we held Henderson Field. Henderson Field was our first landing in Guadalcanal in 1942. And we set up an airstrip, several airstrips, on the flat part of that island, surrounded by mountains on three sides and the ocean on the fourth side. And they were taking a terrible punishment from artillery, Japanese artillery, in the mountains. Over a thousand feet that surrounded, a couple of thousand feet that surrounded Henderson Field. And our planes would come and bomb the hillside, but the Japanese were well entrenched, and the artillery was well protected in caves. And it was a terrible thing. And finally the Navy decided maybe if they sent their Raider Battalion behind the lines, they could approach the Japanese strongholds from behind, and succeed in getting rid of them.

Basically, that's what happened. They did, and they went through sixty miles of jungle and took thirty days. And they had a lot of skirmishes. And they used the Chinese guerilla tactics. Never have a frontal attack. Always do it at night where you can retreat and hide.

CRAWSHAW: Preserve your strength.

GROSSMAN: Right. And the army went in after Carlson left, after that month of November, 1942, and they found nine hundred Japanese bodies. And Carlson had lost about fifteen to twenty men. So he was again lionized as a big hero. This was a real important operation because a month after Carlson's tour finished, and they relieved the Henderson Field area, the Japanese left the island entirely.

CRAWSHAW: Pulled out.

GROSSMAN: So they pulled out, right. And it was a total victory. And it was an important military victory.

But in any case, Carlson—

CRAWSHAW: I want to know how he got to be your patient.

GROSSMAN: Well, in 1947, I was still working at Kaiser. And I had a good friend here that I'd met in Portland that was a writer. He's dead now, but he had written, for the *Oregonian*, a four-page special on two Sundays. Page two and three were stories of Carlson, who was living at Zigzag, up on the mountain. Carlson, apparently, had been retired as a brigadier general. He was a full colonel. The routine was to promote one step. So he retired as a brigadier general, and lived in Escondido, which is a Southern California town. And he was being touted and persuaded to run for the US Senate in 1946. The December before that, December of '45, he had a heart attack. So he had two, actually, I think. But in any case, he didn't do politics. And he and his wife Peggy and her son by a former marriage drove around the country, looking for a place to live. And they ended up in Zigzag, or Brightwood on the hill up to Mount Hood.

Ironically it was in Portland, Oregon, in 1927, 1923, I think it was, that Carlson walked into the Marine recruiting office—

CRAWSHAW: Oh, that's where he enlisted?

GROSSMAN: And he had been a captain in the army. So the recruiting officer was a pretty smart guy. He said, "Any captain in the army is good enough to be a private in the Marine Corps!" [laughter] And he was just not yet beyond the age limit. And they sent him to officers' training and he became a second lieutenant before long, and then eventually a captain when he first went to China in '27.

Well, they moved there, and this friend of mine wrote this story in the *Oregonian*. And he said, "You know, you ought to go up the mountain and see Carlson, because he doesn't have any doctor, and he's sick." And he didn't want to go to the naval hospital in Astoria, and he didn't want to go to the veterans' hospital in Portland, and he said, "To hell with them! I'm going to tough it out."

So I went up, Frosty and I drove up one Sunday. And we knocked on the door. We found the bungalow, we knocked on the door. And the door opened a crack, and Peggy peered, Peggy, who we got to know later, peered through. Wanted to know what we wanted. And I said, "Well, Ken Fitzgerald had suggested that, I'm Dr. Grossman, that we come up and see, visit you guys."

And from the bedroom, when Carlson heard Ken Fitzgerald, "Send them in! Bring them in!" Because he was the password.

So we got to be friends. We went up every Sunday. And for the next, oh, it was two months, six weeks, eight weeks, something like that. And we talked a lot about politics. And to me, the most remarkable thing that he ever heard was when he showed me the back of the *New York Times*, this was March of '47, or April, rather, of '47, that the Chinese communists had broken the blockade around Yenan, which was a place that

the Chinese communists, the Eighth Route Army, had been holed up for ten, fifteen years. Well, maybe, yeah, about twelve years. He said, “By God,” he said, “they succeeded in breaking out.” And moved into what was then called by the Japanese Manchuria, which was northeast, so far as Chinese are concerned. And Carlson knew that they would probably be able to pick up a lot of Russian equipment that was left behind in Manchuria. And he said, “By God,” he pounded his tray on the bed, he said, “By God, within eighteen months, the communists are going to control China.”

And that, to me, I read a little bit of Marxist literature, or what Lenin had said. But nobody ever predicted a time. And he was wrong. Because in eighteen months, the communists were in Beijing. They hadn't yet driven Chiang Kai-Shek south of the Yangtze River and out of China. Took another couple of months. So he missed by a couple of months of their control.

CRAWSHAW: Does this account for your interest in China? Having this contact with Carlson? Because how many trips have you taken to— and I'm saying this just to say that I know them personally, because I went with you in '77 and in '79. Why was it such a magnet?

GROSSMAN: Well, I mentioned earlier about, I think, about reading *Red Star Over China* while I was a second year medical student in 1938. And that literally blew my mind. These poor peasants who had nothing, and were treated like dirt by their own leadership.

CRAWSHAW: Yeah.

GROSSMAN: And boys were taken, tied up together, recruits for, “volunteers” for Chiang Kai-Shek's army. And it was an amazing book that kindled my interest in China. Which lay pretty dormant after that. Because I had no relationship with China until I met Carlson and I learned about China in '47.

As a matter of fact, the trip you talk about, when—my wife and I went to a little restaurant here in Portland that was called then the Peking Restaurant. And we had lunch one day. And she said, “Everybody's going—” this was 1973 – “Everybody's going to China. Why can't we go?” And that's what started.

I said, “Well, we'll look into it.” We learned that they wouldn't accept any individuals. That if we had an organization, they'd be more likely to accept. So we formed an organization called the Evans F. Carlson Friends of the People's Republic of China. And that got us in!

So we took the first trip in '74, eighteen of us. And it was utterly fantastic. And I guess I didn't say the wrong thing, and I didn't stub my toe, even though I argued with our guide, our national guide, who was convinced that the next war—

CRAWSHAW: But that's a quality in you. You argue with a lot of people, and they come away a little bit wiser.

GROSSMAN: Well, I don't know about that. [laughs] But I don't always accept what I'm told. And he was saying that the next war's going to be that the Soviet Union's going to attack China.

And I said, "I don't believe it. I think the next war is going to be—" The Vietnam War was already going on. I said, "The next war is probably going to be another war with another large, developed imperialist" —if you will, to use the term — "country against some small colonial country." And anyway, as I say, we sat up all night arguing on a sleeper going to Changsha. But apparently they accepted, the second year, the subsequent group. And they invited us back. We have gone almost every year.

CRAWSHAW: How many times have you been to China?

GROSSMAN: It's hard to count. I think about thirty times. [laughs]

CRAWSHAW: Thirty times.

GROSSMAN: The last time, I was so old that I was a guest of the government. And for the first time, I'd been there as a guest of the government where we would have to pay our own transpacific fares, but they would cover everything in China. But this time, they even paid my transpacific fare. And since I was over ninety at the time, they said, "Don't come alone! Bring someone." So my son-in-law went with me. He was not working.

CRAWSHAW: I remember that trip in '77. We were the first Europeans, or Americans, to enter into the tomb of Mao.

GROSSMAN: That's right. The mausoleum had just opened.

CRAWSHAW: And we were permitted.

GROSSMAN: We were the first American group. As a matter of fact, we left flowers there at the entrance.

CRAWSHAW: That's right. Yeah.

GROSSMAN: Because that's what our guide suggested we do, we did.

CRAWSHAW: That's kind of nifty. But that shows how close you could move to these people as you used your—

GROSSMAN: Well, it wasn't that easy. Because I thought—

CRAWSHAW: Charles, you're not the kind of man who takes on easy things.

GROSSMAN: Well, I thought that I had become very good friends, I'll tell you one little story about our trip in '74. Our chief guide was a man named Shu Zhang who's a very good friend of mine now, probably the best non-medical friend I have in China. Shu Zhang had been in the diplomatic corps. The only embassy that China had for the first ten, fifteen years of its communist government was in Egypt. And so he had been in the Egyptian Embassy, and he spoke well, English, very well. Well anyway, he's the guy that I argued with all night and thought I would never get an invitation to come back.

Well, I wrote about five letters a month apart to him between '74 and '75, and I never got an answer. And I was a little bit puzzled. I thought we'd become good friends. And why, I'll tell you. When we left Beijing to fly to Guangzhou, which is Canton, after our trip, at the end of our trip, I said to him, the day before, I said, "You know, there's no need for you to go all the way to Canton, Guangzhou, with us. We can manage for that two hour flight."

And he said, "Oh, we couldn't let our guests alone, who don't speak any of the language. And the probabilities are that none of the attendants in the China Airlines would speak English." They could say a few words, like "milk", "coffee", "tea". Well, in any case, he said it would be impossible. They wouldn't want us to travel alone. That we had to have somebody there who could help us with the language.

Well, and I had said to him, "You know, it's expensive for you to fly there and back."

And he said, "Well, I wouldn't come back by plane. I'd come back by train. It's much cheaper."

I said, "But that will take a couple of days."

He said, "Well, that's all right."

In any case, as we loaded onto the airplane in Beijing, as we were leaving for the final flight to Canton (Guangzhou), he handed me eighteen tickets, little tabs. And he said, "You give this to the police when you land in Guangzhou. I'm not going with you." So I thought that was a level of trust which I certainly hadn't expected.

And we were met in Guangzhou by people who spoke English. And we had already spent three days there when we first came in. So there was no problem. But I thought we had become good friends. And I wrote five times. As I said, never got an answer.

Finally in about May, I got three lines of a letter from him saying, "I'm sorry, I thank you for all your letters. I'm sorry I haven't been able to answer, I've been very busy with trips. Please give my regards to Frosty and Lindsay." That was our daughter who went with us in '74. And that was the end of the letter.

It was only later, in retrospect, that I understood that his contacts with an American, this was during the Cultural Revolution, were such that he probably was looking over his shoulder every time he got a letter from the United States.

CRAWSHAW: Yes. Yes.

GROSSMAN: And so he never answered. And when we got there in '75, I asked, we were at the Beijing Hotel, which is right across the street from the international office of the China International Travel Service. And I asked if we couldn't say hello to Shu Zhang. There were two guides, but we had become very friendly with him.

Well, to make the long story short, he did come over for five minutes, and left. And we didn't see him again until 1977. He was leading a delegation to the opening of the mausoleum of Chairman Mao. And I saw him there, and we chatted for about ten minutes. We had some time.

CRAWSHAW: I think I remember that. You were so pleased. That's what I remember.

GROSSMAN: Oh, it was such a joy to see him! He was such a sweet guy. And never saw him again until I got a letter from him in, postcard, in 1980, from Washington, DC. He was cultural consul at the embassy when it opened, when Carter recognized China in December of '79. In 1980, he came over as a cultural consul.

CRAWSHAW: Neat.

GROSSMAN: So I would be going east once or twice a year, either for scientific meetings or for China meetings. And I would always visit with him at—

CRAWSHAW: See, I haven't yet solved the problem, what's your magic? What is it that you do to people like that? Whether it's Carlson or this Chinese person. Maybe you don't have an answer.

GROSSMAN: Well—

CRAWSHAW: But it's so clearly that once you make a contact that means something to you, it means something to them, too.

GROSSMAN: Well, I think I'm recognizing it more now. It probably is related to my feeling when I've got a good friend, I've got to go see them. So I travel all over the United States, for instance, and always visit people that I have known for many years, if I can.

CRAWSHAW: Yes.

GROSSMAN: And as I get younger every year, they keep dying like flies. And I'm still alive.

CRAWSHAW: [laughs] Yes.

GROSSMAN: But I recognize now that every trip I made east, not only would I spend a day with my family that lived in New Jersey, but then I would see all my friends in New York, the faculty at the medical school. And go up to New Haven and see those who were there, et cetera.

CRAWSHAW: There's something to it that really is adhesive. It makes a difference. With Douglas, with Senator Douglas, he was your patient, wasn't he?

GROSSMAN: Who? Wayne Morse?

CRAWSHAW: Wayne Morse. Yeah, excuse me.

GROSSMAN: I had done some work with lawyers. And in 1955, it was, I got a call Sunday morning about eight o'clock from a lawyer friend. And he said, "Wayne Morse is sick, and I'd like you to go see him." Didn't mean anything to me. Morse, I'd never heard of. So I went to the then existing Roosevelt Hotel, where Morse always stayed. And lo and behold, it was Wayne Morse that I was visiting. So he had something like the flu. And we gave some advice and some aspirin, et cetera, and fluids. And he got better. And I remained his physician, actually, until his death. And we became good friends.

CRAWSHAW: That's the part of it.

GROSSMAN: As a matter of fact, name dropping, I was invited to speak at his memorial meeting after he died. And one other man on the platform was Justice William Douglas, who was a good friend of Morse's. So that's when I met him. And we gave talks. And of course, Wayne Morse's death was a big loss for me as well as for the state of Oregon and the United States.

CRAWSHAW: You bet it was.

GROSSMAN: He was well known all over the United States. Whenever anybody heard that I came from Oregon, "How's Wayne Morse?" You know. [laughter] And he had a better reputation in the rest of the country than he did in Oregon. He had a good reputation here, but some people hated his guts.

CRAWSHAW: Yeah. Well, he couldn't please everybody. And the ones he didn't please, he really didn't please. That was where that was.

In putting together all of these years of being with people, suppose a medical student came up to you and said, "Hey, what's your advice? What would you tell me to do? I'd like to have a life that's more than just walks in once a week."

GROSSMAN: I've had a different experience in that, I don't know if you remember Arnold Rustin, he was a urologist—

CRAWSHAW: Yes.

GROSSMAN: –who died a couple of years ago. He was advising college students about going to medical school. And I agreed to interview them–

CRAWSHAW: I did, too! I did–

GROSSMAN: –and write letters or tell them how to apply. So at least a half a dozen or more came to the office. We'd make a date and we'd talk about how to get admitted to medical school. More than talking to medical students, it was talking to these juniors in college who were applying for the next year, to go in their senior year, to go to, after the senior year, to go to medical school. And these were people who were going to go to the University of Oregon Medical School. So in effect, I was able to give them advice when they showed me what they were writing. And I said if they had any interest in research, always mention that. And don't talk about, "I'm going to be a hero and save people's lives," et cetera, because that won't fly.

CRAWSHAW: Stay away from the sentimental.

GROSSMAN: That's right. And don't make it sound like you're entering something that's going to be so great and so grand that you're delighted to do it. Just be yourself. And write about yourself and your experience. And any experience you've had in the scientific or medical area is certainly worth emphasizing. And I did this a number of times, and it was fun.

CRAWSHAW: Yeah. Yeah. So your advice would be to say it as it is in terms of what you really want.

GROSSMAN: Always. "Say it as it is" was my trouble in life. When I began to believe some things that the other people didn't, didn't particularly see the way I saw it. That was troublesome.

CRAWSHAW: [laughs] That's not a trouble. That's a blessing. Now that kind of behavior didn't go over too well at the Medical School, did it?

GROSSMAN: Well, the Medical School work was very good. Let's see. In '50, I would have been forty. Forty years old. But the Medical School, to me, the big break was meeting the professor of biochemistry, Ed West, who was a very sweet, nice man. And I had, as I said earlier, research money from the Public Health Service. Later, it became NIH. And I didn't need any money for myself, so I used the money to buy what I needed and to hire someone. And when I first approached Hod Lewis, who was then acting professor of medicine, he was professor of medicine, he was acting chief, although Lawrence Selling was still alive and still active, he had been the professor of medicine during the war years and afterwards.

They had no space, laboratory space, in the department of medicine. They didn't have even a cubbyhole for me to work. And I learned about biochemistry, having been in biochemistry. And I went to talk to Ed West. And he said, "Yeah, we can find half of a laboratory bench for you." And he said, "By the way, I have a very good friend who's starting medical school. Is there any chance that you might be interested in hiring him, if you've got money to hire somebody?" Lo and behold, that was Jim Hauschildt, who started medical school and worked with me. Since he was a PhD in biochemistry, he was a nice guy to work with, and easy to work with, because I didn't have to explain a lot of things to him. And for two years, the first two years of his medical school, he was paid by our research grant in biochemistry.

And we were quite successful in showing a few things that were, well, you know, newspapers and reporters and medical schools like firsts. So we were the first to publish in the *Journal of Clinical Investigation* that the human liver slices could do the same things that rat liver slices did with amino acids, making protein, converting glycine to serine, that's two simple amino acids. And so those were reported from work we did, plus work on the sigmoid colon. That's the end of the intestinal tract, that we felt cells were doing something. There just wasn't a bag to collect stool.

CRAWSHAW: No, no. [laughs] Nothing goes to waste in the human body.

GROSSMAN: So how to report on that, which was a first, that the cells were capable of making protein and phospholipid. And those were positive results from the research.

In addition, we had a very unusual experience with mushroom poisoning. When a couple of artist friends of mine became very sick, they had picked some mushrooms on a lawn that was empty out on 162nd and Burnside. They were living near there. Well, that turned out to be a phenomenal experience which we succeeded in publishing in *The Annals of Internal Medicine* in 1954.

That was a man named Mike Russo. I don't know, many Portlanders probably knew of him. He was a-

CRAWSHAW: Yeah. Artist.

GROSSMAN: Artist. And his wife, Sally Haley-

CRAWSHAW: His paintings are up at-

GROSSMAN: Many of the portraits at the medical school were painted by Sally Haley, his wife.

CRAWSHAW: Oh, yeah. Yeah.

GROSSMAN: All the portraits of former faculty members, and those who have died, and so on. And they were top notch artists. And they were friends. They'd come from Connecticut, and we had a lot of things in common, so we became friends very quickly.

So that was a unique experience, too. And it turns out that I had been responsible for discovering this new poisonous mushroom, you see. It's a first! And that's the only thing that people give credit for, the first, you see.

CRAWSHAW: [laughs] You know, we started this interview with the first. And here we are, getting towards the end of it with the first again. That's what's so important.

GROSSMAN: Well, that's how newspapers and reporters look at things. The first is the most important.

CRAWSHAW: It's amazing. Is there something that you would like to ask me, or ask yourself here while you're on tape?

GROSSMAN: Well, I didn't mention anything about what was headlined in the Legacy newsletter in July. Namely that I was once called a "professional rabble-rouser" by Governor McCall. And I was involved in what we called, maybe I didn't mention it earlier, the Interagency Welfare Crisis Committee. That's where I met you, as a matter of fact, again, when you came in one day to this little group that was trying to help poor people, mostly who were on welfare.

CRAWSHAW: Yes.

GROSSMAN: And that's when we got to know each other much better than we ever knew before.

CRAWSHAW: Yes.

GROSSMAN: And this was a tough area. I always used to tell my friends I work half time practicing medicine, half time doing research, and half time helping the poor. It was a busy time, but we had a few successes with the Interagency Welfare Crisis Committee that were reported as successes by the *Oregonian* and the *Journal*, the two newspapers. So it wasn't all bad, but most of the time it was tough.

CRAWSHAW: And you got the label of "rabble-rouser" out of that.

GROSSMAN: Out of that. When the governor was McCall, I was there with about fifteen welfare recipients, most of whom were black. And there was a surplus above what had been estimated by the budget people. And this was about April when suddenly we learned that the income tax had brought in millions more than we anticipated. And they were going to distribute it in all kinds of ways, but not a penny for welfare. And at that stage, people on welfare were not even getting the equivalent of 80

percent of the minimum standard of living that the Department of Labor had set for people.

CRAWSHAW: Yeah.

GROSSMAN: Oregon's goal was to get 90 percent, and then they'd be good. If they got 90 percent of a living wage, that meant poor people would have to go to the private charities, to churches and so on to get food by the fourth, fifth, the fourth and a half week at the end of the month, because they'd run out of their welfare grant, and they'd have nothing left to feed their kids, and so on.

So that was when I was called a professional rabble-rouser. And I was so startled. The only thing that came to mind immediately, "Well, Governor, I don't get paid a nickel for what I'm doing." So he allowed as how he could drop the "professional" from the name calling.

CRAWSHAW: [laughs] Yes.

GROSSMAN: So the next day—

CRAWSHAW: But that's another, that's another quality—

GROSSMAN: The next day, after we met and it was in the paper. He met with the president of the Senate, Jason Boe. And the man, I've forgotten his name for the moment, from Springfield, who was speaker of the House. And the paper announced at 1.6 million dollars was going to go to welfare, so it was a success. So it was worth being called a name for 1.6 million dollars.

CRAWSHAW: It was. It was.

GROSSMAN: That was in 1974, something like that. The other thing that happened that was a positive was that we were able to get started, through a lot of red tape, and only because I was pushy, school lunches on the playgrounds for kids between the end of school and August fifteenth. Between August fifteenth and September first, they could starve, it didn't matter. But the school, the woman in charge of the school, kitchens, impossible. Frank Ivancie, who was Schrunck's assistant, impossible. And third person, it was impossible.

And we had heard from a man who was from the Department of Agriculture who was stationed here that they had a lot of surplus food, and it wouldn't cost anything for the food. So it just required a mechanism to get some meals to the kids.

Well after getting turned down like that, I happened to know a lawyer whose name was— what was his name? It will come in a minute. But he was on the school board. Jonathan Newman. And I said to Jonathan, "You know, we've got all this surplus food sitting around. We've got hungry people. We could really feed some of the hungry kids if

we could arrange to have a free lunch on the playgrounds next to schools that were being used for the kids to play with in the summertime.”

Well, the next thing I knew, the assistant superintendent of the schools called me and said, “What’s this I hear about feeding children in the summer?” And it turned out he was sympathetic. And he said, “You go back and talk to this woman who’s in charge of the kitchens. I will talk to her first.”

When I went back, she rolled out the red carpet. “Of course, we can try it.” And we had six, four or five or six pilot schools where lunch was served. It didn’t start until August first because it took all of June and July to negotiate everything. And half of June. School ended. And that’s when we heard from this guy from the Department of Agriculture.

Well, in the papers last year, they were feeding six thousand lunches during the summer. So that was a success, too. There aren’t many success stories with working with poor people. Because most of the time we would have to fight for an extra toilet in the food stamp place because they’d have two hundred people waiting for food stamps and one toilet. Things like that.

CRAWSHAW: But the quality in you is, that quality you described with Mr. Tilton, where he says, “You want to come here to the medical school and be a student. And you’ve got enough to pay for the first year.” And you said yes. “Do you have enough for the rest?” And you told him what?

GROSSMAN: I said yes! Of course!

CRAWSHAW: [laughs] That’s the quality! You lie in the interest of beneficence.

GROSSMAN: Yeah. Well, these ideas of mine, the reading and the things that I learned, are what loused me up at the Medical School, too.

CRAWSHAW: Because—

GROSSMAN: We didn’t get into that. [laughs]

CRAWSHAW: Well, go into it.

GROSSMAN: Well, Hod, Howard Lewis was a very bright clinician, but a very conservative man. I mean, I became very good friends with Ed West, but I couldn’t get to first base with Hod Lewis. And when he refused to sign my application for grant renewal at the end of 1953, it was December, and I was applying for renewal for the next July first or whatever it was, he refused to sign the application. And I don’t know if you remember, well, you will remember, but many people won’t remember what 1953 and ’54 were like.

CRAWSHAW: Yeah.

GROSSMAN: Because in 1954, in April, the House Unamerican Activities Committee came to Portland. And these were communist, socialist hunters who were ready to smear anybody who had ideas that were different from theirs.

CRAWSHAW: Yeah. They wanted to burn down Reed College.

GROSSMAN: Well, when I asked him why he wouldn't sign it, instead of giving me an answer, he said, "Don't you know?" So I struggled with all of that. But anyway, I left the Medical School then. And research work floundered a little until I got space at Holladay Park Hospital in 1956, and I applied for a new grant and was able to get money again. And then in 1959, I moved to the University of Portland department of chemistry, where they had a lot of lab space that was not being used to teach kids. So I was there for twenty-one years, and did more research there.

And then in the last ten years, well, in 1993, I was president of Physicians for Social Responsibility. And that's an organization of physicians and adjunct people in the health fields that is interested in what's happening to the world and to people, and people in our state and in our country. And Physicians for Social Responsibility, now, I'm still on their board. I was there at a meeting last night. And I was president for about eight years. The organization, we now have about 2,000, 2,100 members in Oregon. And nationally, it's a national organization, there are about 32,000. So Oregon is very strong. We have more than the usual one percent of everything—

CRAWSHAW: That other states have.

GROSSMAN: When money is divided statewide, we always get about one percent.

CRAWSHAW: Yeah.

GROSSMAN: And that was based on the old population numbers. I don't know if it's still the same. But in any case, in 1993, we held some meetings with interested people who felt that they were being damaged by the fallout at Hanford. Hanford is a place, as you know, where we built factories and made plutonium for the bombs that were dropped, the bomb that was dropped on Nagasaki was a plutonium bomb.

CRAWSHAW: And we weren't too neat in keeping that under control.

GROSSMAN: And while the Russians did a lousy job in the health of the people who worked around their plutonium and uranium manufacturing plants, we weren't much better. We claimed to be better. We always are honest with our people. But not a single word about the dangers or the possible dangers ever appeared before a bright woman reporter in Spokane under the Freedom of Information Act in 1986 began to get some information as to what was going on around Hanford and how bad it was.

Well, we took on the job of trying to help. My colleague, Rudi Nussbaum, who was an emeritus professor of physics now at Portland State, and I, were the two, and Bill Morton, for a while, were the professional people who helped these, listened to these lay people. And I was very skeptical that they were causing cancers, or causing this or that, because we had no information. But after we did our studies, we were able to publish five peer-reviewed reports on the fact that there probably was damage, and this needs to be followed up. And that, again, I think was a very significant contribution.

The last publication was last, two years ago now, a letter where we wrote to the *Journal of the National Cancer Institute* that an article they had that said that what they were saying about Hanford and I-131, which is iodine-131, was not entirely correct. Because we had proposed a hypothesis that the thing that caused the thyroid cancer in the kids in the Soviet Union after the big 1986 explosion of one of their plants was iodine-129, which has a half life of 15 million years, not two weeks.

CRAWSHAW: Ouch. Ouch.

GROSSMAN: And the body doesn't know the difference between I-129 and I-131. And there was mixed information about how long iodine stays in the body. And it stays in the, it's concentrated in the thyroid gland. And we still don't have good information about how long it stays. The current information is that it stays no longer than eighty days. And we're not sure that that's true. Because some of the research people, thirty years ago, forty, almost, Monte Greer, who was a thyroid expert at the Medical School, did work on rats that showed that there were things that might be iodine that were hanging around in the rat thyroid. And when we checked human thyroid and Chernobyl reports and so on, we were convinced, at least convinced enough to propose a hypothesis that maybe I-129 was a culprit. Because it stays. And it has very dangerous radioactivity which I-131 doesn't have.

CRAWSHAW: The advice you gave to Arnold Rustin's students was, if you're doing any research at all, get out and say it.

GROSSMAN: Yes. Because they—

CRAWSHAW: And this is a magnificent example of that. You are continuing to get out and say, "We're not doing the proper job here." You're giving yourself the same advice that you give medical students.

GROSSMAN: Well, when I was at Yale as a house officer, everyone talked about doing research half time and practice half time.

CRAWSHAW: Yeah.

GROSSMAN: And most of the academic people on the hill do research part time, practice part time. But they also have a lot of administrative duties. And teaching is a big problem, of course, when you're in a medical school.

CRAWSHAW: Well the quality that I get from you, Charles, is your curiosity. You really want an answer. And whether it's an answer about well what are we going to do with all this surplus food, or what are we going to do with all this radioactive iodine, you want an answer. And that's what you convey to those students. And you convey it more than in words. You say it with your whole being.

GROSSMAN: But the thing about research, unfortunately is, for every little bit of information you explore, you raise more questions than you've answered. So there's forever more questions to be answered.

CRAWSHAW: Thank God, if there is a god, that that's true.

GROSSMAN: I always used to explain to my patients that if the whole body of knowledge were as big as this ceiling, what we know now is one tiny little speck!

CRAWSHAW: That's right. That's right. That's right.

GROSSMAN: And in ten, twenty years, maybe it will be two specks.

CRAWSHAW: Right. Particularly about how the brain functions.

GROSSMAN: Oh, the brain is the most difficult, because it's only in the last ten, twenty years, that we've gotten some inroads in techniques that can measure brain function.

CRAWSHAW: That's right. Yeah.

GROSSMAN: But it's been the little sister of knowledge. You know, we only talk about clinical. And the psychiatrists, we still don't have good experiments with controls that we can develop for anything.

CRAWSHAW: Oh, you can't. You never will. You never will for that.

GROSSMAN: Maybe not. Maybe.

CRAWSHAW: But we always can have curiosity. That's the point.

GROSSMAN: Well, that's right. Looking for answers is still a very important thing.

CRAWSHAW: I think we've said about enough, don't you?

GROSSMAN: Well, I'm not tired.

SIMEK: Why don't we pause here for a moment and change tapes. We have a whole bunch of questions we'd like to add to your list, Dr. Crawshaw.

[tape change]

CRAWSHAW: This interview with Dr. Charles Grossman was conducted on November the sixth, 2008, at the Oregon Medical Association in Portland. This interview was made possible by a grant from the Oregon Health & Science University Oral History Program. The interviewer is Dr. Ralph Crawshaw, and this is tape number three.

Now, there are a few questions that continue to arise. In your experience at Kaiser, what was the spectrum of kind of cases that you had? And were there any memorable cases that stay in your mind?

GROSSMAN: Well, there were lots. I published several reports. I was the first to record in *The New England Journal of Medicine* using penicillin into the pericardium for a man who had type 8 pneumonia pericarditis, pneumococcal pericarditis. And he recovered, and went back to work. [laughs]

CRAWSHAW: That's part of, now the first part of the question is, there's a fishing here for was there a kind of social milieu for the Kaiser patients that was different from other patients?

GROSSMAN: Oh, during the wartime, there was no time for socializing. We were busy. We were seeing more patients than we needed to see, and we had more patients in the hospital. And it was a very busy time.

After August 14, 1945, we had lots of time. There was no problem. And so there was more socializing. And as a matter of fact, I moved, we lived Portland very much compared to New Haven and New York, and thought it was a great place to live. Although we thought Seattle or San Francisco/Berkeley area might be better. We moved to Southern California one year and I worked at the steel mill hospital for Kaiser-

CRAWSHAW: For Kaiser.

GROSSMAN: -in Fontana. And then we came back and I had had some problems there with the chief of medicine, who I thought was not being very honest. And helped kill a nurse with his fancy operation. And Sid Garfield, who was the head, sent his good friend up to find out what was wrong. Why was I being, hounding the chief of staff who'd been there for a number of years, and I just came. And he learned that, well, he was doing what he called a clean sweep operation for women, taking out the uterus, total uterus and ovaries and tubes in one operation, which is done today, but was not being done in the early '40s. They didn't do it at Yale. And this nurse was persuaded to have it done. And he asked me to see her because she developed pneumonia on the fifth hospital day. And so far as I was concerned, she had evidence of peritonitis, and not pneumonia. And she died.

And we were able to persuade our pathologist who came from Loma Linda – that’s a medical school there that was near Fontana, thirty, forty miles, thirty miles away – and they at least stuck a needle in her abdomen, and sure enough, they got pus. And so that became a big crisis. And the solution was to get rid of him. And I was asked to go back to Vancouver, Washington.

CRAWSHAW: Why? Why to Vancouver? They didn’t want you down there?

GROSSMAN: Well, it wasn’t that. But since he was firing the chief of staff, I guess he thought it was a better policy to get rid of me, too, from that environment.

CRAWSHAW: I see. To clean the house.

GROSSMAN: So I came back to Vancouver Hospital. And of course, I don’t know if I mentioned when, we had a partnership. And we had developed our own contract because Garfield, and a doctor named Wally Neighbor, who was the medical director, had licenses in Washington, but they didn’t have licenses in Oregon. And in 1948, we built a clinic, opened a clinic on Broadway and 26th Street in Oregon in an attempt to sell the plan. Of course the first people who bought in were Reed College faculty. And we struggled. But when I had an opportunity to get an American Cancer Society fellowship, I spent a year in Berkeley in biochemistry, I took it, because we had too many doctors and too few patients. So I took off a year without getting paid. That helped a little. But we had partnership problems.

CRAWSHAW: And they recognized that you were doing that in a helpful way.

GROSSMAN: Absolutely. And even Garfield recognized it. Sid Garfield, who was the chief muck a muck of the Permanente operations.

CRAWSHAW: Who have been the most influential people in your medical career?

GROSSMAN: Undoubtedly, John P. Peters was the most influential man. He was the, he had worked at Rockefeller, and he was invited to Yale. And he was the one who wrote with Van Slyke the classic textbook of Peters and Van Slyke. And he’s the man who adapted measurements in blood to clinical work. And Peters and Van Slyke is a book about laboratory medicine and what could be useful. And it was a bible for all medical students in the ‘30s and ‘40s, maybe even in the ‘50s.

CRAWSHAW: What was there about Dr. Peters?

GROSSMAN: It was about how you do chemistry, and how you do blood chemistry.

CRAWSHAW: Well, what was in his personality that made him important to you?

GROSSMAN: Well, he made me important, actually, because he was fired from his job as a consultant to the Public Health Service because he was allegedly a communist. He believed in universal healthcare, and he was the secretary of a national committee that was fighting the AMA in the '30s and '40s. It was called a physicians' committee. It consisted of academic people like Butler, and many names I could mention of the '40s and '50s.

CRAWSHAW: Independent thinkers.

GROSSMAN: Independent people. And they all agreed that the way medicine was being practiced was not right. Too many people were being left out. We ought to have universal coverage. As a matter of fact, it reminds me of a story which isn't very nice. But as a member of the Clark County Medical Society, I went to their meetings. And at one time, Tom Joyce was the speaker. He was the professor and head of surgery at school, at UOMS, Oregon Medical School. And he began to talk, disparage this business of universal healthcare. And he said that this bill, the Wagner-Murray-Dingell Bill that they were trying to pass was written by Isidore Falk, somebody Cohen, and a third very Jewish name. Which was totally unnecessary, but it was clear— I mean, he was a good personal friend of Lawrence Selling, who was Jewish—

CRAWSHAW: No, but he was using religion as a real slam.

GROSSMAN: Right. Right. So this was always, always in the back of my mind, that there was some anti-Semitism around.

CRAWSHAW: How did you sit still in the room when he was talking that way?

GROSSMAN: Well, you couldn't very well say anything. I was a young man then. And there were all these old gray hairs there and I couldn't tell them—

CRAWSHAW: Yeah.

GROSSMAN: —that what they're hearing is BS. But—

CRAWSHAW: Eventually, you had come to that. Congratulations.

GROSSMAN: Anyway, John Peters, I started to say was fired from his job as a consultant to the Public Health Service. He was one of the top American medical men. And he didn't like it. And he went to the federal court. And he was turned down. He wanted to be reinstated. And he went to the Supreme Court. And I was asked in 1953 to sign a petition with all of the bigwig medical men in the United States: Halsted, Long, I can mention a dozen names of the prominent professors in the various medical schools, and I, were on a petition to the Supreme Court. Actually, it was a letter to President Eisenhower. I don't know why they picked me because there were other colleagues of mine who were in academic medicine. But they may have refused, because of the times.

It was a bad time. But I didn't care. I was in private practice. Nobody could fire me. So I lent my name, and I was in with these most important doctors in the United States. And a petition, which was then sent—

CRAWSHAW: Why don't we turn that around, they—

GROSSMAN: —to many doctors—

CRAWSHAW: They were in with you.

GROSSMAN: No, I was in with them. I was a young man, and they were all older, and professors.

CRAWSHAW: Okay.

GROSSMAN: I certainly wasn't, had no hesitation in lending my name. It didn't mean anything. And it was a letter to President Eisenhower that this was for. And lo and behold, the Supreme Court reversed the federal court that had decided that Peters was a subversive and couldn't serve on Public Health Service committees. So he was reinstated, and that was a great victory in 1954.

CRAWSHAW: You're not unacquainted with the fact that you experience rage at time.

GROSSMAN: Experience?

CRAWSHAW: Rage. R-a-g-e.

GROSSMAN: How, how do you mean *I* experience rage?

CRAWSHAW: Well back there, when you're sitting in this room and listening to this stuff, you must have been enraged!

GROSSMAN: It was quiet rage.

CRAWSHAW: That's what I'm talking about. It was—

GROSSMAN: I wouldn't have used the word "rage," because I just felt it reflected on the guy and his limitations, that's all.

CRAWSHAW: Well another approach is the governor says you're a rabble-rouser.

GROSSMAN: [laughs] A professional rabble-rouser.

CRAWSHAW: A professional rabble-rouser.

GROSSMAN: Now I didn't object to the "rabble-rouser," but I objected to the "professional" right away. [laughter]

CRAWSHAW: What I'm coming to is, you have done a magnificent job of metabolizing a lot of outrage within yourself.

GROSSMAN: Well, outrage doesn't get much of anything done.

CRAWSHAW: That's true. That's true.

GROSSMAN: And so it has to be suppressed.

CRAWSHAW: It doesn't have to be. It's a choice.

GROSSMAN: Well, I've been an outsider, for the most part, from organized medicine. I first joined the county society, I think it was 1986 when they were willing to accept me. And I didn't bother to apply. I had a lot of experience in the courtroom, working with lawyer friends of mine. And never worried much about money. And so it made life easier in that sense. Because you get bigger fees when you go to court and testify, and that kind of thing.

CRAWSHAW: Right. What are the biggest changes you've seen in your long career? Presumably these are, what are the changes in the practice of medicine that you see?

GROSSMAN: That's a good question, because some of the things that are changed, I don't like.

CRAWSHAW: For example.

GROSSMAN: For example, teaching and all the literature now deals with the risk of, as if we knew risks. The business of the risk that cholesterol in the blood causes heart, artery problems, coronary artery problems. I'm in the minority now, but I think that's for the birds. But this is a statistical association which has been developed into cause and effect, which is very erroneous thinking.

CRAWSHAW: It's a kind of philosophical position that you get off and act like a scientist. You're measuring risk rather than looking—

GROSSMAN: And it overlooks the fact that we have an establishment within our society, a cholesterol establishment. They're busy selling the fact that cholesterol is what's going to kill you, and therefore you have to take these drugs, which will lower your cholesterol. It doesn't matter how many people the drugs hurt. But that's the, and they have top professors in various medical schools in the country on this cholesterol

education project, which is a Public Health Service, I mean an NIH committee, practically.

CRAWSHAW: It's like a virus.

GROSSMAN: And so far as I'm concerned, that's one of the bad things that have developed. In addition to that, we're teaching students and we're writing about "the risk factors." When there's an association, that doesn't necessarily make it a factor. I feel they should call it "risk marker." Maybe it marks certain distinctions.

CRAWSHAW: Possibility.

GROSSMAN: Possibility. But to make it a factor means it's real. And everybody has to pay attention to it.

CRAWSHAW: So this is part of the commercialization—

GROSSMAN: Oh, I'm sure of it. Part of the drug companies. As a matter of fact, I didn't mention, we started off with my penicillin paper. I had indicated in that paper when I first wrote it that the drug companies, ten or twenty of them worked together under the pressure of the federal government between 1942 and 1945 without concern for patent or profit. But as soon as August the fourteenth of 1945 came around, VJ Day, that split apart and they all went back to patent and profit, and their own private moneymaking business. And it was just terrible, so far as I'm concerned.

And the *Annals of Internal Medicine* said they didn't want any of that in the story. And I almost didn't want to let it be published, because I thought that was an important part of the message. But obviously, I was wrong, because when I said, "Okay, leave it out," it turned out to be a very popular paper. Many people have written and said how much they liked it. And some told me verbally.

CRAWSHAW: So where are we going?

GROSSMAN: Where are we going? It's hard to know where we're going, because of the fact that we are today, still in our country, not giving good medical care to a lot of people. We talk about the hundreds of thousands of uninsured people even in Oregon. Because insurance, and the profit that insurance companies make, are all part of the present picture.

CRAWSHAW: Yeah.

GROSSMAN: It reminds me of a story I didn't get into. When I left New Haven, I almost went to work for the Department of Agriculture in one of their medical operations. They had an operation in Taos, New Mexico, which was a beautiful place. And we were tempted to go there. But we felt it was a little bit removed from the war, so we went to the Kaiser shipyard instead.

But the problem of medicine and the distribution of it came to the attention of a guy who was the premier of Saskatchewan. A guy named Douglas. When I heard about Douglas, I found out there was a biography, which I read. And lo and behold, he had two of my friends in it. Milt Roemer was one, a classmate of the class of '40, with whom I maintained close friendship until he died a few years ago. And the other was Fred Mott. They actually published a book.

But Douglas called for a consultant to come to evaluate what was being done, what could be done, for medical care in Saskatchewan. He was the premier of Saskatchewan. He called a guy named Henry Sigerist, I think I mentioned his name earlier, who was a professor of the history of medicine.

CRAWSHAW: Yeah. Johns Hopkins.

GROSSMAN: And who was very interested in universal coverage for everybody. And he called in Sigerist, invited him to come to, 1943 or '44, it was, to come to Saskatchewan and help to evaluate what needs to be done to improve medical care. So Sigerist said, "So how much are you going to pay me?"

And Douglas' response was, "We don't have any money. We can't pay you. We can pay your expenses."

And Sigerist must have scratched his head a little, and decided to go anyway, without being paid. And the plans that he evaluated and wrote down on paper were actually carried out. And when Mott and Roemer went to work for the health department in Saskatchewan, they worked there for several years after the war, and Saskatchewan developed a universal health coverage. And later, Douglas became the premier of all of Canada. And he succeeded in pushing through the Canadian Health Plan, I think it was in the 1960s, over the opposition of the organized Canadian Medical Association. He said, "You guys are wrong. This is the kind of thing we need." And he did affect a change for all of Canada, which I think was for the good.

CRAWSHAW: That brings us to the big question mark. Are we going to change as a nation as a result of a new president or not? And that's just forecast, so I don't know.

GROSSMAN: I think now, whatever the limitations of polls are, I don't know that there are actual polls about doctors, but the word has spread that 59 percent of doctors in the United States are in favor of one universal health coverage plan. And that's new. And that's good. We had our meeting, a board meeting of Physicians for Social Responsibility last night. We were discussing ways of how do we put global warming in front of people? How do we do things, how do we get peace? Because, as doctors—

CRAWSHAW: Civility. Civility.

GROSSMAN: —and professional people, we're not supposed to be interested in the politics.

CRAWSHAW: Oh, yes we are.

GROSSMAN: But nonetheless, the Physicians for Social Responsibility still feel that we've got to do things like that.

CRAWSHAW: Of course we do. Now you've got me on your side and I'm cheering you on. And that isn't the point. What happened when HUAC came to town?

GROSSMAN: HUAC?

CRAWSHAW: HUAC.

GROSSMAN: The HUAC, the House Unamerican Activities Committee? Well, I don't know if I mentioned earlier, I was pretty sure that the reason that Hod Lewis did not sign my reapplication was that he was afraid that I would be subpoenaed by the House Unamerican Activities Committee when they came. And that would give the Medical School a bad name, because here they have a radical up at the Medical School that the House Unamerican Activities Committee is going to call. Well, I never made the grade. I was never subpoenaed. I felt I was left out. But if that was the reason for my being fired, it was obviously the wrong reason. I wasn't making any money. No pay. I said being fired, but it was—

CRAWSHAW: No, you were being fired. You were being ostracized—

GROSSMAN: I was being fired from a nonpaying job.

CRAWSHAW: —ostracized socially, politically and professionally. Yeah. So it had a lasting effect on you. It excluded you from, theoretically, the proper resources.

GROSSMAN: I never became a golf playing doctor, that's all.

CRAWSHAW: How do you think the Genome Project will change medicine?

GROSSMAN: The Genome Project? Well, it brings to mind the, what was it, it sounded like a lot of money in 1970 when Nixon developed his war on cancer with thirty million dollars. That was a lot of money in the '70s. That has produced a lot of information about genes and genetics. And the one success story about the whole thirty million happens to be at OHSU. Because they learned that one specific chemical would help cure, at first it was thought, the chronic myelogenous leukemia. And sure enough, it looked like it was a cure. And they claimed a cure for a while, but it was recognized that it was totally suppressed, but it did recur in many people. And the, well, he was the one success story of the millions that were spent when Nixon decided that they ought to spend thirty million on the war against cancer.

And the other success has to do with all we've learned about genetics and genomes. We've learned that some of the theories we had, like one enzyme, one gene, one protein, which might be an enzyme, it was good for a while. But the spread of getting all of this information in genetics is good, but the attempt to do gene transfers turned out to be disastrous and we're not doing that at the moment, although they are in China and in Australia a little bit still. But nonetheless, it's still the current buzz word even in medicine. The genome and the genetics.

And we're looking at the genetics of cancer, for instance. Every cancer that we look at, except for the chronic myelogenous leukemia, has multiple genes involved, not one. And we were looking as if one gene would control all cancers. All we'd have to do is find the right gene. And that turns out scientifically to be incorrect. Because we now have techniques which show that there are multiple genes involved in most cancers.

CRAWSHAW: And there are multiple concepts buried in amongst all of that. And that all has to be worked through. It's like having a great new empire that has to be explored and put it together.

GROSSMAN: Well the facts are, if you want to be scientific, is that genes do nothing. I mean, chromosomes do nothing. We know about chromosomes because in mitosis, the genes get together in various chromosomes. But when you look at the chromatin, which would stretch across this room, which is in one nucleus, and where the different places are that things occur, you get a different idea of genetics than looking at chromosomes.

CRAWSHAW: So we really can't say, can we?

GROSSMAN: No, we're just beginning to scratch the surface, really.

CRAWSHAW: Now are there any questions, again, you'd like to ask me or anybody else?

GROSSMAN: Well, I have lots of questions, but no answers.

CRAWSHAW: All right, any more questions from—

SIMEK: Yeah. I'd like to know, have you seen, or what would you say were perhaps the major failures in medicine that you've seen during your career? Things that could have been explored, and were not.

GROSSMAN: The major failure in medicine in this country has been the fact that we don't have universal health coverage, which was started in 1935, and we still don't have it. And we still have organized medicine fighting against it, although the majority of doctors, we're told, are now for it.

The major failure of the last sixty, seventy years of my lifetime in medicine is the fact that we were against good universal health delivery in 1930s and '40s, and organized medicine is still against it. And we still have too many people that are not taken care of.

The second major failure, secondary to that, is a good 20 percent of what we spend on healthcare, goes to insurance companies. Administrative costs. This doesn't exist in Canada because the government hires one outfit to arrange all of it, and they probably spend less than 5 percent of their total budget on administrative costs.

So this is a total waste of money, and it makes our cost of medical care climb more than inflation, actually. And it's terrible.

CRAWSHAW: Do you have any feeling that the British system, which is basically everybody gets something, but if you want a little more, you carry your own insurance as well, has that got a future?

GROSSMAN: Well, I think like the Canadian system, the British system was a big step forward. As a matter of fact, we are the only industrialized, Western country that doesn't have relatively universal health coverage. All of the European countries have it: Germany, France, Spain, Italy, Scandinavia. They all have relatively universal coverage. There are very few people who fall between the cracks. And we are the one major country in the world, developed country, that still does not have universal coverage.

CRAWSHAW: That is so clear. And have you got any recommendations about what we could do to approach having universal care?

GROSSMAN: Well, the only recommendation I see is that we have to get involved in politics more. Whether it's Democratic, Republican politics or what. But it's a political situation. Not having universal coverage is more political than it is medical so far as I'm concerned.

CRAWSHAW: Why do you make the difference between medical and the other side of it? Political?

GROSSMAN: Well, because—

CRAWSHAW: Because it seems to me that is really the destruction of the doctor. I'm now arguing with you, and I don't want to do that.

GROSSMAN: Well, I'm in the OMA building, but organized medicine has really been against that kind of progress ever since I've been a doctor, and even before.

CRAWSHAW: It's because they have a particular political outlook which they don't even discuss.

GROSSMAN: There are several reasons. The same reasons that most of the medical profession hated Wayne Morse's guts.

CRAWSHAW: Yes.

GROSSMAN: The same reason. You know, they think that it isn't a position that helps support their large fees. And now we've gotten a situation where gastroenterologists do procedures and they make a lot of money. Cardiologists do procedures and make a lot of money. Pulmonologists do procedures and make a lot of money. These are internal medicine specialists who are now making a lot of money because of the existing system.

CRAWSHAW: And they're also neglecting being primary care deliverers.

GROSSMAN: There are too few good primary care physicians. That's correct. And the one name that comes to mind immediately is Paul Beeson, who became a professor of medicine at Yale, and who all of his professional life, until he died a few years ago, believed that internists should be general internists, and not super specialists to make money.

CRAWSHAW: Yeah. Yeah. That's all part of the consumerism, too.

GROSSMAN: Right.

CRAWSHAW: Patients today are better informed through the Internet, TV and the media. Drug companies now advertise directly to patients. Is the role of the physician diminished by all this?

GROSSMAN: The role of a physician? What was the last two words? I didn't hear.

CRAWSHAW: Is the role of the physician diminished? The question is, are the drug companies displacing the doctor by their advertising and their soliciting direct over the counter—

GROSSMAN: I don't know if they're displacing, but they certainly give a lot of misinformation. They advertise now with the information that was given to doctors over the years about the effectiveness of drugs. And I can name two or three that there's no evidence whatsoever that they're effective. But this is better than that, and this is better than that, according to the ads. And people buy it. And all you have to do is spend money on our drug. Then you'll get better. To me, that's one of the terrible things that we have today is drug companies advertising to people. People should learn about what's going on, and what the drugs do. But they should also know that the drugs probably kill more people than they save lives. That's even including penicillin.

CRAWSHAW: You're talking to a psychiatrist who sees so much of this as dealing with the fears that people have, which are natural fears, that they're not immortal. And if they take a drug or they take something, they're going to extend their length of life. That makes for a product that is pretty saleable.

GROSSMAN: That's an old idea in every civilization. You can go back five thousand years in the Chinese culture, where something you do or something you take is going to make a difference in your life. So therefore, you do it and you take it. And that's true sometimes. But most of the time, it isn't.

CRAWSHAW: No. No. How has sub-specialization influenced coordinated care?

GROSSMAN: Well, it has reduced, as we have already discussed, the role of the family practitioner or the general internist in relating to patients, and being sent to a specialist for the left hand and a specialist for the right hand becomes so ridiculous that the patient is no longer a whole human being.

CRAWSHAW: That's true, isn't it. Not a whole human being.

GROSSMAN: And then you add to that the ignorance we have about the brain and how it works. You can see that the old ideas of accepting something's going to help you, therefore you take it, still remain dominant.

CRAWSHAW: Any more questions?

SIMEK: Can you just pursue that a little bit further about superstition versus science in the treatment of illness.

GROSSMAN: Well, you're talking about the old witch doctor?

SIMEK: Well, yeah. And the old witch doctor is prevalent today in many ways in treating people through superstition rather than through science. It still exists a lot.

CRAWSHAW: It always will. Excuse me. That's a question of, there's a natural cultural drive to think that there's some magic someplace that you can get if you give somebody the right word, or you give somebody the right amount of money, or you join their club. And that ancient cultural drive is the thing that we want to know, can it be controlled at all?

GROSSMAN: And you didn't add the last one. And take this herb or this medicine, and that will cure you, you see. Well, this has been a cultural drive that has existed since man has existed, really, men and women, I don't mean male, I mean human beings. And it's a very difficult aspect of treating people. People come in with ideas today. People come in with ideas they have from the ads on television. And most of the ads are not entirely honest. So they come in with strange ideas. And it has been a commonplace thing. It was in my practice, and I'm sure it exists in other practices today.

That if you want to see more patients, you just write the prescription and send them on. If you want to tell them that that thing isn't going to work, it isn't going to help you, you have to spend ten, fifteen, twenty minutes explaining it. And that keeps you from seeing more patients quickly. So this is the dilemma that good doctors have of if you're under pressure, write the prescription. If you've got time, sit and talk about it. And that's a terrible thing.

CRAWSHAW: It is a terrible thing. And unfortunately science is giving it a boost in being an unfortunate thing.

GROSSMAN: Well, I found myself doing that. When I had a noon meeting that I had to go to and it was a quarter to twelve, I would write the prescription and not spend ten, fifteen minutes like I should have to say look, I'd just say, "Take this for now." I'd give them a small dose. "Come back and we'll talk about it some more."

CRAWSHAW: Charles, honesty like you've just exposed yourself to, is what this profession needs in spades.

SIMEK: One last question from me, unless anybody else has one.

CRAWSHAW: No.

SIMEK: And that is, a young person comes to you and says, "Dr. Grossman, I'm thinking about becoming a doctor." How would you advise that person? What would you say?

CRAWSHAW: That was the Arnold Rustin experience.

GROSSMAN: Well if I heard the question properly, it's how would I advise someone who wants to be a doctor. My answer would be that if you want to be a doctor, you have to be prepared for a number of things. One is hard work, one is a lot of reading, and when you become a doctor, you may have to spend a lot of hours more than you want to. And the best advice I could give you is don't get sucked in by drugs, and don't get sucked in by money. Then you'll have a better life.

CRAWSHAW: I expected that you would add one more thing to that list that they should be involved in, and that's politics.

GROSSMAN: That is true, but I usually try to avoid.

CRAWSHAW: Why?

GROSSMAN: Because part of what I was accused of doing was proselytizing everybody and trying to make them think like I do. And I have never done this with medical students, with interns or residents.

CRAWSHAW: But to be able to have the doctor see himself as part of a community, part of someone who works in a community, how can we do that?

GROSSMAN: Well, I can tell you one experience that I didn't mention in New Haven. I did mention the beautiful tableware, and the waitresses, and the beautiful dining room with a view. But the food was lousy. And when, in the early days of World War Two, the government announced that people would have to restrict themselves to two and a half pounds of meat a week, no more. And I circulated a petition, actually, got every one of the house officers to sign, complaining about the quality of the food. And I was almost kicked out of my job. I had a good resident who was a close friend, a guy from El Paso, Texas. And he went to bat for me. And so Peters and Blake didn't listen to the superintendent of the hospital who wanted me fired.

And as a matter of fact, I was on the committee representing the house officers that went to the superintendent to ask for more, better food. And Branch Craige, this guy from El Paso, said, "Well, Mr. Hamilton, what are we going to do when we are restricted to two and a half pounds of meat a week?"

And Hamilton answered, "You'll have to suffer like all other Americans on two and a half pounds of meat a week."

And Craig quietly said, "Well, last week I sat down with the chief nutritionist and we calculated that the house staff gets 1.8 pounds of meat a week now." And that was the sense of the discussion. That's what almost got me fired, you see.

CRAWSHAW: [laughs] You got to the factual base of it, then.

GROSSMAN: Well, I remained there. I had a special diet. I didn't have to complain. I had enough GI symptoms, so I was given a special diet. It was a little better. You know, it's like the cripple card on the car, we've got that, we can park anyplace.

CRAWSHAW: That's true. I can say that from experience. Charles, thank you. Thank you profoundly for the kind of life that you've given the community as a physician, and for your spirit in doing it. It's not just doing the act, it's the way you've done it that is so impressive. I speak for everybody in this room when I say thank you.

GROSSMAN: Well, thank you for having me. I can't see that it's that important, what I think is so important.

CRAWSHAW: You don't have to.

GROSSMAN: Except perhaps as the Chinese feel, I'm old enough now so that I'm respected.

CRAWSHAW: And it is the end of the interview.

[End of interview]

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